

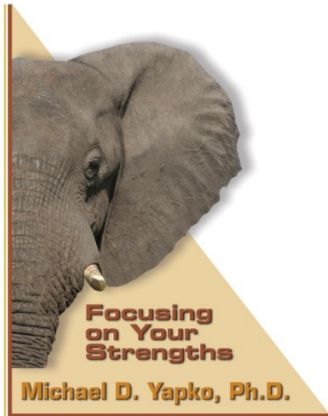
Higher Thought Institute  
presents  
**Depression is Contagious**

**An 3-Hour Webinar Delivered in 2 Sections**

with

**Michael D. Yapko, Ph.D.**

January 7, 2023



# Part 1:

# Framing Depression

How you think about depression determines how you'll go about designing and delivering treating

# COVID-19 and Depression

- More than 2800 studies have been published linking COVID-19 and depression
- In studies assessing the rates of depression in COVID patients, the best evidence suggests the depression rates have DOUBLED or even TRIPLED worldwide
- What does this suggest to you about the relationship between depression and external circumstances that overwhelm the individual?

# What Has COVID-19 Taught Us About Our Vulnerabilities?

It has taught us...

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How much predisposing risk factors strike when life circumstances change

---

How strongly connected anxiety and depression really are

---

How easily people can make bad decisions that make things worse

---

How difficult it is to distinguish personal freedom from social responsibility

---

How strong a role risk assessment plays in decision making

---

How poor the quality of people's ability to think critically about data can be

# What Has COVID-19 Taught Us About Our Vulnerabilities?

## It has taught us...

---

How easy it is to dismiss objectivity when it proves inconvenient

---

How faith in leaders can lead people to follow bad advice (e.g., drink bleach)

---

The cost of loneliness physically and mentally

---

How much people are willing to risk in order to connect with others

---

How therapists can too easily focus on feelings and not meaningful actions

---

How resilient people can be in adjusting to challenging circumstances

---

How powerful someone on a mission can be (doctors, nurses afraid but still going to work); meaning, purpose

Many new developments have arisen  
regarding depression.

The global pandemic is an unprecedented grand-  
scale experiment in human perception and  
behavior generating  
new research, new targets, and new treatments

# Newer Biological Treatments for Depression

- MeRT (Magnetic e-Resonance Therapy)
- SAINT (Stanford Accelerated Intelligent Neuromodulation Therapy)
- Intravenous (IV) and Intramuscular (IM) Ketamine Therapy
- Esketamine (“Spravato”)
- Brexanolone (“Zulresso”)
- Whole Body Cryotherapy
- Psychedelics (particularly Psilocybin, the “magic mushroom” and MDMA or “Ecstasy”)
- Minocycline (a widely used antibiotic)

# What's New in Psychotherapy?

- Research overwhelmingly affirming the value of **experiential treatments**, including focusing methods such as mindfulness and hypnosis
- The advantages of questioning the value of framing depression as a “disease”
- **Telehealth/Online therapy**’s big jump into being routine and then answering questions about its overall efficacy
- **Mental health apps** have grown in popularity and sophistication and are now included in many health care system programs



# New Study: No Genes to Predict “Mental Illness”

- A recent study of about 50,000 people failed to find any genes that influenced “mental illness.” David Curtis conducted the research at UCL Genetics Institute, University College London. The study was published in the *Journal of Affective Disorders*.
- “The results obtained from this study are completely negative,” Curtis writes. “No gene is formally statistically significant after correction for multiple testing, and even those which are ranked highest and lowest do not include any which could be regarded as being biologically plausible candidates,” he adds.
- Previous research supports this finding. Other studies have found that genetics explains less than 1%, or at most 2.28%, of the risk for various psychiatric diagnoses.

Curtis, D. (2021). Analysis of 50,000 exome-sequenced UK Biobank subjects fails to identify genes influencing the probability of developing a mood disorder resulting in psychiatric referral. *Journal of Affective Disorders*, 281, 216-219. <https://doi.org/10.1016/j.jad.2020.12.025>

# A Powerful New Study Debunks the Low Serotonin Hypothesis of Depression

- New research published July 20, 2022, shows that the theory justifying the millions of prescriptions for antidepressants handed out every month to patients is simply not true.
- The research confirms what some professionals (like me!) have increasingly come to suspect - that the 'chemical imbalance' theory — that depression is due to a lack of the brain chemical serotonin — is nothing more than a myth.
- In the most comprehensive review of the research on links between depression and serotonin ever carried out, researchers from the UK, Italy and Switzerland looked at 17 major international reviews that had documented the findings from more than 260 studies, involving 300,000 patients.

# Two Major Conclusions from the Authors of the Study

- “There is no other accepted pharmacological mechanism for how antidepressants might affect depression. If antidepressants exert their effects as placebos, or by numbing emotions, then it is not clear that they do more good than harm.
- Although viewing depression as a biological disorder may seem like it would reduce stigma, in fact, [research has shown the opposite](#), and also that people who believe their own depression is due to a chemical imbalance are [more pessimistic](#) about their chances of recovery.”

Moncrieff, J., Cooper, R., Stockmann, T et al., (July 20, 2022). The serotonin theory of depression: A systematic umbrella review of the evidence. *Molecular Psychiatry*.

<https://doi.org/10.1038/s41380-022-01661-0>

“For years, people have been led to believe that depression is caused by a chemical imbalance in the brain, due to a deficiency of the chemical serotonin...We can safely say that after a vast amount of research conducted over several decades, there is no convincing evidence that depression is caused by serotonin abnormalities...We do not understand what antidepressants are doing to the brain, and giving people misinformation prevents them from making an informed decision about whether to take them or not.”

Lead researcher Professor Joanna Moncrieff, professor of psychiatry at University College London and consultant psychiatrist at NHS

# Disproven Chemical Imbalance Theory Leads To Worse Depression Outcomes

- The results of the study, which included a sample of 279 persons attending an intensive behavioral health program in the United States, found that the endorsement of the chemical imbalance theory of depression was associated with poorer expectations of treatment and lower perceived credibility. Additionally, the researchers found that a belief in biological causes for depression was predictive of a greater presence of depressive symptoms at the end of treatment.
- Schroder, H. S., Duda, J. M., Christensen, K., Beard, C., & Björgvinsson, T. (November, 2020). Stressors and chemical imbalances: Beliefs about the causes of depression in an acute psychiatric treatment sample. *Journal of Affective Disorders*. 537-545.

# Giving People a Biomedical View of Depression Works Against Treatment

- A second new study provides further evidence that adopting the prevailing biological perspective that “depression is caused by a biochemical imbalance” and “educating” the client to this misleading notion leads to demonstrably poorer treatment outcomes
- Telling depressed individuals they have a “brain disease” that needs biological intervention is not only misleading but demotivates people to learn the cognitive and social skills known to not only reduce but even prevent depression.

Lebowitz, M., Dolev-Amit, T., & Zilcha-Mano, S. (2021). Relationships of biomedical beliefs about depression to treatment-related expectancies in a treatment-seeking sample. *Psychotherapy*. Advance online publication. <https://doi.org/10.1037/pst0000320>

QAnon's Biggest Booster: Truth Social

09.30.2022  
**Newsweek**



# HOOKED **ON** HYPE

**ANTIDEPRESSANTS  
WORK NO  
BETTER THAN SUGAR  
PILLS FOR MOST  
OF THE 43 MILLION  
AMERICANS  
WHO TAKE THEM**

Michael D. Yapko, Ph.D.  
[www.yapko.com](http://www.yapko.com)

9-30-22 Issue Cover Story

# Overprescribing SSRIs

“...Family doctors with little psychiatric training now prescribe them for adults and children alike. In 2019, one in eight Americans—43 million in all—were taking an SSRI...During the pandemic, doctors phoned in so many new prescriptions for Zoloft, the [FDA](#) warned of a drug shortage... According to the Centers for Disease Control and Prevention, more than 60 percent of Americans on SSRIs—almost 26 million people—have been taking the drugs for more than two years and six million have been on them for a decade or more. Some patients may stay on SSRIs simply to avoid withdrawal symptoms, say some experts.”

Adam Piore, *Newsweek online*, September 21, 2022



Biology does definitely matter...but it has been overstated as the basis for prescribing antidepressants

Still, given the role biology might play in someone's depression, a strongly recommended starting point is a thorough physical examination

# Is depression process-driven? Or event-driven?

The evidence is unambiguous now that for **most** people (not all) depression is ***process-driven***, arising when facing circumstances, either internally or externally generated, that the person isn't well-equipped to deal with

# What causes depression?

How you answer this question is the single most important determinant of :

- *whether* you will recommend treatment
- what *kind* of treatment you will recommend
- how your client will likely *respond* to treatment
- how you will relate to all I will discuss in our time together

# Is Depression Caused By:

- ❖ Genetics?
- ❖ A biochemical imbalance in the brain?
- ❖ Inflammation, an elevation in C-reactive protein?
- ❖ Psychosocial stressors?
- ❖ Cognitive distortions ?
- ❖ A lack of environmental and social rewards?
- ❖ Social inequities?
- ❖ Cultural/familial influences?
- ❖ Mishandling key vulnerable situations?
- ❖ A poor diet?
- ❖ A lack of physical exercise?

# Strands of Evidence Depression is About Much More than Biology Run Amok

- Genetics and Epigenetics
- Neuroscience
- Affective Neuroscience
- Epidemiology
- Individual Psychology
- Social Forces (e.g., culture, attachment)

The more we learn about the biology of depression, the more we discover the power of human relationships to either *increase or decrease one's vulnerability to depression*

Suggesting a drug will cure  
depression misses the  
inescapable point...

...Depression is more a ***social***  
than medical problem.

# No Amount of Medication Can Teach Your Client:

- More effective coping skills
- More realistic explanatory styles
- Healthier relationship styles
- More flexible and discriminative cognitive skills
- Sophisticated problem-solving skills
- More effective decision-making strategies
- How to build and maintain a support network
- How to transcend an adverse personal history
- How to build a realistic and motivating future



Helping people develop key skills in these areas in order to empower them to live effectively is what therapists can do that medications can't

A Major Point  
I Can't Emphasize  
Enough

There are *lots* of  
approaches that  
can work  
in treating  
depression

In fact, depression has a very high rate of response to placebo-based interventions.

It also has a high rate of response to a wide variety of interventions, including interventions that probably shouldn't work at all (such as the use of amphetamines, eating dark chocolate, and whole-body cryotherapy).

The challenge is discriminating what's central and what's tangential in a given individual's onset and course of depression.

The term “depression” is a **global term** representing many structural pattern and risk factor components

Recognizing and addressing these patterns and risk factors is the foundation of effective treatment

# Key Cognitive Patterns to Focus on in Treatment

- Cognitive style (especially ***global*** cognition)
- Internal orientation (re: self)
- Cognitive rigidity
- Tolerance for ambiguity
- Attributional style
- Locus of control
- Expectancy
- Risk assessment, tolerance
- Discrimination skills
- Memory

# Key Relational Patterns to Focus On in Treatment

- External locus of control re: others
- Internal orientation (relative to engaging with other people)
- Excessive reassurance seeking
- Conflict avoidance
- Unrealistic expectations of self, others
- Lack of specific social skills
- Socialized values (think of the "Invisible Gorilla" experiments)

# Social Media and Youth Depression

- In 2021, 4.2 billion people, or more than half the world's population, used social networks.
- Several studies have found a significant association between the heavy use of social networks and anxiety, [depressive symptoms](#), and stress. There have also been reports of decreased [life satisfaction](#), as well as reduced general well-being and [self-esteem](#).
- "Due to an increased [concurrence] between mood disorders or [depression](#) and the use of social networks, researchers wanted to establish a new disorder: '[Facebook Depression](#),' but they quickly realized that it would be wrong to recognize it as a characterized disorder, because it would appear that the harmful effects of social networks on mental health are not linked to the social network itself, but rather to problematic [social network use](#)."

Margot Morgiève, Ph.D., in an address to the French Society of Pediatrics, June 2022.

(See *Medscape*, July 1, 2022. "Are Social Networks Threatening Adolescents' Mental Health?"

# Problematic Social Network Use

- **Social comparison:** This refers to the spontaneous tendency of social beings to compare themselves to individuals who appear to be more attractive than them which results in a negative self-assessment, thereby lowering self-esteem and promoting the emergence of depressive symptoms.
- **Propensity to promote addictive behavior:** Through observational learning about others which can give rise to compulsive and [uncontrolled behavior](#), as illustrated by "FOMO," or fear of missing out.
- **Substitutive use:** This is when time spent in the online environment replaces that spent offline. Excessive users report a feeling of loneliness and an awareness of a lack of intimate connections.
- Trolling, cyberbullying, sexting, etc.

# Global Cognitive Style as a Key Factor

When you can't see the  
trees for the forest...



# Global Cognition Leads to:

- Fewer and lesser skills for making discriminations
- More misinterpretations and cognitive distortions
- Higher levels of emotionalism (“overwhelmed”) but lower levels of emotional differentiation
- Poorer problem-solving skills
- Higher levels of social projections (i.e., stronger internal orientation) and social dysfunction
- Lesser compartmentalization skill
- Lesser abilities in sequencing skills
- Reduced ability to define and defend one’s boundaries

# Examples of Global Style in Client Self-Reports

- “I just want to be happy”
- “I just want to feel normal”
- “I ***am*** my depression” (anxiety, history, or diagnosis)
- “I’m just so overwhelmed I’m frozen”
- “I get so bad I just can’t think”
- “The symptom just happens to me”
- “Aren’t there any good people out there to love me?”
- “Life is so unfair”
- “I’m a victim and there’s nothing I can do about it”

# Examples of Global Therapeutic Truisms

- “Trust your feelings” (guts, inner sage, unconscious)
- “Life is what happens to you when you had other plans”
- “Just let go...no need to try to control it”
- “Be fully present in the moment”
- “It’s a disease...it’s not your fault”
- “Everyone is entitled to good self-esteem”
- “You’re an abuse survivor”

# Strategy: A Flow of Steps

The goal is to help shift over-general thinking into more specific thinking

A discrimination strategy is an ability to skillfully distinguish between two or more available options in a specific context

# Processes Reflecting Poor Discrimination Skills

- Over-general problem presentation (e.g., “I just want to be happy”)
- Emotional overreactions
- Inability to identify one’s feelings (lack of emotional differentiation)
- Poor personal boundaries
- Indecisiveness
- Poor problem-solving skills
- Avoidant coping style
- Inability to think critically or in detail about issues
- Overgeneralizations about oneself (“I’m too anxious to ever learn to relax”), other people (i.e., stereotyping) or situations (e.g., “I’m not safe at the grocery store because I had a panic attack there once”)
- Global and rigid self-definition based on one’s diagnosis (e.g., “I’m a phobic”)
- Holding beliefs or philosophies that have no exceptions (e.g., “Everything happens for a reason”)
- Inability to compartmentalize experience
- Inability to think linearly or sequentially (e.g., fails to see “cause” and “effect” relationships)
- Little or no insight

# Consequential Discrimination Examples

- How do you know if you're making a decision for noble or selfish reasons? (e.g., referring a "difficult" client; holding onto a client whose problem you're not very knowledgeable about; having a child)
- How do you know when to wait for a symptom to resolve by itself and when to seek medical help?
- How do you know when to comply with a recommendation that is counterintuitive and when to reject it?
- How do you know if you're ready for marriage? Parenthood?
- Wearing a mask: Is it about personal liberty or social responsibility during a public health crisis?

# Criteria of Distinction

Your criteria of distinction determine what, out of a wide range of possibilities, you will focus on and respond to in forming your choices

*example: “What’s the best car to buy?”*

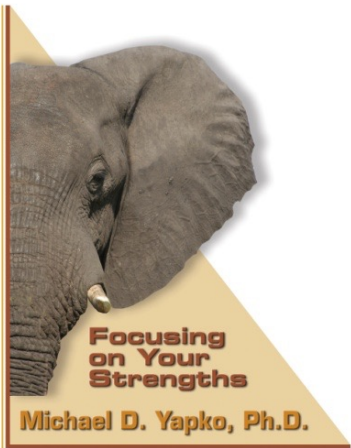
Most of the problems we treat come about directly as a result of the client ***employing criteria that are ineffective*** and thereby give rise to their problems

What happens when someone makes choices according to their depressed feelings? Their history of trauma? Their unrealistic expectations? Hence the relevance of the **“stress generation” model of depression** and the necessity for clinicians to address the decision-making strategies of people suffering depression



In teaching discrimination skills, the goal is to help the client identify *personal* and *situational factors* that suggest doing *this* not *that*, and then help that awareness become reflexive for the person

Depression is built on a  
foundation of passivity  
“Why bother?”



# Extreme Perceptions Regarding Controllability

- ***Learned Helplessness***: Learned expectations that one's efforts will have *no* effect on the outcome; so, for the depressed person, "why bother to try?" is the personal mantra
- ***Illusion of control***: Learned expectations that one's efforts are the *sole* determinant of the outcome; failure is personal (not situational) and depressing and so effort must be redoubled

It is fair to say that it is unlikely to treat a depressed individual who isn't confused about the issue of controllability, leading them to perceive no control when, in fact, there is some, or strive to assert control in circumstances where there isn't any.

***The challenge for clinicians: How do you determine what is and isn't controllable? How do you explain that to someone who lacks clarity about this discrimination?***

# How Does Someone Expend Effort in Staying the Same?

- Defining the problem in **unchangeable** terms (e.g., “it’s genetic”)
- Defining the problem in **global** (nonspecific) terms that obscure a starting point
- Defining oneself as **helpless** and **hopeless**
- Using a **past orientation** as the reference point
- Attributing the problem to **negative motivation** (e.g., secondary gains)
- Ruminating and avoidance as coping strategies
- Ignoring or not seeking either **objective** or **contradictory evidence**
- Justifying ideas about **how things “should” be**
- Avoiding taking the “next step” if it seems unpleasant

# Expectancy and Psychotherapeutic Response

## **Expectancy affects every phase of treatment:**

- Whether someone seeks treatment
- Whether someone progresses quickly or slowly
- Whether someone follows the treatment plan
- Whether someone responds partially or fully
- Whether someone is more or less likely to relapse

The first goal of treatment is to shift the client from a stable to an unstable attributional style

# Mindfulness and Hypnosis Can Help People Develop Positive Expectations

The therapeutic immersion in experiences that orient the person to *positive possibilities* as well as to experiences that highlight the *malleability of their symptoms*

# Hypnosis and Mindfulness Facilitate Vital Skills Acquisition

- Increased impulse control
- Increased frustration tolerance
- Greater internal locus of control
- Greater empathy, social attunement
- Greater self-awareness and self-acceptance
- Greater emotional self-regulation, coping skill



# Part 2:

## Ambiguity, rumination, The Case of Mike, and prevention

# Ambiguity is a Risk Factor

- People strive to understand and make “meaning”
- Ambiguity raises, while certainty lowers, anxiety; projection as a coping device
- Cognitive distortions represent efforts to reduce, eliminate ambiguity
- A therapeutic goal is to learn to both RECOGNIZE and TOLERATE ambiguity

# Processes Reflecting a Low Tolerance for Ambiguity

- Jumping to conclusions without evidence just to have a conclusion
- Rigid thought patterns of feeling certain about things you *can't* possibly be certain about
- Inability to admit not knowing something
- Feeling anxious or nervous about what might happen that will be overwhelming
- Feeling unable to cope with some stressor
- Spinning around the same thoughts without reaching a meaningful conclusion
- Expecting and even demanding that things be “as they were,” resisting the need to adapt
- Excessive reassurance seeking from others
- Overreliance on others’ opinions about what to do
- Overanalyzing actions and conversations for their “true” meaning

# The Skills That Go Into Tolerating Ambiguity

- Recognizing ambiguity in and across situations
- Recognizing multiple possible meanings (flexibility in perspective)
- Recognizing no clear evidence is obtainable or readily forthcoming
- Accepting “I don’t know” as a valid, blameless conclusion

# Does Rumination Predict Emotional Vulnerability?

Ruminative responses to symptoms predict:

- ❖ higher levels of depressive symptoms over time (after accounting for baseline levels)
- ❖ depressive disorders, including new onsets
- ❖ chronicity of depressive disorders
- ❖ anxiety symptoms

# Common Characteristics of Ruminators

Ruminators typically:

- believe they're gaining insight through it
- more often have a history of trauma
- perceive they face chronic, uncontrollable stressors
- exhibit personality characteristics such as perfectionism and excessive relational focus

It may seem counterintuitive, especially to those invested in “deep” psychotherapies, but there is a potential danger *in thinking too much...*

“The unexamined life isn’t worth living.”

Socrates

“Neither is the ***over***-examined life.”

Yapko



# Structuring Experiential Learning: The Case of Mike

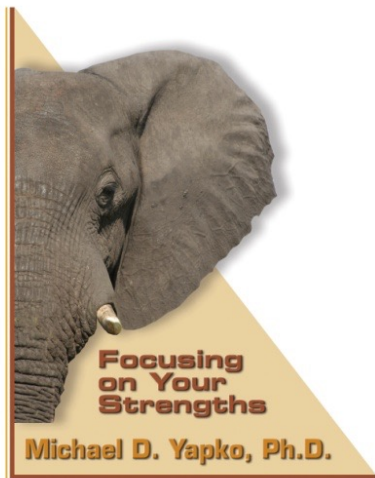
A single session intervention to address  
key components of depression

# We all seem to know that homework is important to assign...

But not all homework assignments are of equal value in  
achieving their objectives

# Action Oriented vs. Ruminative Coping Styles

It is no coincidence that the therapies with the greatest empirical support all emphasize **ACTION** in treatment; clients may *feel* better in merely supportive therapy, but they will *do* better in active treatment with direction.



# The Value and NECESSITY of an Action Orientation

- Feeling better versus BEING better
- Case example: The Case of David (**A Polling Ploy strategy** to counter an internal orientation)

I encouraged David to *actively engage* on a variety of levels:

- **Behavioral activation:** Go to the mall and carry out a behavioral experiment
- **Cognitive activation:** Compartmentalize anxiety; Pay attention to others' responses and consider their significance and contradiction to his views
- **Social activation:** Engage with others and evolve skills in asking questions, listening and contributing
- **Emotional activation:** Focus on and amplify the feelings of curiosity, acceptance and enjoyment

# The “African Violet Queen” : A Case of Milton Erickson’s Featuring Activation

- **Behavioral activation:** Grow African violets in large enough quantities to share generously
- **Cognitive activation:** Pay attention to others’ celebrations and identify their significance
- **Social activation:** Engage with others and selflessly contribute to their lives
- **Emotional activation:** Focus on and amplify the feelings of warmth, compassion and generosity

# Essential Characteristics of Good Homework Assignments

- It's safe to carry out
- It promotes an action orientation and provides experiential learning
- The therapeutic alliance supports its use
- It has the potential to challenge beliefs, clarify perspectives and/or teach new skills
- It is experienced as personally empowering

Most of the depressed clients I've seen  
had ample time to act preventively, but  
missed the opportunity...

Primarily because it came  
disguised as inconvenience

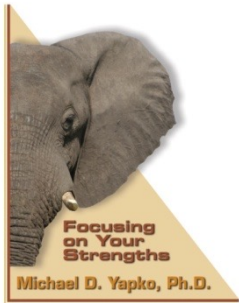


So much of human misery could be  
***prevented*** if people would just take  
a moment to think ahead

But who is teaching them to do that?

# The Foundation of Prevention is the Ability to *Think Ahead*

Emphasize the Skill of Foresight



# Teaching Foresight to Children

- ❖ “Before” and “after” examples (e.g., shoes after socks)
- ❖ Story building (e.g., “what do you think will happen next?”)
- ❖ Asking, “What might happen if...?”

# Prevention Opportunities

- Expanding diagnostic opportunities
- Addressing sleep
- Encouraging exercise
- Working with couples and families
- Screening for postpartum depression
- Identifying children at risk
- Teaching social and problem-solving skills
- Practicing foresight

If you want to help children...

...help their parents to function  
*as* parents, a ***major*** preventive  
opportunity

# Ways to Think Preventively!!

- ❖ Teach impulse control and cause-effect thinking (foresight)
- ❖ Acknowledge individual differences with respect and empathy
- ❖ Generate multiple viewpoints (flexibility)
- ❖ Accepting and utilizing one's uniqueness
- ❖ Stress management skills
- ❖ Adapting to changing circumstances

# Eight Key Strategies to Integrate into Treatment

- A Flow of Steps
- “Me Manual”
- Reality Testing (e.g., “A Polling Ploy”)
- Re-attributing Experience
- Assessing Controllability
- Assessing Others Realistically
- Discrimination Strategies
- Experiential/Focusing Strategies

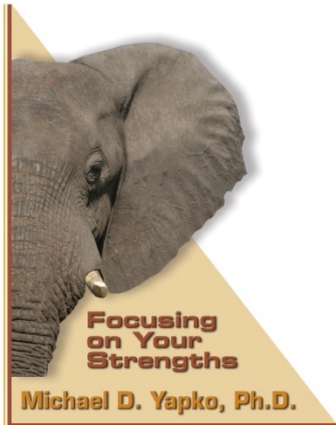
# Summary: Characteristics of Empowering Interventions

- Outcome Oriented
- Active interventions
- Future-oriented
- Change-oriented
- Specific, defined targets of pattern interruption
- Experiential methods (e.g., hypnosis, mindfulness)
- Individualized approaches



# Thank you for coming to my webinar...

...



# Michael D. Yapko, Ph.D.

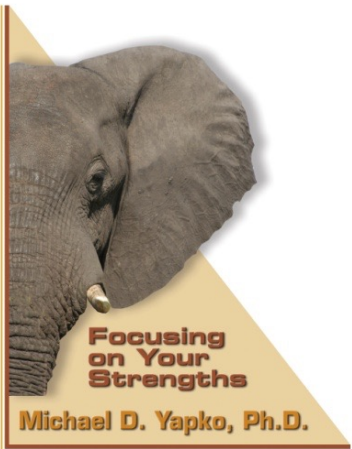
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How the Most Common Mood Disorder Is  
Spreading Around the World and How to Stop It

# Depression Is Contagious

Michael D. Yapko, Ph.D.



Michael D. Yapko, Ph.D.  
[www.yapko.com](http://www.yapko.com)

## The Discriminating Therapist:

Asking “How” Questions,  
Making Distinctions,  
and Finding Direction in Therapy



by

**Michael D. Yapko, PhD**

With a Foreword by Diane Yapko, MA