

Hypnosis and Depression – Bruni Brewin

The Beyond Blue National Advertising Campaign (1) states that, “On average, one in five Australians will experience depression at some point in their lifetime. Around one million adults and 100,000 young people live with depression each year and that postnatal depression affects 14 per cent of new mothers.”

Depression is currently the leading cause of non-fatal disability in Australia, but only 3 per cent of the population identifies it as a major health problem. Depression and anxiety can be as serious, debilitating and life-threatening as a physical illness – yet less than half of those experiencing depression seek help. Depression is not a normal part of ageing.

The Black Dog Institute (2) states that signs of a depressed mood may include, insomnia, weight issues, emotions such as pessimism, anger, irritability and anxiety. Emotions can vary throughout the day, for example, feeling worse in the morning and better as the day goes along. Some people with depression find it more and more difficult to experience enjoyment, or look forward to anything with pleasure. Hobbies and interests drop off. They are less able to tolerate aches and pains and may have a host of new ailments. Their sex life can change and be absent or reduced. They have poor concentration and memory, and may feel it doesn't seem worth the effort to do anything. Often their friendships drop off due to the lack of energy to maintain contact. The sufferer may be preoccupied with feelings of guilt, worthlessness or death, and may attempt suicide.

Alcohol abuse may lead to violence and even murder. Often the problem is not diagnosed, and the sufferer is told to “pull himself together”, further compounding feelings of isolation and guilt. Depression can happen to all of us at some time in our lives, and providing these feelings go away they do not present a serious problem. But if the feelings persist for most of the day for over two weeks duration, and interfere with our ability to cope and manage things both at home or at work, it is therefore suggested that we get a check-up by a skilled professional. There could also be other medical reasons that cause these symptoms therefore it warrants that we should always check things out, even when we think that we can manage.

The Black Dog Institute(3) states that there are three broadly different types of depression, each with their own features and causes: Melancholic depression, Non-melancholic depression and Psychotic depression.

A possible fourth type of depression is: Atypical depression. They advise that knowing that there are different types of depression is important because each type responds best to different treatments.

Melancholic depression is the classic form of biological depression. It is a relatively uncommon type of depression that affects only 1-2 per cent of Western populations.

Non-melancholic depression essentially means that it has to do with psychological causes, and is very often linked to stressful events in a person's life and is the most common of the three types of depression. It affects one in four women and one in six men in the Western world over their lifetime.

Psychotic depression is a less common type of depression than either melancholic or non-melancholic depression. It may come with psychotic symptoms of either delusions or hallucinations, and strong guilt feelings.

Atypical depression is a name that has been given to symptoms of depression that contrast with the usual characteristics of non-melancholic depression. For example, rather than experiencing appetite loss the person instead experiences appetite increase; and sleepiness rather than insomnia. Someone with atypical depression is also likely to have a personality style of interpersonal hypersensitivity (that is, expecting that others will not like or approve of them).

The Black Dog Institute(3) states that depression can also be sub-typed into 'unipolar' and 'bipolar' depressions. Unipolar depression is the name given when only depressive episodes are experienced. Bipolar depression refers to having highs as well as depressive episodes in between. In the case of Bipolar depression, the type of depression could be any of the above four types, however it is most likely to be of a melancholic or psychotic type.

DepressioNet(4) suggests that the theory that depression is either 'reactive' or 'endogenous' in origin is losing support and that it is now more commonly believed that both environment and genetic history play a part. 'Reactive' depression is the term used for depression thought to be caused by a specific event or circumstance, such as relationship problems or loss of someone you love either through death or the end of a relationship, losing or changing jobs, or anything else that you find traumatic. This doesn't refer to grief, which is normal and healthy and temporary, but to depression, which lasts well past the time that you would expect to start recovering from grief, and is therefore unhealthy.

Whereas 'Endogenous' depression is the term given to depression that has no obvious cause – that is, was not brought on by a specific life event or circumstance, but rather appears to come from nowhere. However both are related to chemical changes in the brain, but differ in terms of 'which came first – i.e. did the depression come first, making life's problems seem far greater than they are, or did life's problems bring on the depression?

DepressioNet(4) suggests that 'Postnatal' Depression is actually more common than many people realise and occurs in about 80 per cent of women after childbirth (higher than stated in the beyondblue National Advertising Campaign (1)). The feeling of the 'baby blues' often passes within two days, but if it continues then this is what is known as postnatal depression. It usually occurs within the first 12 months of having a baby, often within the first few weeks or months. The severity of the depression can range from very mild and almost non-existent, to very severe and long-term and tends to be most common after the first pregnancy. On the other hand some women can experience depression during pregnancy, this is called antenatal depression.

The Emory University Health Sciences Center (5) released results of the study, led by Andrew Miller, MD, and Christine Heim, PhD, of Emory's Department of Psychiatry and Behavioural Sciences, that has shown evidence to suggest that the inflammatory response to stress may be greater in depressed people. The findings suggest that increased inflammatory responses to stress in depressed patients may be a link between depression and other diseases, including heart disease, as well as contributing to depression itself. People in the study who suffered from depression also had higher rates of early life stressful experiences. "We have found that this kind of personal life history may make people more likely to develop major depression and is actually common in depressed patients," stated Heim.

The results of a study by Johns Hopkins Phd; and James B. Potash, M.D. (6) showed that siblings, parents or children of people diagnosed with chronic major depression before the age of 31 have a 2-to-1 chance of also having the disorder. Moreover, first-degree relatives of patients diagnosed with chronic major depression before the age of 13 have a 6-to-1 chance of having it. However they caution that the results also could point to environmental factors, such as loss of a parent at an early age or physical and/or sexual abuse.

While findings by Lifespan (7) revealed that in addition to higher levels of depression, anxiety and suicidality, patients with shape/weight preoccupations such as body dysmorphic disorder (BDD), eating disorders (ED) (such as bulimia or anorexia), expressed higher levels of dissociation (a coping style characterized by blocking out emotions), sexual preoccupation/distress, and post-traumatic stress disorder (PTSD), suggesting that such concerns may be related to the experience of past physical or sexual abuse.

Rachel Carlyle from Saga Health Magazine UK (8) reports on some alternative treatments stating that since the late 1980s scientists have claimed that a shortage of the brain chemical serotonin is the cause. A whole generation of "wonder" drugs, such as Prozac and Seroxat, was based the principle of boosting serotonin. These SSRIs were much less toxic than previous antidepressant drugs, and quickly became the treatment of choice for everything from mild anxiety to suicidal depression. She says that GPs in the UK currently issue 19 million prescriptions a year for 3.5 million patients. But there are now concerns that too many people – particularly those with only mild depression – are on

SSRIs. (Eight out of 10 GPs admitted they were probably handing out more SSRIs than they should, and there have been reports of patients becoming dependent on them). Carlyle also reported that two Government agencies recently instructed doctors to stop prescribing them for mild depression and offer alternative treatments instead, such as counselling or exercise. Those with more severe depression should still get SSRIs but combined with advice on non-drug treatments.

Among the best-proven alternative treatments is exercise. One American study even found that three brisk, thirty minute sessions of running, cycling or swimming each week produced better results than an SSRI drug. It's thought to be because the chemicals, which determine mood -adrenaline, serotonin and dopamine, are all produced during exercise.

Dr. Edward Ernst, professor of complementary medicine at Exeter University (11) believes the herb St John's Wort offers the best alternative treatment for depression. He stated that in Germany, where it is a prescription drug, it outsold Prozac four to one until research showed that it reacted badly with several prescription drugs, such as anti-coagulants, and stopped them working. "That aside, 30 clinical trials have shown St John's Wort extracts were extremely effective in reducing symptoms," It was found that among those patients suffering mild to moderate depression, St John's Wort was significantly superior to its synthetic competitors and caused no more side-effects than a placebo." However, there is a caution against cheap supplements that don't contain a standardised extract; a dose of 900mg-1,800mg was used in most trials. Ernst has also investigated other complementary therapies such as acupuncture (for which there are 12 studies, showing mixed results), and encouraging data on massage, music therapy, relaxation techniques and yoga, but none of them has such strong evidence as St John's Wort.

On the other hand, (8) Professor Basant Puri at the Imperial College School of Medicine, (8) in London is convinced at least part of the answer lies in an omega-3 fatty acid called EPA, which occurs naturally in oily fish such as salmon, mackerel and fresh tuna. Four studies have since backed up Puri's work, and it has been established that people with depression have low levels of EPA in the brain-cell membrane, slowing brain activity and causing depressive symptoms. He uses a dose of 2g per day for most patients, and advises a supplement, which screens out another, harmful, fatty acid called DHA. Puri stated, "It is such a simple treatment, with no side effects, and effective for mild and moderate depression as well as severe cases".

Then again the UK Government's National Institute for Clinical Excellence recommends the "talking therapies" like counselling and cognitive behavioural therapy (CBT) for mild depression. Research has repeatedly shown that they are more effective than drugs, yet there is a chronic shortage of practitioners and long waiting lists.

Where as leading psychologist Dorothy Rowe(8) states that there is no evidence that a chemical imbalance causes depression, calling it "biobabble". "Antidepressants can relieve the pain of being depressed in some people for some of the time. They don't cure depression," she maintains. Rowe is a firm believer in talk. "The way out of the prison of depression is to realise that you are not that bad, unacceptable person you thought you were and that we don't live in a world where good people are rewarded and bad people punished. Most people work this out for themselves, but sometimes it helps to talk things over with someone, a good friend or a good therapist or counsellor."

While Dr Michael Yapko(9), a clinical psychologist and marriage and family therapist based in California, suggests that hypnotherapy can be used to treat depression. Yapko is internationally recognised for his work in depression and outcome-focused psychotherapy and hypnotherapy, and has had a special interest spanning nearly a quarter century in the intricacies of brief therapy, the clinical applications of directive methods, and in training therapists to treat the disorder of major depression. He has, for the last thirty years, specialized in the treatment of depression with hypnotherapy.

Hypnotherapy has been directly influenced by the current push for empirically supported treatments, and in recent years substantial high-quality research has assessed the effectiveness of hypnotherapy and its contribution to improving therapeutic outcome. Yapko stated that "Hypnosis offers a way to conceptualise how human beings construct their individual realities, and how to interact more effectively with others; in clinical hypnosis hypnotic processes are employed as agents of effective

communication and change. Our knowledge of depression has greatly improved in recent years, firmly establishing the essential role of psychotherapy in treatment. Whenever psychotherapy is indicated, so are specific identifiable patterns of hypnotic influence, since the two are fundamentally inseparable.”

Dr Linda Edwards,(4) in her article on Hypnotherapy and Somatic Hypnotherapy, also states the benefits of hypnotherapy as being a powerful tool for accessing the subconscious. Edwards states that the subconscious is a non-ordinary state of consciousness and that the human psyche is far more amenable to positive change, healing or beneficial reprogramming when we are in an hypnotic state compared to when we are in our usual beta state of consciousness (our thinking mode). Edwards recommends the work of psychiatrist Dr Stanislav Grof who has written numerous books and research articles on the healing power of non-ordinary states of consciousness. Dr Edwards states there is documented evidence that hypnotherapy compares very favourably with the most popular forms of therapy. Her comments are supported by Dr Alfred A Barrios,(12) who has reported the following success rates:

Hypnotherapy 93% recovery after 6 sessions (about 1.5 months) Behaviour Therapy 72% recovery after 22 sessions (about 6 months) Psychotherapy 38% recovery after 600 sessions (about 11.5 months)

Conclusions:

Around one million adults and 100,000 young people live with depression each year, and depression is currently the leading cause of non-fatal disability in Australia. There are different types of depression. Some of these go unrecognised and/or undiagnosed and can lead to compounding the symptoms of a person's depressive problem. Depression is related to chemical imbalances in the brain, and it is claimed that a shortage of the brain chemical serotonin is the cause. Since then, SSRIs that are based on the principle of boosting serotonin became the treatment of choice for everything from mild anxiety to suicidal depression, which is supported by the issue of 19 million prescriptions a year for 3.5 million patients.

Melancholic depression, is said to be the most common of all depressions, and is related to events in a person's life. Results show that siblings, parents or children of people diagnosed with chronic major depression before the age of 31 have a greater chance of having it. The researchers caution that the results also could point to environmental factors, such as loss of a parent at an early age or physical and sexual abuse.

Chemicals, which determine mood -adrenaline, serotonin and dopamine, are produced during exercise and this has shown exercise to be amongst the best-proven alternative treatments. St John's Wort was found to be significantly superior to its synthetic competitors and caused no more side effects than a placebo. Whilst research studies showed the herbal medicine St John's Wort as the best alternative medical treatment for depression, one research did show that it reacted badly with several prescription drugs, such as anti-coagulants. It has also been established that people with depression have low levels of EPA (omega-3 fatty acid) in the brain-cell membrane cause depressive symptoms, and by replacing these it was found to be beneficial to both mild and severe types of depression with no adverse side effects.

There is evidence that some medicines whether herbal or prescribed to treat other conditions could react detrimentally with each other or could give rise to depression. Opinion suggests that whilst antidepressants can relieve the pain of being depressed, they don't cure depression.

Complementary therapies such as massage, music therapy, relaxation techniques and yoga are showing encouraging data, although some, such as acupuncture, are showing mixed results. A number of health establishments recommend counseling and cognitive behavioural therapy for some depression as research has repeatedly shown that they are more effective than drugs. In recent years substantial high-quality research has assessed treatment of depression with clinical hypnosis contributing to improving therapeutic outcome.

Bruni Brewin is the president emeritus of the Australian Hypnotherapists' Association. She has a thriving practice in NSW.

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