Our knowledge of depression has dramatically improved in recent years, rendering obsolete many of the beliefs commonly held about its etiology and course. As a result, the role of psychotherapy has been firmly established as vital, not only to overcome episodes of depression but also to minimize the likelihood of later relapses (Antonuccio, Danton, & DeNelsky, 1994, 1995). Whenever psychotherapy is indicated, so are specific identifiable patterns of hypnotic influence, because the two are fundamentally inseparable.

The use of formal hypnotic interventions in the treatment of depression has been both actively and passively discouraged over the years. The reasons for this are many and have been discussed in detail in an earlier work, Hypnosis and the Treatment of Depressions (Yapko, 1992b). A review of the relevant literature reveals a bias stemming from outdated misconceptions, such as hypnosis stripping away the patient's defenses and rendering him or her suicidal or even psychotic. On the contrary, hypnosis—when skillfully applied—holds great potential for empowering the helpless and hopeless patient. The following case example may illustrate this point well.

The author would like to acknowledge Linda Griebel for her help in the preparation of this chapter.
BACKGROUND INFORMATION

The patient was a 42-year-old White man who I'll call Tim. Self-referred for psychotherapy, Tim presented the problems of experiencing moderate depression, moderate anxiety, and concerns about his escalating consumption of alcohol, which he viewed as a coping mechanism for managing his uncomfortable levels of depression and anxiety. Tim was employed in the construction field. He was a general contractor and was capable of performing all major aspects of construction, including building, plumbing, and electrical. Tim was not married, but he lived with a woman who he had been involved with for several years. He was ambivalent about the relationship.

Tim's family history was significant. His mother had been in and out of psychiatric hospitals numerous times throughout Tim's childhood for what appeared to be severe depression that sometimes involved psychotic depressive episodes. Tim described his father as highly detached from his wife and very aloof with his children. Consequently, Tim believed he had little parental support and involvement in his life. Tim was the youngest of three children. He described his older siblings as "reasonably supportive and helpful" in his formative years; as adults, they were geographically separated. They maintained friendly though superficial relationships with one another.

Tim described himself as always having been prone to high levels of anxiety and moderate levels of depression. He was a deeply philosophical man by nature and a "searcher of truth." In his late adolescence and early 20s, when he was in college, his philosophical interests led him to intensive study of Eastern religions. Around that same time, he sought psychotherapy for the first time for help with depression. He soon quit, however, because he saw the therapy as irrelevant to his life concerns. When asked about this previous psychotherapy, he characterized it as "psychoanalytic in nature." He described it as "useless" because he was "not given any meaningful feedback" in his interactions with his analyst and because he was "not given any specific tools to work with in order to better manage" his depression.

No formal psychological-assessment tools were used in working with Tim. He was a very bright and articulate man who was intensely curious about many things. He asked me many direct questions about my perspectives about psychotherapy, and he was particularly interested in hypnosis and brief therapy methods. In fact, Tim specifically sought me out on the basis of my emphasis in treatment of providing specific skill-building tools and my emphasis on working in an active brief therapy format (Tim had read my self-help book, Free Yourself From Depression, 1992a). Tim made it clear from the outset that this was going to be a time-limited therapy and that he wanted to accomplish as much as possible in up to but no more than half a dozen sessions. His focus was entirely on acquiring alternative
perspectives and practical tools. Tim professed and appeared to be open and willing to engage with whatever ideas or methods I thought might best fit him.

Tim’s intellectual curiosity, his extensive readings of psychological and philosophical literature, and his history of exploring various consciousness-raising movements over the past couple of decades made Tim a very critical and active participant in the treatment process. Despite his intelligence and curiosity, however, he also demonstrated a rigid preoccupation with finding “the truth.” He experienced a great deal of depression and anxiety as he attempted to find answers to complex life questions and to control aspects of his life that he had not yet recognized were beyond his range of control (such as how his girlfriend felt about spirituality). His low self-esteem resulting from his ongoing self-criticism for the lack of success in certain areas of his life, most notably conquering his own depression, was considerable.

CONCEPTUALIZATION OF THE PROBLEM

We have learned in recent years that depression is not exclusively or even primarily a biological illness. It cannot be viewed only as anger turned inward, as a reaction to loss, or as a condition that exists simply because the person is rewarded for it through associated secondary gains (Seligman, 1990). Each such perspective may hold true in some cases, but none of them truly represents the essence of the disorder (Yapko, 1992b). Rigid viewpoints of depression that emphasize a specific psychodynamic or behavioral contingency have proven to be so limited as to be potentially destructive frameworks for attempting diagnosis and treatment (Akiskal, 1985; McGrath, Keita, Strickland, & Russo, 1990; Yapko, 1988).

Emerging in the treatment literature in recent years has been a welcome shift away from analyzing the abstract issues of a person’s life in favor of developing a focus on specific patterns the individual uses to organize and respond to his or her perceptions of life (deShazer, 1991; Fisch, Weakland, & Segal, 1983). Epidemiological, cross-cultural, and treatment studies have made it clear that any of a variety of patterned ways of responding to life’s circumstances can lead to the phenomenological experience of depression (Schwartz & Schwartz, 1993). Thus, there is no single cause for depression.

In describing depression as a product of various self-organizing patterns that can cause and maintain the experience of depression, I am also emphasizing that there are identifiable patterns that may be appropriate targets for therapeutic intervention. Tim clearly manifested some of these identifiable patterns. Specifically, Tim showed what I call “a present temporal orientation” (Yapko, 1989, 1992b), a relationship to time that places greatest value on the immediacy of one’s experience, often at the expense
of a detailed and realistic representation of eventual consequences. In other words, individuals with the “now” orientation tend to become so selectively focused on immediate experience (e.g., instant gratification, avoidance of unpleasant obligations, and an inability to fully grasp cause-effect relationships) that there is too little attention paid to making realistic and meaningful projections about the future. As a result, such individuals are often poor at planning, poor at anticipating consequences for current courses of action, and highly ambivalent because of their intense focus on whatever mixed feelings they have in the present moment. Tim manifested a marked lack of long-term goal planning; he had no specific ambitions or long-term goals. As a result, Tim’s focus was simply on getting through each day, making his goals extremely short-term and clearly unsatisfying. Tim described his ongoing experience as “merely coping with whatever each day brings.” As a result, each day was a struggle, despite the fact that he did not usually face any particularly difficult or overwhelming external challenges. In fact, much of Tim’s anxiety and depression was a product of his repeatedly asking himself global and complex questions such as, “Where is my life going? What do I want out of life? What is the meaning of my life? What should I do with my life? Will I ever be happy? When will I be happy? What will give meaning to my life?”

Anxiety is frequently associated with depression. It is not uncommon for depressed individuals such as Tim to ask themselves a seemingly endless stream of questions that are certainly not immediately answerable and, in fact, may never be answerable. To ask serious questions that can profoundly affect the quality of one’s life and then be unable to answer them can easily stimulate anxiety and a sense of hopelessness in any individual. Consider questions such as: “Is there a God? What is the right occupation for me? What is the best use of a day off? What is the smartest use of $10,000?” To ask such unanswerable questions (i.e., unanswerable in any definitive or objective sense) is to raise serious doubts about any course of action one takes if one is wanting to be “correct.” The depressive’s typical “all or none” thinking (Beck, 1967, 1973) usually leads to being either right or wrong, with no comfortable place to be in the middle. In Tim’s case, his focus was a short-term one on just getting through the day. He had no longer-term specific plans for his future. Meanwhile, in the course of each day, Tim asked himself countless unanswerable, yet seemingly sensible, introspective questions that neither he nor anyone else could answer in any definitive sense. This left him feeling very unhappy, frustrated, and without any apparent potential, in his view, for his current circumstances to change.

In previous writings (Yapko, 1988, 1989, 1990, 1991, 1992a, 1992b), I have described some of the most common patterns underlying depression. In the same way that a present temporal (i.e., “now”) orientation can preclude a well-developed and realistic sense of future orientation, there are other potentially depressogenic patterns, including low frustration tol-
erance, internal orientation, low compartmentalization, and diffuse attentional style. These specific patterns were evident in Tim’s narrative when he initially described his problems.

Tim’s low frustration tolerance led him to make quick short-term attempts to find other more satisfying job opportunities. It also led him to often feel frustrated with the apparent lack of progress in his relationships with women when interpersonal problems could not be immediately resolved. It further led him to use a short-term coping strategy of excessive consumption of alcohol, despite knowing this was a potentially hazardous practice in the long run. His frequent “giving up” when he could not find immediate solutions to his difficulties was further evidence of his low-frustration tolerance.

Tim’s internal orientation style led him to be highly introspective about and sensitive to each emotion he felt. Thus, no matter what he was feeling, good or bad, he would ask “Why?” and then ruminate seemingly endlessly about the meaning of his feelings. By being so internally oriented, he was considerably less “tuned in” to people and circumstances around him. As a result, his relationships with others were brief and unsatisfying.

The final, salient depressogenic pattern Tim manifested was his diffuse attentional style. His attentional style led Tim to focus on factors that were often irrelevant in the course of his dealings with others (i.e., they shared his interest in philosophy but they were exploitive of his resources). Thus, he often found others frustrating when they did not immediately provide what he was looking for.

I thought about Tim’s problems in terms of the various skills Tim was clearly lacking that are necessary to succeed in the arenas that concerned him. Tim was a very intelligent, articulate, motivated man whose experiential deficits precluded him from accomplishing the very things that he most wanted to accomplish. This is highly typical of depressed individuals. I do not believe I have ever encountered someone who enjoys or wants his or her depression. I have encountered depressed individuals routinely, however, who do not have the necessary skills to overcome their problems. It is unfortunate that clinicians have focused so intensely on people’s motivation, hypothesizing about people’s fear of failure or people’s fear of success, without fully considering the lack of necessary skills that would enable an individual to succeed in whatever arena(s) he or she is attempting to succeed in. Motivation without ability can be very depressing.

It seemed apparent to me that Tim would benefit from experiencing some meaningful hypnotic age-progression work with the goals of evolving a longer-term goal orientation and greater frustration tolerance to work more patiently toward goals that could only be realized over time. I further decided that Tim would likely benefit from using hypnosis to access the necessary resources for greater impulse control to reduce his drinking. I also elected to use hypnosis for the purposes of anxiety reduction and, in a

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general sense, to increase Tim’s sense of clarity about what is and is not controllable in various life experiences.

TREATMENT

The treatment goals in working with Tim were to help him (a) develop a positive and optimistic orientation toward the future, (b) develop greater frustration tolerance and an enhanced ability to exercise impulse control by making current choices on the basis of their consistency with future goals rather than the feelings of the moment, (c) develop the ability to take deliberate steps to actively and independently reduce anxiety without the use of alcohol, (d) recognize his ongoing experience of life as changeable and malleable in contrast to his current view of his circumstances as fixed and unyielding, and (e) shift from a reactive to a proactive position for responding to both external life experiences and internal personal perceptions. All of these goals reflect the development of specific skills that would enhance Tim’s ways of managing his life. Each goal was discussed with Tim clearly and directly in each of the sessions. Such discussions clarify the session goals and establish a framework for giving the hypnosis sessions meaning. Thus, even the indirect and metaphorical approaches were used in the context of agreed on goals.

There are some excellent reasons to use hypnosis in psychotherapy in general and with depressives in particular: (a) Hypnosis amplifies portions of subjective experience thereby making it easier to recognize where the patient’s patterns of perception, thinking, relating, and so forth are causing or maintaining his or her experience of depression; (b) it serves as a potent method of therapeutic pattern interruption; (c) it facilitates experiential learning; (d) it helps associate and contextualize desired responses; (e) it models flexibility, encouraging a variety of ways to relate to one’s self; and (f) it helps build focus (Yapko, 1992).

Tim had as a part of his general philosophical orientation a heavy reliance on a conscious and intellectual framework for interpreting his own experience in particular and life experience in general. Despite the premium Tim placed on conscious understanding and an intellectual analysis of experience throughout his life, he did not improve over time but, in fact, deteriorated over time. Thus, it seemed important in his therapy to expand Tim’s perspective of himself and his experience by having him “step outside” his usual framework. In other words, it could be said that Tim was already absorbed in a “symptomatic trance” in which he was selectively focused on dimensions of experience that were self-limiting and hurtful (Gilligan, 1987, 1988; Yapko, 1992b). The idea of redirecting his focus in a positive direction and thereby facilitating a therapeutic hypnotic state
seemed a desirable way of interrupting Tim's usual experience of himself. All of the ways that hypnosis can be used in the treatment of depression described above were highly relevant in Tim's case.

Hypnosis was introduced to Tim in a formal manner (i.e., openly discussed and implemented) in our second therapy session. Hypnosis was described as a valuable therapeutic ally that could help Tim shift depressogenic perceptions and redefine his experience of himself. Tim readily agreed to hypnotic treatment and even found the prospect of working hypnotically intriguing.

In the hypnosis sessions with Tim, I used direct and indirect suggestions, metaphors, truisms, affective reassociational suggestions, ratifications of trance responses, process and content suggestions, positive and negative suggestions, and posthypnotic suggestions. I suggested the following classical hypnotic phenomena as part of the hypnotic interventions: age regression, age progression, dissociation, and sensory alterations. I used these to facilitate the kinds of therapeutic experiences that would most likely be of help to him in overcoming his problems.

Tim was seen five times, in keeping with his original request to have only a few sessions. Each of the sessions involved direct discussion of relevant issues as well as discussion about learnings gleaned from the previous session. I used hypnosis with Tim in sessions two, three, and four, following discussion of his current needs and interests and the session's goals. The unedited transcripts of each of the three hypnosis sessions are provided below, along with commentary and analysis.

SESSION TRANSCRIPTS

Hypnosis Session One

Prior to the first hypnosis session, I elaborated on points made in the first session regarding the need for goals and a future orientation, as well as specific life-management skills such as anxiety management and an ability to be more flexible and objective in one's thinking. I then used hypnosis to facilitate these possibilities.

All right Tim. . . .
you can begin by taking a few deep, relaxing breaths and just orient yourself now to the idea of being able to get absorbed internally . . . being able to experience yourself differently . . . little by little . . .

Orienting first to the notion of experiencing trance as a means for facilitating eventual responsiveness.
Building internal focus.
Defining the purpose of the trance.
now you have lots of different experiences . . . visualization, meditation . . . that very closely parallel the experience of comfort . . . the relaxation of trance . . .

and yet at the same time, it is a different enough experience as you focus your thoughts . . . generating deeper understandings, different awarenesses . . .

In a sense, what I am encouraging you to do is to take the time to explore within yourself . . .
you know as well as I, how very . . . ritualistic experience can get . . . doing many of the same things . . . thinking many of the same things . . . the same feelings . . .

I think what’s most interesting about going into trance . . . and by that I mean that state of focused comfort . . . is that you get to step outside your usual experience of yourself . . . initially . . . your thoughts can be all over the place . . . listening and not listening . . . paying attention . . . being distracted . . .

which is really quite normal and to be expected . . .

but at some point along the way . . . you really can’t know just when . . . you start to notice shifts in your breathing . . . shifts in your musculature . . . subtle shifts . . . that start to gather momentum . . . and become more pronounced as time goes on . . .

Accessing previous experiences that parallel and suggest trance as a means of induction.

Orienting to the notion for making finer distinctions between experiences in contrast to a simple “all or none” perception.

Using his curiosity and tendency to search for answers, but redirecting him to begin to search internally rather than externally.

Building rapport through defining ourselves as collaborators, while raising the issue of rigidity.

Describing rigidity as repetitive and thereby beginning to create a negative affective association to it.

Directing his attention to building a trance state that is defined as interesting, comfortable, and focused.

Redefining shifts of perception as comfortable rather than anxiety-provoking.

Feeding back and redefining the cognitive dimensions of anxiety as both acceptable and usable.

Suggesting a shift in awareness from the cognitive to physical dimensions of experiences concurrent with unconscious shifts in sensory experience.

Amplifying unconscious and effortless shifts in awareness.
now there's a lot that you know about construction from the earliest stages of design... to the last moment’s work... in completing a project... you learn something about architects... when you do construction... you learn something about how much vision they really have... or don’t have...

when they put something where it really doesn’t belong... or where he didn’t put something that should be there... and times that... people have commented that the finished product isn’t what they had envisioned...

and you discover... that sometimes people’s vision... is really quite restricted...

now the skills that you have... the things that you know how to do... well... have evolved over years of practice...

and each project has a sequence... from beginning to middle to end...

and the parallel is really quite clear, Tim... I don’t think there is anything particularly hidden... or subtle about the analogy... because right now you are the architect... designing the blueprints for the rest of your life...

Use of his professional identity as the basis for a metaphor indirectly suggesting a structured sequence for producing successful results.

Using his experience with architects as an indirect suggestion for recognizing the differences between plans that work and plans that don’t, especially in regard to “vision”—a realistic and detailed plan for the future.

Encouraging a review of architectural blunders that reflect poor or inadequate planning as a basis for future.

Identifying the notion that dissatisfaction often occurs when expectations and hopes are not realized because they were unrealistic or lacking in detail.

Emphasizing the great potential value of developing realistic vision (i.e., future orientation) as a means for preventing disappointment.

Enhancing self-esteem and frustration tolerance by defining Tim as possessing skills that are complex and requiring years to develop, with no quick shortcuts.

Reemphasizing that any project has a fixed sequence to follow.

Shifting from indirect (metaphor) to direct suggestions.

Suggesting a shift from a reactive to a proactive position in making life choices and emphasizing that choices now are the “blueprints” for later experience, encouraging again a stronger future orientation.
and we want to make sure that everything is right where it should be . . . so that when you start building . . . it looks right . . . feels right . . . more importantly, it works . . .

now the interesting thing is . . . that when you have people . . . who have a very strong sense of future possibilities . . . those things that happen in the moment . . .

are just a part of experience . . .

and so the transient bad moods . . . or the transient episodes of anxiety . . .

are scaled down . . . because the moment passes . . . and the larger goals remain . . .

now I don't know if you have ever been around a little kid . . . but my best friends have a little two-year-old girl . . . and each night they read her a bedtime story . . .

and she has a favorite story . . . and each night mom . . . and/or dad . . . reads that story . . .

and if they vary one word . . . she'll stop them and indignantlly say, "Read it right!" and if they change an inflection, she'll stop them and say, "Read it right!" . . . the same story in the same way night after night . . .

how many different ways are there . . . of reading the same story . . . how many different inflections . . . changes of tempo . . . changes of emphasis . . .

Encouraging impulse control by suggesting pausing before acting to evaluate the appropriateness of a course of action. Emphasis is placed on it working as more important than looking or feeling "right."

Using his curiosity and intellectual interest.

Encouraging a strong sense of future orientation.

Distinguishing between moment-to-moment experiences and a greater goal that overrides them.

Encouraging breaking global representations into component parts.

Distinguishing ongoing depression and anxiety from transient bad moods, thereby encouraging a more unstable attribution for internal experiences.

Reemphasizing that enduring goals supersede momentary fluctuations of mood or feelings.

Lead-in to metaphor regarding rigidity.

Orienting Tim to a child's version of repetitive experiences.

Exaggerated examples of perceptual rigidity to illustrate the point that flexibility is desirable.

Encouraging flexibility by asking rhetorically for Tim to identify how many ways there are to read a story and then suggesting possible ways to vary one's reading.
and over years of experience, Tim . . . of reading yourself the same story in the same way . . . until you start to realize . . . how many different ways are there . . . of responding to a worry . . . how many different ways of responding to an anxious feeling?

Some people when they get an anxious feeling . . . they sit down with a relaxation tape . . . and they watch it evaporate . . .

some people have an anxious feeling . . . and they sit down with a jar of soap suds and blow bubbles . . . I’ve always speculated that that’s how Lawrence Welk got his start . . .

some people play air guitar to a favorite rock ‘n’ roll song . . . some people call a friend . . .

how many different ways are there . . . that allow the feeling to pass? . . . while maintaining the larger goal . . . of staying healthy . . . of staying clearheaded . . .

reinforcing . . . you’re in control . . . YOU’RE IN CONTROL . . .

now we talked about constructing realities . . . blueprints and tools . . . and since you’re obviously doing a remodel . . . on the reality you constructed many years ago . . .

Associating the metaphor directly to his own experience by suggesting he has told himself the same story without variation about himself.

Tying into the metaphor’s rhetorical questions to encourage variability and flexibility, suggesting that anxiety is not fixed and unchangeable but can change as his responses change.

Indirect suggestion to use the hypnosis tape of this session being provided to him and encouraging a shift from a kinesthetic to a visual representation of the anxiety (pattern interruption).

Introducing humor and lightheartedness as a means for reducing both anxiety and depression while reinforcing a representational shift from kinesthetic to visual regarding his feelings.

Encouraging flexibility in problem solving through diversity of examples while also suggesting connecting to others as a valuable tool in reducing depression.

Rhetorical question suggesting an infinite and diverse range of ways of managing feelings while simultaneously redefining them as transient, not permanent. Emphasis on larger goal of health and a clear head rather than focusing on alcohol directly.

Encouraging redefining self as in charge rather than a victim of unknown forces of the universe.

Reiterating the construction metaphor as a meaningful framing of the change work Tim intends to undertake. Letting him know it’s a “remodel,” not a tearing down and starting over.
one of the great benefits of being in the field that you are in... is you can do custom upgrades knowledgeably... and so to upgrade your thinking... to remodel your responses... to customize your interior... for maximum aesthetic value... is a very different goal... than just getting through the day... and then just getting through another day... and then just getting through another day... so out of all the different things we spoke of... I'll be curious which words... which phrases... ricochet through your mind... in evolving a different way...

take your time, Tim... process your different thoughts and feelings... and then when you feel like you're ready to, you can bring the experience to a comfortable close... and start to reorient whenever you want to... gradually... so that when you are ready in a little while, you can reorient fully and allow your eyes to open.

After hypnosis Tim reported significant reductions in anxiety and rumination, which was reinforced as evidence of the malleability of his experience. Discussion of the importance of effective problem-solving strategies preceded the hypnosis session's focus on developing and consolidating personal resources for improved self-esteem.

**Hypnosis Session Two**

Lean back get yourself comfortable... the chair goes back... there you go...

and orient yourself now... to what is by now probably a very familiar experience... of being able to sit back and let your eyes close... and start to absorb yourself in a frame of mind...

Using Tim's professional experiences as the basis for suggesting upgrading his quality of life while enhancing his self-esteem as a knowledgeable professional.

Encouraging higher and more appropriate goals using his skills rather than merely coping, building motivation to challenge himself and actively seek more for himself.

Encouraging Tim to review key concepts of session and to retain them in ways that can be helpful to him.

Reinforcing flexibility and a shift in approach.

Closure and disengagement.

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Using his previous trance experiences from having listened multiple times to the tape made of the first trance session as the basis for the current induction.
you wanted to know what trance is... it's a frame of mind...

being immersed in a way of thinking... a way of being...
so there are cultural trances, individual trances... trances of being a man... trances of being a builder... trances of personality...
and the more absorbed in a particular idea... the more exclusive a focus, the deeper the trance...
and how deep a trance is deep enough? What you're discovering... is that you have the ability to recognize value in a particular line of thinking...

you might even have surprised yourself that you have the flexibility to shift your thinking in certain specific ways...
so right here, right now... you have some time... to enthrall yourself with a set of ideas, a set of images...
the things that you find... interesting enough... engaging enough... and that changes from time to time...
sometimes you'll be absorbed in trance... processing very important memories that really teach you something...
other times... you'll be far away from thinking...

and your way of being allowed you... to abuse yourself in the long-run... for short-term coping...

Using Tim's question posed earlier in the session about what constitutes a trance state.

Encouraging a flexible and broad view of trance to prevent it from being another construct Tim rigidly compartmentalizes. It further defines trance as a largely context-defined phenomenon.

Equates trance depth with depth of absorption, indirectly encouraging greater absorption.

Rhetorical question illustrating a relative appraisal rather than an all-or-none one. Feeding back to Tim his observation stated earlier in our session that he notices more flexibility, tasking himself to look at one thing from many perspectives.

Reinforcing flexibility and the ability to shift perspectives.

Shifting locus of control from me to himself as the entrancing agent.

Encouraging multiple focal points rather than restricting himself to only one, allowing but using the inevitable "wandering mind" of anxious patients.

Raising the possibility of experiencing age regression by important memories surfacing.

Suggesting thinking (and analyzing) is not only not essential but also may be unnecessary in this context.

Raising the issue of short-term coping and defining it as self-abuse, even though alcohol is itself never specifically mentioned.
and I can't really predict, Tim ... where you'll be, what you'll be doing ... what kind of job you'll be working ... when it occurs to you ... that you have moved so far past where you were ... in learning to manage ... all the parts of yourself ... whether they're bored parts or ... fearful parts ... anxious parts, doubtful parts ... certainly you know it at least as well as I ... some parts feel differently than others ... some parts better ... some worse ... but you now know that they are all valuable ... some time, some place ... but what you and I have done, we've turned the spotlight on ... the parts of you that are ambitious enough ... and strong enough ... to want more for yourself ... than just another can of beer ... and when you turn the spotlight on ... the parts of you that you really value ... your sense of humor ... your quick grasp ... of things that you hear ... your curiosity ... and insightful questions ... those are all things that you can't really teach somebody ... how do you teach somebody to be curious? and when you start to realize ... that there is a very important part of you that's been ... underutilized ... you can start to connect ... with that deeper part of you ... in more and more ways ... Use of past tense regarding how he was as a direct contrast to how he's becoming, evolving past old perspectives and limitations. Encouraging a break from the past by framing him as having outgrown old behaviors and perspectives that limited him. Emphasis is on managing self as situations arise rather than obtaining "the answer" to life questions. Redefining all parts of self (negative feelings especially) as manageable. Feeding back the reality that not all experiences may be pleasant, but all are manageable and valuable in some way at some point in time, an affective reassociated suggestion. Defining our work as involving amplifying in his awareness the positive parts of himself to counteract his narrow focus on only his perceived weaknesses; by focusing on them he can want more than just coping day to day. Directly suggesting the development of an appreciation for characteristics he genuinely possesses but never notices or represents to himself in his self-image. Self-esteem-enhancing suggestions. Shifting focus from a pathology-based view to a view encouraging greater balance of personal characteristics. Encouraging greater appreciation of his deeper characteristics.
and then the very thought... dulling parts of yourself... so that you'll think slower... speak less articulately... miss important, but subtle things... it's just an idea... with no appeal... different things start to occur to you... and where you are now... outgrowing the need... to hear the same old story... in the same old way... which means that you can say to yourself... read it different, Tim... tell it different... now over the course of the next few days... weeks... months and years... there will be lots of experiences... and every once in a while... when it occurs to you... that your response is different... than it used to be... the feelings different... the choice that you make is different... it is very reinforcing... very reinforcing... and even though there aren't any parades, bells or whistles... neon lights that flash... there really is a great feeling... in feeling real solid... that you did what you set out to do... feeling more whole and connected to yourself... aware of yourself and valuing yourself... that isn't something that's transient... it's a way of life, it's a way of being... Creating dissonant feelings about alcohol, suggesting it can only interfere with his feeling good about himself, thereby breaking the association to alcohol as an acceptable coping tool. Reiterating flexibility in responding to his own feelings rather than rigidly responding with alcohol by referencing the metaphor from the previous session regarding the young girl. Contrasting with “read it right” (i.e., the same). Orienting to the future (age progression). Furthering a posthypnotic suggestion for unconsciously behaving differently in a manner consistent with the suggested patterns. Establishing directly the expectation that things can and will change for the better. Encouraging, recognizing, and enjoying the changes. Encouraging a recognition that the external world will not be a likely source of feedback that he's doing better, only his internal awareness can let him know he's doing better. Emphasizing greater self-awareness and self-acceptance. Suggesting that while moods and situations may come and go, good self-esteem can endure.
Emphasizing self-esteem is the basis for decision making. Reiterating the need for impulse control and a processing of options to weigh a course of action against what it will do and how it will feel in the long run, rather than what the short-term results might be.

Emphasizing our collaborative relationship that exists on many levels to reinforce rapport.

Suggesting the possibility that the things I talk to him about can evolve in importance beyond what he might currently realize.

Encouraging a transition from effortful to effortless change.

Encouraging an optimistic and motivating view of future possibilities.

Referencing again the contrast between flexibility and rigidity in the child metaphor of the previous session.

Suggesting integrating the relevant principles of our session.

Closure
to process all your different thoughts and feelings ... so that you can start to bring the experience to a comfortable close ... and bring back with you the strongest feelings of certainty ... to carry with you ... and then when you've had enough time ... you begin the process of reorienting yourself at a rate that is comfortable and gradual ... so that when you are ready in a little while ... you can reorient fully ... letting your eyes open whenever you're ready.

Suggesting the need to generate comfort beyond the trance experience.

Disengagement.

Hypnosis Session Three

Prior to the third hypnosis session, Tim reported a shift in his perceptions of himself, for the first time recognizing that he trapped himself with his own intellect by making assumptions about himself and the world that he had never challenged. We discussed the value of changing frames of reference in some contexts from identifying what is "true" to identifying what "works." Considerable emphasis was placed on thinking ahead preventively in making life choices and continuing to adapt to changing life circumstances.

All right, Tim ... you can begin by taking in a few deep ... relaxing breaths ... and orient yourself now ... to whatever that ... frame of reference is ... that allows you to build the state of mind ... and I am very deliberate in saying ... build a state of mind ... that highlights for you, amplifies in your awareness ... a different experience of yourself ... each trance experience is different ... in some way ... each involves a different focal point, a different message, a different theme ... Shifting focus from trance induction. Encouraging Tim to define his own trance state.

Using his construction background as a metaphor for encouraging a proactive approach to establishing a meaningful trance experience.

Encouraging flexibility and an ability to adapt to familiar yet changing circumstances. Emphasizing the variability of trance experience as a metaphor for flexibility.
and certainly there's the surface... content of what I describe to you... and simultaneously, there's a deeper... much deeper... message to absorb... to make use of... it's really... simply a choice... because at any given moment, you get to choose... how you distribute your energy... whether you will attach more... or take away from... a particular aspect of your experience... emotional energy, physical energy, spiritual...

the power of a thought of the trance suggestions...

the ripple through your consciousness... of even the most subtle shifts... within you...

so I am really quite aware... that each opportunity you have... to explore... to redefine... the different parts of yourself... sometimes it isn't until people... have to explore... to redefine... the different parts of themselves... sometimes it isn't until people... have a crisis that they move outside of themselves to discover what matters...

other times, it's the recognition of an opportunity... I am very aware... that you are exploring... and discovering... and that you're investing the time and energy... in evolving new skills... developing parts of yourself that for whatever reason had been underdeveloped...

Using his tendency to analyze by encouraging a multilevel view of the hypnosis sessions.
Encouraging learning at deeper levels than even he may be aware of.
Emphasizing he is in an active position, not a reactive one, in these sessions and in life in general.
Suggesting awareness is not fixed but is negotiable even with himself.

Identifying different elements of experience and directly suggesting their equal value.
Using his greater value for the cognitive portion of his experience and tying positive value to the hypnosis as a vehicle for better operating on that level.
Suggesting that each trance experience presents a chance to learn and grow even further.

Orienting Tim to the notion that sometimes “necessity is the mother of invention,” but that one need not wait until one is in crisis to act.

Seeking good choices to pursue before a crisis brews to force one’s hand.
Defining Tim’s work as growth-oriented and healthy rather than “curing pathology” to enhance his self-esteem and better motivate him to continue.
a shifting perception of time ... that has allowed you the wisdom ... that leads you to recognize every choice ... has a consequence ... and because you're making ... more sensitive and perceptive choices ... because you're tuned into sequences ... knowing what's at the end of the line ... well before you get there ... allows you to choose powerfully ... what you're going to do in order to create a particular outcome ... what you're not going to do in order to avoid a particular outcome ...

and it means thinking ... farther ahead ... planning in more detail ... and just a very simple ... and practical approach to life ... learning to do what works ... being observant about what works ... and so you continue ... making good choices ... what to say ... what not to say ... what to do ... what not to do ... when to respond to your feelings, when to override them ... which part of yourself to listen to ... because you know ... it has some vision ... having taken the time ... to learn at a deeper level ... how much more resourceful ... how much more capable you are than you might have given yourself credit for ... it forces you to redefine yourself ... in the best of ways ...

Reinforcing Tim's emerging ability to better anticipate consequences and avoid making bad choices he'll regret later. Encouraging Tim to realize he will always be responsible for making the best choices possible in his life, not just while he's in therapy.

Reinforcing Tim's perception (stated earlier in our session) that he is making better choices. Identifying how his increased ability to choose now on the basis of later consequences is a powerful skill.

Consolidating his awareness for thinking more in cause-effect terms, enhancing his impulse control, diminishing low frustration tolerance, increasing optimism and a sense of greater personal control. Reinforcing progress and generalizing results into the future as a more stable personal trait of greater future orientation.

Choosing wisely according to desired results.

Redefining his feelings as part of, not all of, his experience of himself and as a controllable part.

Praising his efforts in his own behalf as evidence of his growth. Building self-esteem and acknowledgment of his skills.

Suggesting directly an upgraded revision of self-image.
and whether you’re living in Northern California . . . or Southern . . . New Mexico . . . or someplace else . . . There will always be sequences that work . . . resources within to draw upon . . . and a refined ability . . . to distinguish . . . things that you make up . . . from things that are true . . . so even though you really don’t know . . . the precise location of where you’re going to be . . . it can certainly be very comforting and reassuring to know . . . anywhere you go . . . you’re taking with you all that you’ve learned, developed . . . and worked so hard . . . to learn how to use skillfully . . . take some time, Tim . . . to process and absorb . . . and then when you’re ready, you can bring the experience to a comfortable close . . . and start the process of reorienting gradually . . . so that in a little while when you’re ready . . . you can reorient fully and allow your eyes to open . . .

Using Tim’s plans to move in the near future while reinforcing that his awareness is in him wherever he goes to live.

Reiterating from our sessions the need to better distinguish subjective beliefs from facts.

Reinforcing that despite uncertainty about where he will be moving to, Tim can be confident he has the skills to live well.

Closure.

Disengagement.

THERAPEUTIC-RELATIONSHIP ISSUES

It is in neither my theoretical nor my practical framework to consider or label such relationship dynamics as transference or countertransference. Instead, I would describe my therapeutic relationship with Tim in particular and with all my patients in general as collaborative. In virtually all instances, I align myself with the patient’s therapeutic goal and strive to transmit the message overtly and covertly that “what you want is fine, now let’s talk about how to get what you want.” My patients almost invariably want things that I can easily and genuinely support, such as good relationships, satisfying careers, greater personal satisfaction, better self-esteem, and so forth. By aligning myself with the patient’s therapeutic goal, it becomes clear to the patient that I am on his or her “side.” As a result, we work
together on the problem, rather than placing me against the patient or the patient against me. In this context, it is generally (not always) inappropriate and unnecessary for us to focus on our feelings about each other. It is far more appropriate to focus on the desired outcomes as defined by the patient’s therapeutic goals.

In line with this approach, the emphasis is not on the patient’s “pathology.” Rather, I believe the patient is simply lacking the necessary skills to do those things he or she wants to be able to do. Tim is a good example of how someone can get depressed and anxious when unable to effectively respond to and manage his or her own thoughts and feelings. When given the appropriate tools, patients can finally succeed (or start to) at whatever they have been trying to accomplish, and their symptoms often readily diminish or disappear. As with Tim, my first reframing of the treatment process is to say, in essence, “it isn’t you, it’s the way you’ve gone about it. Change your approach, and you’ll get a different result.”

OUTCOME

Tim quickly absorbed the deeper messages evident in each of our sessions. He rapidly evolved the skills of shifting focus and using the hypnotic tapes to better manage his anxiety, and he reduced his alcohol intake to nearly zero almost immediately following the first hypnosis session. This result continued throughout the treatment process. In the fifth and final session, Tim presented to me the transcripts he had made on his own initiative of each of our hypnosis sessions. He enthusiastically gave his own analysis of the meaning of the things that I had talked about during the hypnotic processes and the things that he was now able to put together. Tim accepted the notion that the specific skills that he was missing were the cause of his pain and distress. He also appreciated discovering that depression and anxiety were changeable experiences with the use of specific strategies to first acquire then use the necessary skills in his life. Tim became realistically optimistic and started developing longer-term goals for how he was going to accomplish the things that he had always felt too confined within himself to accomplish. Tim described the therapy as an entirely successful and invaluable experience for him.

CONCLUSION

I believe Tim was typical of many depressed patients. Tim was an intelligent, sensitive, articulate man who was so focused on mere survival that it never seemed possible to him that he could evolve the skills that would allow him to transcend mere survival and actually start to enjoy living. My
experience has led me to observe repeatedly that depressed individuals are often seriously damaged by the questioning—by self and others—of their motivation to resolve depression. I find that questioning the patient's motivation to succeed is frequently a therapeutic dead end. I rarely question my patients' motivation to improve themselves or the quality of their lives. I do, however, question whether merely knowing what they want is enough. My firm belief is that it is not. I view it as my job to empower the patient by helping him or her evolve the specific skills that are missing and resolve a hurtful situation. I believe this point is represented well in Tim's case.

Tim's inability to manage his anxiety and his inability to distinguish between useful, answerable questions to ask himself and those that are unanswerable led him to invest enormous amounts of emotional and intellectual energy in directions that held no potential for resolution. As a result, Tim's escalating anxiety and general dissatisfaction with the lack of apparent meaning in his life colored his perceptions about himself, his relationships, his career, and nearly everything else in his life.

Tim's case also illustrates how relatively unimportant a person's personal history often is in planning and implementing therapy. Despite Tim's background and the chronicity of his problems, Tim was able to rapidly develop the skills necessary to overcome his experiential deficits. Analyzing a patient's history may provide plausible and insightful explanations for the evolution of his or her symptoms, but such a backward focus does little to empower the patient to begin to do things differently. Such "psychological archaeology" may explain symptoms, but it does not teach the patient new possibilities. Milton Erickson once said, "Patients do not come in to change their unchangeable past, they come in to change their futures" (Zeig, 1980). I believe this to be an enormously valuable perspective to maintain, particularly in working with depressed patients. After all, depression is a disorder that typically features a strong preoccupation, usually with the past, but sometimes the present (Yapko, 1988, 1992b). This past orientation exists at the expense of being able to realistically anticipate consequences and plan a longer-term course of action that is more likely to yield success. It is as if the person's past is extended into the future, fueling hopelessness with such internal statements as "I'll never be (happy, successful, whatever) because I never have been." The future looks bleak simply because the past has been.

Tim's case certainly poses a challenge to some of the most common assumptions about depression and its treatment. We may want to reconsider our answers to questions such as What causes depression? Who gets depressed and why? What is the role of exploring and understanding personal history in the process of recovery? I would suggest that the most efficient ways of providing treatment to depressed individuals involve recognizing and correcting through experiential learning the depressogenic patterns that regulate the individual's experience of depression. This is very
different from focusing on “issues” in a person’s life, especially those originating in childhood.

Tim showed clearly that when patients are provided with new tools that will help them better accomplish what they are trying to accomplish, they will often integrate them readily and adjust to a better quality of life.

I hope and expect that future research on depression will address key questions about the success of those treatments that involve minimal exploration of the past and maximal consideration of the future. Future research on depression can explore the roles of hopefulness and realistic optimism on the rates of recovery and relapse. I also hope that future research will better clarify the relationship among depression, anxiety, and substance abuse such that clinicians can more readily recognize when substance abuse is merely a coping mechanism for an associated depression or anxiety that should be the central focus of treatment.

REFERENCES


