



*Clear Thinking newsletter from Uncommon Knowledge - Issue 79*

In this month's Clear Thinking...

1. How to treat depression the easy way
2. Online Course: Lift Depression Fast

## **How to treat depression the easy way**

*3 steps you MUST take when treating depression*

Depression is a scary word. The prospect of treating depression without drugs feels daunting to many therapists. But we can really be optimistic when treating depressed people. Why?

Because antidepressant medication

- (a) doesn't significantly outperform placebos (1); and
- (b) doesn't work at all for two thirds of people (and has many possible side effects).

If you have the right skills, then any depressed person who finds you will be in luck – although they won't necessarily see it like that at first!

To treat depression effectively we need to understand that:

- Depression is not 'genetic'. People are not biologically predestined. It's not *caused* by neurobiology (although it has neurobiological effects (2)). Depressive attitudes (such as pessimism, perfectionism, black and white thinking, learned helplessness) are *learned* rather than 'passed on through genes'.

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- Depression is a state of physical and mental *exhaustion* produced from too much negative non-solution-focused rumination, leading, in turn, to an excess of REM sleep which further exhausts the depressed person.  
(3)
- The depressed person has become stuck and needs help to think, feel and act differently and to get the rest they need.

Here are three essential steps to treating depression.

### **1. Describe what is happening to them**

As early as possible, we want the depressed person to begin to see their depression 'from the outside' as a *pattern of experience* rather than part and parcel of 'who they are'.

By describing the 'cycle of depression', you help your client understand how a build up of unresolved emotional worry overburdens the brain's REM response, leading to night time over-dreaming, leading to day time physical and mental exhaustion.

A depressed client feels that you really understand where they are coming from when they hear questions like:

- Do you always feel exhausted when you wake in the morning – and the more you sleep, the more tired you get?
- Does everything tend to seem very black and white, all or nothing, to you, with no shades of gray between?
- Do you feel physically exhausted one minute and then over-agitated the next?

Such questions highlight how depression is an easily understood *pattern of experience*.

You can reassure your client that one of the first signals of recovery they'll experience as they start to come out of depression will be an increase in energy and a feeling of clarity and perspective.

### **2. Get your depressed client to relax**

This is *essential*. A depressed brain is a stressed brain. (4) Master as many relaxation techniques as you can in order to be able to help clients relax effectively.

The most wonderful 'cognitive reframing' techniques in the world will have little effect on a brain worn out by stress, anxiety and exhaustion. In such a

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state, flooded with stress hormones, the brain struggles to take on new perspectives. It's like trying to see your reflection in a lake when a storm is raging.

### 3. Set 'tasks' which are intrinsically satisfying

Therapeutic tasks which satisfy have a beginning, middle and end. Even just writing a letter, putting it in an envelope, putting a stamp on it and posting it can produce a serotonin hit. We are rewarded with serotonin – a 'feel good chemical' – whenever we *complete a task*, especially one we've been putting off.

A depressed person may need to get back into the habit of actually taking steps to change unwanted situations rather than passively worrying about their problems but not acting to resolve them, and tasks can significantly help to get your client used to acting positively again.

In cases where practical changes are not feasible, you can still help your client to *feel differently* about what cannot be changed – and hypnosis is an excellent tool to help with this.

Of course, really effective psychotherapeutic depression treatment may need to include many more interventions, but these three steps, *normalizing*, *relaxing*, and *setting rewarding tasks* are an essential part of the mix and will get your clients well started on the road to recovery.

## Hypnosis and the treatment of depression

If you want to learn a really empowering and uplifting process for treating depression, you can do no better than our top notch online [depression treatment course](#). These courses run throughout the year, and the new dates will be announced soon.

Meanwhile, you can find out exactly what you will learn on the course and exactly how it will benefit you (and your clients) by visiting our [Lift Depression Fast](#) information page. Keep an eye out – there'll be early bird discounts for those who register first!

See you in a fortnight.

[Mark Tyrrell](#)

Co-Founder

Uncommon Knowledge

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- [Depression Learning Path](#)
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## Notes

- (1) Prozac, the bestselling antidepressant taken by 40 million people worldwide, does not work and nor do similar drugs in the same class, according to a major review. The paper, published on 28 February 2008 in the journal *PLoS (Public Library of Science) Medicine*, is likely to have a significant impact on the prescribing of the drugs. The National Institute for Health and Clinical Excellence (Nice) already recommends that counselling should be tried before doctors prescribe antidepressants. Erwin Kirsch, who was one of the consultants for the guidelines, says the new analysis “would suggest that the prescription of antidepressant medications might be restricted even more”. Antidepressants were found to work no better than placebos, leading the researchers to conclude that most patients who take antidepressants probably shouldn't be on them.
- (2) See the famous meta analysis by research scientists Antonuccio, DeNelsky and Danton entitled 'Depression: Psychotherapy is the best medicine' the findings of which now constitute the international treatment guidelines for clinical depression
- (3) See interview with Dr Joe Griffin ('The Dream Catcher') in *The New Scientist*, April 12th 2003
- (4) Depressed people may not always look agitated, but it has been found they have heightened levels of the 'stress hormone' cortisol in the blood stream.