



Setanta Hypnotherapy Clinic

How do you know whether you or a loved one is suffering from depression?

Depression is an illness that involves the body, mood, and thoughts, that affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be wished away. People with a depressive disease cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people with depression.

The signs and symptoms of depression include loss of interest in activities that were once interesting or enjoyable, including sex; loss of appetite (anorexia) with weight loss or overeating with weight gain; loss of emotional expression (flat affect); a persistently sad, anxious or empty mood; feelings of hopelessness, pessimism, guilt, worthlessness, or helplessness; social withdrawal; unusual fatigue, low energy level, a feeling of being slowed down; sleep disturbance with insomnia, early-morning awakening, or oversleeping; trouble concentrating, remembering, or making decisions; unusual restlessness or irritability; persistent physical problems such as headaches, digestive disorders, or chronic pain that do not respond to treatment; thoughts of death or suicide or suicide attempts. Alcohol or drug abuse may be signs of depression.

The principal types of depression are major depression, dysthymia and bipolar disease (also called manic depressive disease). Major depression causes a combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur only once but more commonly occurs several times in a lifetime.

Dysthymia is a less severe type of depression with long-term chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.

Bipolar disorder (manic-depressive illness) is characterized by cycling mood changes: severe highs (mania) and lows (depression). Sometimes the mood switches are dramatic and rapid, but more often they are gradual. When in the depressed phase of the cycle, one can have any or all of the symptoms of a depressive disorder. When in the mania cycle, one may be overactive, over talkative, and have excess energy. Mania often affects thinking, judgment, and social behaviour in ways that cause serious problems and embarrassment. For example, the individual in a manic phase may feel elated, full of grand schemes that might range from unwise business decisions to romantic sprees. Mania, left untreated, may worsen to a psychotic state. Bipolar disorder is not nearly as common as other forms of depressive disorders.

The signs and symptoms of mania include abnormal or excessive elation; markedly increased level of energy; less need for sleep; grandiose notions; racing thoughts and increased talking; increased sexual desire; poor judgment; and inappropriate social behaviour.

Clinical Depression is still widely misunderstood. The prevailing attitude is "Keep a stiff upper lip, have a drink, maybe it will go away." About 12% of men and up to 25% of women suffer from depression during their lifetimes. While more women attempt suicide, men are more likely to be successful.



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Hypno Psychotherapy and the Treatment of Depression

My name is Xavier Nathan and I am in private practice with my wife Mary at the Setanta Hypnotherapy Clinic in Peel. We would describe ourselves as Hypno Psychotherapists because we use a combination of both Hypnotherapy and Psychotherapy to specialise in the treatment of people suffering from conditions created by the mind with an emotional root cause such as depression.

With one in 4 members of the population suffering from mental or emotional problems alone and 80% of all medical consultation having a psychological origin, Hypno-Psychotherapy has become one of the most successful adjuncts for treating depression.

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 as males, and depression is estimated around 42% more common amongst children, that have grown up with a parent that is depressed.

Women find it difficult to go out and socialize, especially if they are looking after children, and feel more 'trapped' in the home environment. Menopause, weight gain, hypertension, marriage problems are all possible negative attributes in their life.

Men tend to experience depression with a job loss, not being promoted, arguments at home with the wife or teenage children, getting older, and perhaps experience health problems. They frequently do not to seek therapy or go to their doctor. Men can go out with their friends, socialize and drink more alcohol to suppress their underlying anxieties and depression.

Children can be misdiagnosed as a behavioural disorder, a learning disability, certainly being bullied at school can cause depression.

Depression in the elderly, where their children have left home whom they no longer see, believe that their life is over, or have some illness or disease, which again may be undiagnosed. Clinical depression really refers to someone that is depressed and has some form of illness that is causing the depression.

Hypnotherapy teaches people with depression to mentally counter and refute negative, pessimistic thoughts. Through the use of imagery and suggestion, the process imprints new coping skills directly into the subconscious mind. During hypnotherapy sessions, patients also learn to modify their behaviour, refocus their attention and practice deep breathing. They can use their new skills and positive mental messages to psychologically inoculate themselves against depressing thoughts.

Hypnotherapy can also help patients discover the root causes for their depression and explore negative thinking and experiences that contribute to their depression. Then, through hypnotherapy, they can re-process their memories and past experiences. With this new inner freedom, they can choose how to respond rather than react to triggering situations. Overall, hypnotherapy assists patients by providing positive self-suggestions, by enabling the release of guilt and self-blame, and by shifting to more positive perspectives of their negative experiences.

That there is a biological component to depression is undisputed since all our emotions are expressed in the language of biochemistry. The important point is that depression is not caused by adverse life experiences; it is caused by the way we have learned to respond to adverse life experiences. Many people have faced difficult situations in their life without getting depressed. Many parents have lost a child, perhaps one of the most emotionally painful experiences a human being can have, yet they haven't developed clinical depression. Of course, they grieved and felt sad, but somehow they managed to recover and become enthusiastic about life again. Yet some people who have lost a child will still be ten years later actively grieving and in a state of clinical depression. In fact, all of us at some point in our lives are going to have to encounter a loss of loved ones, career changes, health changes and other diverse setbacks.

This should lead us to begin to recognise that if we encourage depressed people to look for the bad things that happened to them, and to explore and open up their hurt feelings, we are doing them a disservice. They may, of course, temporarily feel some emotional relief, but research shows that they are much more likely to stay depressed, and to have repeated bouts of depression, than if they are given a therapy that addresses the underlying psychological process.

The therapy has to be able to teach clients a way of relating to the world that challenges their depressive world view. They have to be helped to discover how to step out of the way they see things, to literally step out of their negative trance.

Lifting Depression

Depressed people are excessively negatively introspecting because of failure to get their essential emotional needs met. Emotional arousal automatically forces the brain into a reactive, black and white mode of thinking, reducing its ability to think in more subtle, objective ways. So, after a setback, someone in an essentially pessimistic outlook will inevitably interpret their life events as catastrophic and excessively introspect about these interpretations. This puts excessive pressure on the dreaming process and distorts the REM sleep system causing excessive autonomic arousal discharge, leading in turn to physical exhaustion and subsequent clinical depression.

We can now see that all therapies that are effective at lifting depression break this cycle. (All anti-depressants reduce or normalise REM sleep. All effective psychotherapies break the negative introspection cycle and focus the client on solving problems and engaging with life again.)

A depressed person precisely echoes the reactive, all or nothing response system in the brain: fight or flight, good or bad, love or hate, near or far.

The guidelines for effective treatment of Depression are:

- Therapy should be active, time limited, focused on current problems and aimed at symptom solution not personality change.
- Hypno-psychotherapy should be considered the first line treatment approach if the depression is mild to moderate: if it is non-psychotic, not chronic, not highly recurrent and if the patient wants it.
- Medication should be the first line treatment if the depression is very severe: if there have been two prior episodes, if there is a family history of depression and if the patient wants it.

FACTS

- Medication helps in some cases; however, there is a 50% or higher rate of relapse where just medication is used as treatment.
- People who have depressed relatives are 3 times more likely to develop depression (Depressed parents, depressed children, etc)
- Only 25% of sufferers receive treatment.
- Higher rates are among separated, divorced or widowed people.
- Depression is the number one mood disorder.
- 1 in 4 women develop depression in their lifetimes.
- Average age of onset is mid to late twenties.
- Insomnia and loss of energy are the most common symptoms.
- Increased risk for alcohol abuse, drug abuse, panic disorders and OCD.
- 60% suffer from anxiety disorders, social phobia, simple phobias, PTSD, GAD, agoraphobia, panic.
- 70% of antidepressants are given to women.

Hypnotherapy: Targeting Seven Basic Problems Associated with Depression

The Hypnotherapist identifies the client's current problem and designs a solution focused audio recording to change his/her negative thinking process.

1. To quiet the rumination process and let sleep take over naturally

To teach the client the ability to compartmentalise and to address boundary issues relating to the waking state and the ability to sleep. Rumination is usually either about irresolvable issues or else issues that cannot be readily resolved. It is necessary to establish a boundary that separates ones waking activities from being able to both fall asleep and stay asleep. Need to create a separate time to analyse one's life and try and solve all of one's problems, e.g. lying in bed while waiting to sleep is definitely the wrong place. Need to make the bedroom a stress-free place

2. To break the pattern of hopelessness and negative expectation

The Hypnotherapist builds positive expectation – to look at the future optimistically – that positive change is inevitable.

3. To break the patterns of feeling stuck, helpless and hopeless

The Hypnotherapist addresses issues of rigidity and encourages flexibility. Control issues: depressed people evaluate distortions of what is and isn't controllable in their life. They may feel they are victims of life and circumstances, leading to subjective feelings of helplessness (victim mentality). Alternatively, they may suffer from the illusion of control in which the client believes he/she can control things and make things happen that are in fact beyond the individuals actual range of powers.

4. To teach a clear sense of personal boundaries and how to maintain them.

Depressed people complain about feeling overwhelmed. They may be globally aware of all the problems that are facing them in life, seemingly all at once, which would be overwhelming for anyone. Thus it becomes a specific goal in treatment to teach the client not only to identify all the problems, but to achieve some sense of priority and establish a sensible sequence in which the problems are going to be addressed. The client needs to learn the skill of compartmentalisation, which involves the ability to separate one aspect of experience from another – to discover ‘where to draw the line’.

5. To turn guilt into liberation

Excessive or inappropriate guilt is a typical and emotionally powerful component of the overall experience of depression. Guilt usually surfaces when the client does not live up to someone’s expectations or even their own expectations. Clients may feel personally responsible for how other people think, the choices that other people make, the things that others do and the things that other people do not do. The client needs to learn what they are responsible for and what they are not responsible for and to make it clear that they have to let other people make their own choices responsibly.

6. Preventing life’s stressors controlling the clients coping ability

Everyone has problems, stressors, disappointments, rejections, humiliations, losses and other hardships, and circumstances that are occasionally painful. The client must learn that when bad things happen that they are usually transient, there are things they can bounce back from and move on from in their life and that these represent only one portion of life and not all of life. The goal is to make the clients life a satisfying one, an enjoyable one, where they are able to experience the kinds of things that they want to be able to experience. There are a lot of things that fall in the realm of the clients control, and they can do a lot of things to prevent unnecessary stresses, and avoid potentially depressing circumstances.

7. To teach empowerment and foresight

Empowerment means the ability to choose, to recognise that at any given moment of time the client has the ability to choose whether they’ll respond and how they’ll respond to different people and circumstances. It means having an orientation towards the future that allows them to be goal oriented and clear and deliberate in their understandings of how the things that do right now will impact on the events yet to come.

We provide a free initial consultation without obligation prior to starting any treatment.

Mary and I are both fully accredited members of ICHP (Institute of Clinical Hypnotherapy & Psychotherapy) and we are both Complementary & Natural Healthcare Council (CNHC) Registered which means we meet recognised standards of competence and probity, and abide by a rigorous code of conduct, performance and ethics, and, in addition, that we are covered by professional indemnity insurance with confidentiality being of the utmost importance.

For more information about Setanta Hypnotherapy Clinic visit www.manxhypnosis.com

To book a free initial Consultation Tel: 842938