

THE PSYCHOLOGY OF DEPRESSION & THERAPEUTIC MODALITIES.

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Depression, clinical depression, major depressive illness, (uni-polar), ante and post natal depression, is a speciality at the Bristol Hypnotherapy Clinic UK.

Depression is a multi-dimensional disorder, there is no one specific problem in life that causes it, although many people get to a stage where something goes wrong, which tips them over the edge, hence they believe that's what has caused their depression. Depression is often a learned response from a parent or someone they were brought up by, and have taken on board that person's negative attributes. These negativities can often lie dormant in a young person, until something happens later in their life that doesn't go well, it is at this time they may utilize these negativities, bit by bit until they become depressed themselves.

The treatment for depression that works well is psychoanalysis, cognitive behavioural therapy (CBT) and interpersonal related therapy. These therapies are all used within hypnosis, and shows greater therapeutic outcomes than drug therapy. This is termed as 'brief therapy', as opposed to elongated years of therapy, and may take between 7 - 9 sessions.

Psychoanalysis assists in finding any ISE, but mostly resolving the internal negativity that was taken on board usually from depressive parents. A high majority can understand from their younger days how they established their internalising negativity. However, psychoanalysis allows them to think with more logic and reason, and does not get them out of depression alone. CBT in conjunction with hypnosis provides a different way of thinking and feeling regarding depressive negative thoughts and feelings.

Because humans are creatures of habit, the more the client thinks and feels in a positive way and obtains better coping skills and strategies, the more this becomes apparent. Therapists need to be aware that just using positive suggestion could bring about an increase in depression and produce the opposite effect with some depressives.

Everyone has the ability to think and feel differently, and to be able to heal themselves with the assistance of hypnotherapy and therapeutic modalities that are know to work long term.

So who gets depressed, and why?

Any person young or old, male or female can become depressed. Depression is increasing in all age groups, but particularly in the younger teenage group. Females tend to experience depression twice as frequently than males, and depression is estimated 25 - 40% more common amongst children, that have grown up with a parent that is depressed.

There have been many misconceived ideas about depressed people, that they are weak, or just feel sorry for themselves. They are told to 'snap out of it' or 'there are other people worse off than you'. This is certainly not an answer and often makes the person feel more guilty about their condition.

Mild, moderate and suicidal depressed clients find themselves in situations that are extremely distressing and who need help to find a way out. It can affect them physically, instigating problems such as eating too much or not at all, sleep disturbance, cannot get to sleep, or sleep too much, a reduced sex drive, a decrease of pleasure or interest, fatigue and anxiety. It causes problems with their ability to think clearly, making it difficult to concentrate, and includes poor memory creating errors in judgement and decision making. There are possibilities of other co-morbid mental health conditions that are intermeshed with depression. There can be many underlying medical disorders that create depression where a full investigation is required.

Day to day living has become more stressful for some people, changes in society, a higher divorce or separation rate, and the general break-up of families, job insecurity, being too fat, too thin. Those who do not perceive themselves as successful, even with a nice car, house, or family. Pressures on children to do better at school, with the now increasing vast array of subjects, can lead to despair, frustration, that may cause anxiety, helplessness or hopelessness. Of course not everyone who experiences these problems or stresses becomes depressed. However, there are numerous amounts of people, thought to be 50% who go untreated because either they don't know they are depressed, or a consultation with a doctor fails to diagnose depression.

Biochemistry can play an important part, however, the lack of genetic make-up in identifying biochemical imbalance that creates depression, has not been fully established. We are biological and sensitive to the environment, family and cultural influences. Most people overestimate the biological contributory factor when evidence is far stronger for depression having its origins, in the way people think about and respond to life experiences. (There has been no specific depression gene found).

Chemical imbalances such as serotonin, noradrenaline and dopamine usually return to normal levels, when there is an interaction with psychotherapy for depression. There is no further need to take any medication to correct the imbalance. This suggests that the imbalance is the body's physical response to psychological depression, rather than the other way around.

Sociology. There is a more important and established understanding that in a social setting, the product of family environment, plays more relevance in producing depression. Learnt responses from a depressed mother, father or other family member can provide that child with negativity at a later time. It is now a faster, more complex life, with higher demands placed on the individual, most jobs are not as secure as they were, there is more information technology, hours spent watching TV or on the Internet can produce poor socialisation.

Anti-Depressant Agents.

Drugs can often suppress underlying problems, only to find when the patient stops taking the anti-depressant drug, they become depressed. There is a higher relapse rate from medication than therapy. Anti-depressant medication cannot teach coping skills, problem solving skills, resolve interpersonal issues, or protect against reoccurrence of depressive episodes.

It would be unfair to say that all people do not get relief from medication, and in some instances is definitely required. Older medications such as tricyclics (TCA's) monoamine

oxidase inhibitors (MAOI's) and selective serotonin reuptake inhibitors (SSRI's) such as Prozac, Paroxetine and Seroxat. All these drugs have many side effects, everyone is an individual, and one drug may not work well, where another might.

Whether it is clinical depression, ante or post partum depression, mild, severe, with or without suicidal ideology, an individual has the ability to break up their depression if they want to. It is a very important step to recognise depression and then to obtain help. Ante natal depression that includes relevant CBT (analysis should never be used during pregnancy) significantly reduces the possibility of post natal depression occurring.

From information obtained at the first initial consultation, the therapist is able to draw up a plan of action, and work together to build better coping skills for life. Everyone is an individual, therefore therapy is individualised to pertain to that person. The hypnotherapist needs to assist breaking up their old outdated negative attributes, and replace with better ways of thinking and feeling. Homework is an important aspect to encourage the client to participate in their therapy. Often a depressed person will have a hard time with guilt feelings, taking on board others guilt complexes, intimidation, perfectionism, have lack of understanding of what they are in control of and what they are not, no self control and dichotomous cognitions. There are many other different distortions that will require addressing. The hypnotherapist needs to be perceptive in not going too far advanced for the client's abilities, this can cause further depression as they say, "I told you, I will never get out of depression". Therapy needs to match their individual abilities and capabilities.

A depressive, does the same old things, day in and day out, more than likely ruminating over the same old negative thoughts and problems, often a distortion of reality. When they do something differently, they will obtain a different and much better result. It is knowing what to do differently that counts, providing a better future. Out of 250 suicidal depressives per year, 2 may return for one further therapy session because of a slight difficulty, or may find themselves slipping back, however, this situation is rare.

Depression is controllable and the outcome is excellent when approached correctly by a skilled hypnotherapist.