

HYPNOTICALLY CATALYZING EXPERIENTIAL LEARNING ACROSS TREATMENTS FOR DEPRESSION: *Actions Can Speak Louder Than Moods*

MICHAEL D. YAPKO¹

Private Practice, Fallbrook, California, USA

Abstract: A number of psychotherapeutic approaches for the treatment of major depression have received empirical support in the literature, most notably cognitive-behavioral and interpersonal therapies. Recent studies have shown the therapeutic value of the *behavioral activation* component of such interventions. Depressed individuals actively learning and applying new skills on their own behalf is widely considered a critical component of recovery. This article describes the use of hypnosis to catalyze experiential learning and to encourage behavioral activation in the depressed client by directly addressing and transforming cognitive and perceptual patterns that can impede such behavioral activation, especially global thinking and ruminative coping styles.

Cognitive-behavioral therapy (CBT) has become the most widely studied psychotherapeutic treatment for depression and has many outcome studies supporting its therapeutic efficacy (Hollon, Thase, & Markowitz, 2002). However, new psychotherapy treatments that focus on aspects of depression other than cognition have been emerging in recent years (Lau, 2008).

The original behavioral perspectives of Charles Ferster's functional analysis of depression and Peter Lewinsohn's behavioral model (Ferster, 1973; Lewinsohn, 1974) have been supported by current research. In 1996, Neil Jacobson and his colleagues conducted a study of the effective ingredients of CBT for depression (Jacobson et al., 1996). They separated and analyzed changes in cognition from changes in behavior and argued convincingly that what made CBT effective, when it was effective, was *not* specific cognitive changes as was generally assumed. Rather, they concluded, it was the activation of purposeful and goal-oriented behavior. In fact, the Jacobson et al. analysis showed that the cognitive component of the treatment added little to the overall treatment of depression.

¹Address correspondence to Michael D. Yapko, P.O. Box 487, Fallbrook, CA 92088-0487, USA. E-mail: michaelyapko@roadrunner.com

CBT as a form of psychotherapy encourages the depressed client to actively perform a variety of self-awareness and skill-building exercises, and these appear to have at least as much therapeutic impact on the client as the focus on changing the client's presumably distorted cognitions. Subsequent research has affirmed that therapeutic change is likely to be greater in those therapies that employ homework (e.g., skill-building exercises) than in those that do not (Burns & Spangler, 2000; Detweiler-Bedell & Whisman, 2005). The term *behavioral activation* (Lewinsohn, 1974; Lewinsohn & Graf, 1973) is used to emphasize the importance of getting the depressed client to actually *do* something rather than merely passively acquire information or contemplate his or her feelings and circumstances.

In the years since the seminal research of Jacobson and his colleagues, behavioral activation strategies as a means of promoting experiential learning, skill building, and proactive behavior have been developed into a model of psychotherapy called behavioral activation therapy, known simply as BA. The general goal of BA is to increase the depressed client's frequency of positively reinforced experiences. BA targets many of the most common symptom patterns of depression, including inactivity and, especially, avoidant coping. Thus, clients are taught strategies for carrying out goal-oriented behaviors more successfully.

Known as a third generation behavior therapy, the principles and methods of BA have been articulated and published by Jacobson, Martell, and Dimidjian (2001). In one recent study, BA was shown to be as efficacious as antidepressant medications and to have a slight edge on cognitive therapy (Dimidjian et al., 2006). Additionally, in a meta-analysis of 16 studies conducted from 1996 to March 2005, Cuijpers, van Straten, and Warmerdam (2006) further established the merits of BA in treating depression.

THE IMPORTANCE OF STRUCTURED EXPERIENTIAL LEARNING

It does not seem coincidental that of the psychotherapeutic treatments with the highest levels of empirical support for treating depression (cognitive, behavioral, and interpersonal therapies), *none* of them focus on analyzing the past, *none* of them focus on abstract theoretical issues (such as unconscious guilt or existential angst), and *all* of them emphasize, directly or indirectly, developing skills and using them to take positive actions of one sort or another. It is essential that the client is defined as an active participant in the treatment process, engaged in experiential learning through a variety of mechanisms such as hypnosis (and structurally related processes such as imagery and mindfulness), structured homework assignments, and role-playing.

In addition to the clinical efficacy studies examining the merits of specific therapy approaches published in scientific journals, researchers at the ORYGEN Research Centre at the University of Melbourne in Australia (Morgan & Jorm, 2009) conducted an international survey of clinicians with an expertise in depression. Respondents revealed their subjective ranking of the top self-help strategies for overcoming depression. It is most telling that *all* of the self-help strategies regularly encouraged by experienced clinician respondents involved the depressed client in actively doing something in order to not only feel better but *be* better.

The importance of getting clients to not only think differently but also behave differently was the basis for expanding the original cognitive therapy (CT) model to include the behavioral component of CBT (Beck, 1997). Recently, CBT practitioners are adding other forms of experiential learning to their treatments, including the use of imagery (Padesky, 2008) and mindfulness (Segal, Williams, & Teasdale, 2002; Williams, Teasdale, Segal, & Kabat-Zinn, 2007). Rational emotive behavior therapy (REBT) also involves a modification from the original rational emotive therapy (RET) model through additional emphasis on proactive behavior (Ellis, 1997).

There is already evidence that hypnosis enhances the merits of CBT (Alladin & Alibhai, 2007; Kirsch, Montgomery, & Sapirstein, 1995; Schoenberger, 2000). How exactly hypnosis does this is arguable since there are many competing yet plausible views of what it is about hypnosis that catalyzes changes in subjective experience. However, regardless of one's theoretical viewpoint about the means by which hypnosis effects change in one's perceptions, researchers and clinicians are virtually unanimous in their belief that hypnosis is an active process; a means of intervention that requires the client to actively attend to, engage with, integrate, and ultimately apply suggestions offered by the clinician or researcher (Lynn & Kirsch, 2006; Yapko, 2003). Hypnosis as a vehicle of experiential learning is already well established. (For a comprehensive review of diverse applications, see Nash & Barnier, 2008.) Hypnosis as a means of actively encouraging emotional self-regulation through skill acquisition is also well established (Moore & Tasso, 2008). I have described in detail specific hypnotic interventions that encourage a variety of forms of behavioral activation in many of my previous writings (Yapko, 1988, 1992, 1996, 1997, 1999, 2001, 2002, 2006, 2008, 2009).

MOBILIZING THE IMMOBILE

A primary challenge for clinicians treating depressed individuals lies in the task of mobilizing positive action in someone disinclined to take such action. The hopelessness and helplessness typically

seen in depressed clients encourage a passivity and apathy that can too easily defeat even the most determined clinician's efforts to be helpful. All it takes for a depressed client to thwart one's benevolent efforts is to do *nothing*. In the remainder of this article, then, I will focus on how hypnosis may be utilized to encourage meaningful action on the part of the client. Specifically, I will describe how hypnosis can address and attempt to transform two of the most common patterns of thought and perception that immobilize the depressed client, namely global (overgeneral) thinking and ruminative coping.

Global (Overgeneral) Thinking and Concretely Applying Therapeutic Hypnosis

Global thinking is an overgeneral style of thinking, evidenced by the lack of detail or specificity in one's perceptions and thoughts. In a study of "overgenerality bias" in depressed individuals, researchers concluded that "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')" (Phillipot, Baeyens, & Douilliez, 2006, p. 560). Global thinking styles are typically manifested in a client's language when he or she makes overly broad statements such as, "Life is so unfair," or "My wife criticizes *everything* I do," or "It's hard for me to date. I've *never* been good in social situations."

Global statements such as these not only affect one's perceptions of the past but reflect a pattern of thinking that likely inhibits being proactive in changing one's behavior in several ways:

By stating a problem in global terms, no specific solution can be identified, thus there is no specific action to take. The result is a subjective sense of being "stuck," i.e., unable to move forward in a meaningful way.

Stating a problem in global terms magnifies its impact, making the problem seem bigger and more pervasive. The emotional intensity is thereby amplified as well, leading the client to feel overwhelmed.

Global thinking virtually precludes the ability to compartmentalize or to break the whole of something into its component parts. This is especially relevant to behavioral activation, because depressed clients have difficulty setting aside their feelings (e.g., sad, tired, anxious, hopeless) and taking effective action despite them.

To counter global thinking, one must learn to compartmentalize, a skill involving breaking global perceptions or experiences into their component parts. Two examples of this include the mindfulness method of separating reactions from thoughts (Lynn, Das, Hallquist, & Williams, 2006) and the hypnosis strategy of learning to recognize and

tolerate ambiguity in order to set aside one's automatic (i.e., reflexive) and usually negative conclusions in the face of the unknown (Yapko, 2001).

Depression is a highly comorbid condition, meaning it is statistically much more common to find someone suffering other conditions coexisting with depression than it is to find someone suffering depression by itself. The most common comorbid condition is some form of anxiety disorder. Global thinking has been found to relate to anxiety disorders as well as depression, particularly posttraumatic stress disorder (PTSD):

[P]eople 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"). . . . Our results are in line with the hypothesis that it is not the experience of trauma per sé, but rather the response to trauma and dysfunctional coping mechanisms such as rumination and thought suppression that are involved in OGM. . . . If prospective studies of trauma survivors confirm this hypothesis, treatment strategies that have been found to correct OGM, such as mindfulness training, may play a role in the treatment of PTSD. (Schönfeld & Ehlers, 2006, p. 619)

When the quality of the depressed (and anxious) client's thought processes are paralyzingly global, it becomes especially important for the clinician to be more concrete and specific. Simply telling someone what he or she needs to do (or think or feel) is not the same as imparting the specific skills to make it possible for him or her to do so. For example, telling a client to "be more assertive" may well be what the client needs to do, but it doesn't teach the client the specifics of *how* to be assertive. Detailed and concrete instruction as to how to recognize contexts requiring an assertive response, how to form and deliver an assertive statement, and how to deal with the potentially unpleasant aftermath (since it is conflict avoidance that often drives passivity with others) is required if assertiveness skills are to be learned and applied by the client. As another example, some practitioners of hypnosis encourage their clients to "build ego strength" and "trust their inner wisdom" or to offer suggestions such as the classic global self-suggestion used by Emile Coué, "Every day, in every way, I am getting better and better" (Baker, 1990, p. 75), but these are so global in nature as to be meaningless until given concrete structure and additional detail. It is important to note I am not (globally) dismissing these global suggestions out of hand. Rather, I am suggesting that concreteness and specificity of hypnotic suggestions will likely make them more meaningful

for those depressed clients in particular who have a global cognitive style.

In a revealing study examining problem-solving skills, researchers concluded that the more concretely problems are defined and approached, the greater the chances for successful resolution:

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. (Watkins & Moulds, 2005, p. 326)

Hypnotic suggestions can be structured in such a way as to help teach depressed clients to recognize their globally stated concerns (e.g., “I just want to feel better”) and develop them into more well-defined problems that can be resolved through a structured, concrete plan that encourages taking appropriate action. The following is a sample of such suggestions (following induction):

And when you have a calming experience like this one . . . there’s a moment by moment . . . flow to your thoughts . . . a moment by moment flow to the way sensations of comfort spread through your mind and body . . . and at the same time . . . it isn’t all just one unified or a one dimensional experience . . . no, it isn’t that general . . . it isn’t that global . . . and it isn’t just a relaxation session . . . although it certainly is that, it’s much more . . . much, much more . . . because when you get absorbed in an experience like this one . . . you can appreciate that there are so many different aspects to it. One aspect is the quality of your internal dialogue . . . the things that you begin to say to yourself that make it easy to focus and relax. There’s also the external dialog . . . my voice . . . my words . . . reassuring you, encouraging you . . . and there’s the external environment . . . the routine aspects of life that go on around you . . . and there’s the internal environment . . . the quality of feelings . . . that you experience as your body relaxes . . . and your thoughts begin to slow down . . . and you start to experience the comfortable flow . . . of just being with yourself in a way that’s . . . easy . . . and relaxed . . . and it’s an important realization . . . that *whatever* experience . . . you happen to be in . . . that there are many different aspects to it . . . many different components . . . and each component you focus on . . . creates a different kind of awareness in you . . . there are so many different aspects to your life experiences . . . there’s what actually happens . . . and then there’s your interpretation of what happens . . . the meaning you give . . . to different experiences . . . and there are different components to each experience . . . which aspects you notice and focus on . . . and which ones you let recede into the background . . . and isn’t it interesting how some people focus on . . . the question of what’s the most *effective* response to what’s happening . . . and someone else focuses on the question of how it makes them feel . . . and someone else wants to focus on the component of . . . how it

creates a choice for them about what to do next . . . and someone else focuses on the uncertainty of what to do now? . . . It can feel good to know you have choices about what to focus on . . . and how your choice automatically leads to a next step . . . and a next step after that . . . on the path to a well-defined goal. . . . I remember working with someone not long ago . . . who said something very much like what you said . . . He just wanted to be happy . . . and when I asked him what steps he took to take a shower . . . he was able to tell me the steps to follow so that anyone could successfully take a shower . . . and when I asked him what the steps were to be happy . . . he realized he didn't know . . . and in that moment he became wonderfully aware that he was *not* defective . . . he just didn't know the steps to follow . . . and how can you take the next step when you don't know what the next step is? . . . and I think you'll enjoy discovering you can develop a whole new way of thinking . . . that serves you well . . . a style of thinking that allows you to observe the steps that people take . . . that you can take . . . to experience something you really want to experience . . . you're learning that there are steps to take to build a good career . . . or to have a good relationship . . . things you can do that can work . . . and there are things to do that will likely never work . . . and now you're learning to take action . . . but action within a sequence that can likely succeed . . . so that one step at a time . . . you can move forward in ways you feel great about . . . and happy with . . . And so it becomes very important, very important . . . to remind yourself . . . at any given moment . . . that you can actually choose . . . which aspect of something that happens in your life . . . to focus on. . . . What's going to demonstrate your power to choose . . . instead of reacting as if you have no choice but to be upset and anxious? . . . Should you focus inside or should you focus outside? . . . And much more often than you've ever realized before . . . the more that you focus outside yourself . . . with the guiding principle of deciding what works best in answering some person or handling some situation effectively . . . the better you feel . . . and if you think about the people who are effective people even high-powered people . . . you can watch them do that . . . you can watch them set aside their reaction . . . and respond to what would be best to focus on . . . consider the politicians in a debate . . . or the CEOs of companies who hold business meetings in front of their stock holders . . . and someone in the audience will ask a pointed question, a barbed question . . . and the person with some finesse sidesteps the criticism . . . that's not the part of the question or comment they respond to . . . the part they respond to . . . is the opportunity to provide information . . . or the opportunity to provide perspective . . . and so they skillfully sidestep the criticism, even though you can be quite sure that inside the criticism irritates them . . . but the point I'm making . . . is that you can have . . . a flash of anger . . . a flash of fear . . . a flash of doubt . . . a flash of cynicism, or even pessimism . . . and what instantly takes hold of you is . . . the empowering realization that *that's* not the part of you . . . that you care to respond from . . . and so you can set aside the anger, or the fear, or the frustration, and focus yourself intently . . . providing . . . an effective response . . . what you keep your intense focus on . . . is the recognition that there's

something more important. . . . than getting caught up in your feelings. . . . The task at hand . . . matters more . . . as you grow stronger and stronger, more focused, more oriented towards achieving your objective . . . in each interaction . . . in each event . . . looking for the opportunities . . . looking for what can go *right* . . . striving to get clear about and get across to others what matters to you . . . and so . . . being able to appreciate . . . that every experience has many different components . . . what you're clearly learning is a way of dividing and conquering . . . reducing concerns . . . as you focus on and amplify in your awareness . . . what you want . . . I think you'll enjoy discovering . . . how much calmer and more focused you are.

In the above suggestions, the client with a global cognitive style is taught to recognize his or her overgeneral thinking, its negative effect on taking appropriate action, the importance of developing concrete and specific problem definitions, and the essential role of taking action with an effective problem-solving strategy. Following hypnosis, the client can be given a homework assignment to actively carry out in order to start building the skill of developing effective behavioral sequences. The strategy I call, "A Flow of Steps" (Yapko, 1997) was introduced and "seeded" (Zeig, 1990) in the hypnosis session when I described another client's ability to identify the specific flow of steps involved in taking a shower. This assignment takes routine behaviors that have global labels such as "taking a shower" or "going shopping" and helps the client learn how to break them down into the multiple steps required for achieving the goal. Using the "A Flow of Steps" strategy has proved invaluable in helping depressed clients move from global to more detailed thinking, as well in helping them de-pathologize their failures. They learn they are not "sick," only missing information that fuels frustration and despair when the attempts they make to succeed in some endeavor result in failure.

RUMINATION AND HYPNOTICALLY SUGGESTING TAKING SENSIBLE ACTION

Rumination is a style of coping with life stressors and negative mood states that features a very strong internal orientation, a process of engaging in self-focused attention on one's negative feelings, and perceptions at the expense of taking effective action (Nolen-Hoeksema, 1991, 2003). More concretely, rumination as a coping style means that when the going gets tough, the tough get thinking . . . and thinking, and analyzing, and anticipating, and worrying, and asking themselves the same depressing questions (e.g., Why is this happening to me? What does this say about my life? What does it predict for my future?) over and over again that they're no closer to answering on the 25th go-round than they were on the first. It's the basis for what

many understandably call an “analysis paralysis.” Rumination is a principal catalyst for passivity—the virtual opposite of behavioral activation—and thus must be considered a primary target of intervention, hypnotic or otherwise. As Susan Nolen-Hoeksema, an expert in rumination’s effects on anxiety and depression, stated in an interview, “Even when a person prone to rumination comes up with a potential solution to a significant problem, the rumination itself may induce a level of uncertainty and immobilization that makes it hard for them to move forward” (Law, 2005, p. 38).

Asking oneself questions such as the above may seem reasonable or even insightful, but they invite a selective review of past hurts and extend them into the future as negative expectations (e.g., “I’ll never be happy because I’ve never succeeded”), leading one to believe the problems are both insurmountable and inevitable. Instead of getting focused on solving a problem, one may get wrapped up in worrying and depressed feelings, focusing on them, analyzing them, linking them to more and more problems, and thereby making them ever larger and more complicated (Hofmann et al., 2005). This isn’t how one recovers from depression. To the contrary, it’s how people get more depressed, by getting depressed about their depression.

Rumination as a coping style, like other coping styles, develops early in life and becomes a deeply engrained, reflexive pattern for responding to the negative situations one encounters (Spasojevic & Alloy, 2001). The research clearly shows that people who ruminate: (a) have higher levels of vulnerability to depression; (b) have more severe depressions; (c) have more chronic depressions and more relapses; and (d) are more likely to suffer anxiety in combination with their depression (Law, 2005; Nolen-Hoeksema, 2000, 2003; Spasojevic & Alloy, 2001).

Rumination increases self-doubt that, in turn, increases one’s level of anxiety and behavioral paralysis (Mirels, Greblo, & Dean, 2002; Ward, Lyubomirsky, Sousa, & Nolen-Hoeksema, 2003). If one feels one can’t make a decision because one doesn’t know what to do, and even if one did know what to do one fears it would probably be wrong, then freezing into inaction can come about. As the “stress generation” model of depression continues to gather ever greater empirical support, the relationship between depression and the quality of one’s (poor) decision making becomes increasingly evident (Hammen, 1991, 1999; Harkness & Luther, 2001).

As the principle of cognitive dissonance would predict, people who engage in rumination naturally defend it and rationalize it, typically by saying they’re *not* ruminating, merely “analyzing all the possibilities” (Law, 2005; Tavris & Aronson, 2007). Thus, there’s a rationale for rumination that actually serves to keep it going: *The people who ruminate tend to believe they’re gaining insight through the process of rolling an*

issue around and around in their minds. Realistically, thinking something through *is* generally desirable, particularly when it is an exercise in impulse control. But there comes a point when thinking becomes *overthinking*, and where the ability to solve a problem with decisive action becomes impaired rather than enhanced (Schwartz, 2005). If one is too global in one's thinking to be able to distinguish "useful analysis" from "useless rumination," then all analysis will mistakenly seem productive, an illusory step in the direction of problem solving. The goal, then, is to learn to identify where the point is in a given circumstance that distinguishes useful analysis from useless rumination so that one can decide on and then actually take a course of timely and effective action.

The use of hypnosis to encourage action over rumination involves several factors. First, the depressed individual must come to recognize that action is necessary (even if, paradoxically, the course of action is to take no action other than strive for acceptance of unchangeable circumstances). Second, he or she must then come to believe that it is possible to identify a specific course of sensible action that has a reasonable chance of succeeding. Two specific skills make this possible: delineating a specific linear strategy to implement and an ability to make a realistic assessment of the probability of it being effective. The individual may need help developing these skills as well. Seeing a chance, knowing a success is possible, even if not necessarily probable, is the essence of hopefulness, an expectancy that taking action can produce desired results. (For an in-depth consideration of hypnotically building positive expectancy in depressed clients, see Yapko, 2001.) As alluded to in the previous section, however, expectancy without a well-defined next step may only serve to increase the client's frustration. Third, the individual must be able to compartmentalize, i.e., set aside fears or doubts and follow the action plan to its completion, perhaps modifying it as necessary along the way as new information surfaces.

The following suggestions exemplify a means of hypnotically encouraging action over rumination (following induction):

And so I'm curious . . . about your internal atmosphere . . . how you challenge yourself to grow . . . and to *outgrow* . . . how you notice . . . and appreciate . . . what you already do so well . . . how you resolve . . . seeming contradictions . . . between what you used to believe . . . and what you're now coming to believe . . . how the old . . . can be valued . . . and reaffirmed . . . and how the old . . . can be modified . . . and redefined . . . and how do you challenge yourself. . . . What are the steps you follow . . . when you don't know what steps to follow? . . . and every time that you find yourself . . . in uncharted territory . . . the one thing . . . that you can always count on . . . is that you know a lot . . . much more than you are aware of . . . information and perspective that surface . . . in ways

that sometimes, I'm sure, surprise even you . . . when you wonder how you knew that unusual fact or . . . wonder where that good idea came from . . . and when you take the time to sit quietly . . . you're creating powerful possibilities . . . that somewhere in the quiet . . . something valuable will be loud and clear . . . in your awareness . . . it's about . . . possibilities . . . and it's so natural to want to contemplate what's wrong . . . or what could be better . . . or what needs to be solved . . . it's understandable that you would want to understand . . . and ask why something is the way it is . . . but as you're discovering . . . understanding alone isn't enough . . . it must invite action . . . *doing* something that can help . . . and so often the action to take is a simple, straightforward one . . . instead of wondering if someone is annoyed with you about something . . . you can *ask* . . . instead of wondering what to do . . . when you know you need to do something purposeful . . . you can *ask* for ideas . . . and you can take actions you'll feel good about . . . and instead of analyzing your past some more . . . you can *do* something to make tomorrow better. . . I heard someone wise say . . . "The best way to come to terms with a lousy past . . . is to get a really good future out of it" . . . and I believe that . . . and so your too busy mind can slow down . . . and stop its spinning around of the same old stuff . . . and it becomes clearer what to do . . . and you can find yourself reflexively . . . automatically . . . pushing yourself to convert worries to actions . . . vulnerabilities to strengths . . . worries to *sensible* actions . . . concerns to decisions and helpful solutions . . . and it eventually becomes second nature to you to be a person of decision and a person of action . . . and the sense of calm within you grows as you become more decisive . . . the quiet in your mind grows as you take effective action . . . a calm mind . . . and a calm body . . . and a strong sense of comfort that spreads over you . . . that you may not be able to easily explain in words . . . and it's wonderful that you don't have to . . . you can just enjoy it . . . you may have noticed my curiosity . . . about how people grow and outgrow . . . how they decide to take a step forward . . . and leave something no longer relevant behind . . . how they deal with and overcome mixed feelings . . . about a goal that's crystal clear . . . in order to take action to reach it . . . so many deeper . . . *much* deeper thoughts . . . about human experience in general . . . and your experience in particular . . . so when you think about change as a process . . . not an event . . . sometimes a slow growth . . . sometimes a fast growth . . . and always an *outgrowth* . . . there's much to say . . . much to consider . . . and much to do . . . all the while knowing that what you do defines more of who you are than what you think or feel . . . and doing well to feel well . . . comes so much more easily.

The above suggestions encourage progressive action over rumination, a slowing of spinning thoughts, and a clarity of purpose in taking action, even actions to take when unsure about what actions to take. Following such a session with specific homework assignments that require active learning reinforces these key principles taught in therapy: (a) There are more ways to make decisions than just according to one's feelings; (b) Pursuing new learning experiences can encourage a

revision of old restrictive beliefs and attitudes; (c) There is rarely just one “right” answer or decision to be made, rather there usually multiple possible decisions with each having a consequence; and (d) One must learn to discriminate between useful analysis and useless rumination.

When is enough enough? What is the “exit strategy” from one’s thoughts? Strategic homework assignments to help develop a “let go” point may be “seeded” during hypnosis, such as: (a) An interview technique in which the client is instructed to interview others about how they make different types of decisions in order to learn new approaches that can be applied in future decision making; or (b) A “car salesman” technique in which the client is instructed to ask people about how they chose which car to buy. Was it according to price? Looks? Comfort? Gas mileage? The client learns there are many frameworks for decision making, underscoring the therapeutic message that the skill is learning to use a frame consistent with the goal.

SUMMARY

Depression is a global label clinicians use to describe a broad array of cognitive, behavioral, perceptual, and social patterns that culminate in feeling bad. The intense focus and absorption in one’s own experience are attributes that depression shares with the experience of hypnosis. Simply put, the depressed person is already in a “negative self-hypnosis” (Araoz, 1985), which is unfortunately assumed to be fixed and unchangeable. Thus, hypnosis can sensibly be used to first join with then shift the hurtful focus of the depressed client in more positive and effective directions, highlighting that the experience of depression is, in fact, malleable.

Hypnosis may best be employed to encourage behavioral activation for purposeful proactive behaviors that can change the patterns so often seen in depressed clients, especially the two addressed in this article: global thinking and ruminative coping. Other patterns mentioned as important targets included negative expectations and stress-generating, poor decision making that compounds the depression.

As our understanding of both hypnosis and depression continues to deepen, we can reasonably hope to develop more well-defined targets of intervention and better hypnotic strategies for hitting them. Given how serious and pervasive a problem depression is around the world, the urgency for taking effective action has never been greater.

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Hypnotische Beschleunigung experientellen Lernens bei Depressionsbehandlung : Taten zählen mehr als Worte

Michael D. Yapko

Zusammenfassung: Eine Reihe therapeutischer Ansätze bei der Behandlung der majoren Depression sind empirische gestützt, darunter vor allem die kognitiv-behavioralen sowie interpersonalen Therapien. Neuere Studien haben den therapeutischen Wert der Komponente "verhaltensmäßige Aktivierung" bei diesen Interventionen klar belegt. Depressiven Individuen aktive neue Fertigkeiten bezüglich ihrer selbst zu vermitteln und anzuwenden, wird gemeinhin als kritischer Beitrag zur Besserung angesehen. Dieser Artikel erläutert den Einsatz von Hypnose, um dieses experientielle Lernen bei depressiven Klienten zu beschleunigen und verhaltensmäßige Aktivierung zu fördern, indem kognitive und perzeptuelle Muster, die diese Aktivierung beeinträchtigen können direkt angesprochen werden, darunter vor allem pauschales Denken und ein ruminativer Coping-Stil.

RALF SCHMAELZLE

University of Konstanz, Germany

L'hypnose comme catalyseur de l'apprentissage par l'expérience dans le traitement de la dépression : Les actes sont plus éloquents que les humeurs

Michael D. Yapko

Résumé: La documentation disponible appuie plusieurs méthodes psychothérapeutiques pour le traitement de la dépression majeure, notamment les thérapies cognitivo-comportementales et les thérapies interpersonnelles. Des études récentes ont démontré la valeur thérapeutique de l'activation comportementale dans ces interventions. Le fait pour les personnes dépressives d'apprendre de nouvelles compétences et de les appliquer activement de leur propre chef est largement considéré comme une composante essentielle de leur rétablissement. Cet article décrit comment utiliser l'hypnose pour catalyser l'apprentissage par l'expérience et encourager l'activation comportementale chez la personne déprimée en s'attaquant aux modèles perceptuels et cognitifs pouvant faire obstacle à cette activation et en transformant ceux-ci, particulièrement les

manières de faire face à l'adversité comportant la rumination et la pensée globale.

JOHANNE REYNAULT
C. Tr. (STIBC)

Catálisis hipnosis del aprendizaje experiencial en tratamientos para la depresión : Las acciones valen más que los estado de ánimo

Michael D. Yapko

Resumen: Varios enfoques psicoterapéuticos para el tratamiento de la depresión clínica han recibido apoyo empírico en la literatura, sobre todo las terapias cognitivo-conductual e interpersonal. Estudios recientes han demostrado el valor terapéutico de los componentes de activación de comportamiento de tales intervenciones. Un componente crítico de la recuperación es que los individuos aprendan activamente y apliquen sus habilidades para su bienestar. Este artículo describe el uso de la hipnosis para catalizar el aprendizaje experiencial y fomentar la activación del comportamiento en el paciente deprimido al abordar directamente y transformar los patrones cognitivos y de percepción que impiden la activación del comportamiento, especialmente el pensamiento global y el estilo de afrontamiento ruminativo.

ETZEL CARDEÑA
Lund University, Sweden