

#402 – Techniques for Relieving Depression Without Medication with Bill O’Hanlon

David Van Nuys, Ph.D., aka “Dr. Dave” interviews Bill O’Hanlon

(Transcribed from ShrinkRapRadio.com by Eric Hanley)

Introduction: My Guest today is Bill O’Hanlon, licensed Marriage and Family Therapist and popular workshop leader. We’ll be discussing his book, *Out of the Blue: Six Non-Medication Ways to Relieve Depression*. For more detail on Bill O’Hanlon, please go to the show notes on ShrinkRapRadio.com. Now, here’s the interview.

Dr. Dave: Bill O’Hanlon, welcome back to Shrink Rap Radio.

Bill O’Hanlon: Thank you so much, it’s great to be back. You know, I was a fan of your show before I was on the first time and this our second time, I believe. And I continue to be a fan of your show, I am amazed at the wonderful people you get on and great content and I love learning and I love the price, too.

Dr. Dave: Right! Well I heard that from Ron Alexander, our mutual friend. But I was a little skeptical, I thought “he can’t be a big podcast listener.”

O’Hanlon: Well I am a big podcast listener. I love to use my time while I’m walking, running, grocery shopping, or driving. I think it’s so great, I’m learning all the time. You have such great content and people and you’re a good interviewer, too. You just have good taste.

Dr. Dave: Well thank you, thank you and present company is proof of that. I’ve been loving your new book, *Techniques for Relieving Depression Without Medication*. One of the things I really like about it is that it’s written in a very down-to-earth, conversational style. It’s as if you were speaking to the reader right across from you. In fact, I’m wondering if it started out as a workshop and developed into a book.

O’Hanlon: You know, it did. This is my thirty-sixth book and I have discovered that when I teach the workshops, and I have for years, I was travelling three or four times a month and I was teaching. And when I was teaching workshops forty or fifty times, I get the best questions, I organize it and get really good examples. It came right out of a workshop I did and it also came out of a personal experience I had when I was depressed when I was younger, so this one felt a little more personal than a lot of my psychotherapy books.

Dr. Dave: Now I get the feeling you were speaking to therapists primarily in this book. But also, secondarily, to readers who might be depressed. Do I have that right?

O'Hanlon: It's funny because I had to rewrite the book. The only time I've had to rewrite because I kept slipping into that "you," if "you're depressed" and my editor reminded me this is a book for professionals, this is a book for therapists. And I said, "yes some of them are depressed." And he said, "yeah Bill, but really write it to them to use with other people." But I do write in such an accessible way and after I've written so many books I've learned to do that without a lot of jargon, very conversational and you can easily translate it into your personal life. So yes, it's for both.

Dr. Dave: Exactly. I wonder if your publisher pushed you towards something that I find very annoying, is that so many books have all these exercises at the very end and the end of every chapter there's exercises. I hate that stuff, probably because I'm a jaded professional, but you did a nice little run around that by having places where you'd coach the reader, "ok now here's a kind of way you could make an intervention"

O'Hanlon: That's right, you have to trust the reader that they're not going to cheat.

Dr. Dave: I cheated a little bit, but I found it hard. I wasn't as good as you are!

O'Hanlon: Well I know the answer, that's the key! Well they pushed me to go back and include those and I guess it's a good thing because you think, "oh this idea sounds great," but if you're a counselor, therapist, or coach, "how do I put it into practice?" So I'm big on that practical stuff and I thought, ok I understand, if somebody needs it but I'm like you, I'm really annoyed when they come to the end of it and they say, "ok here's your quiz or here's your exercise." I never do those but I try to incorporate in there some examples that stretch your brain a little to see if you can guess what I would get as response.

Dr. Dave: Your publisher remarked that "well therapists could be depressed, too." And that's certainly the case, and actually, I wondered if people who become therapists might actually become more disposed to becoming depressed at some point in their lives. What do you think about that?

O'Hanlon: I think they're more likely to have a wound of some kind, that's emotional or psychological or relational, and I think sometimes a little bit of insult that's said about psychologists or therapists as saying, "oh you only went into this because you're so screwed up, you tried to fix yourself or your family." I'd say I suppose that's somewhat true for some people but I'd prefer to say it in a more nuanced way, maybe we went into this field, those of us who became helpers in the mental health and emotional ranges, because we were sensitized to the pain and suffering and how that happens in people's lives. And also how we recover from it. So I know, you've been very open in your show, and I have too when I've taught or written. I think it's a bit of a dismissal to say therapists are screwed up and that's why they went into this field. They were hurt like most people, wounded in some way, but they took it and turned it into a contribution to other people, helping other people

relieve their suffering and move on from troubles. So that's the way I think about it, yeah I think we are a little more likely than average to have suffered something in our childhood, adolescence, or early adulthood.

Dr. Dave: Well I wish I could have thought of that nuanced answer when I was in graduate school when a non-clinical professor laid that trip on me.

O'Hanlon: I've heard it a few times.

Dr. Dave: Well you've mentioned in the beginning, very candidly, that this book has its origin in very severe depression that you experienced when you were college-aged. Maybe you could take us through that.

O'Hanlon: It's an interesting thing because I know you have a background in this, too, but I was influenced Milton Erikson and I remember reading a book about Erikson's work and he had a point there that I didn't know until much later. When people are going through life transitions, they have to develop new skills, they have to make transitions sometimes even change their identity and how they see themselves and how other people see them. And they get stuck sometimes on those transition times: when they get married, have their first child, when they first leave home, when they retire, when the last kid leave home. And I think I was one of those, I didn't transition well, I was a shy kid and grew up in a big Irish Catholic family, eight kids. My family encouraged us to go very far away to become independent which is a good thing but I was the shy one, I was the anxious one, unconfident. I went to a massively large university, Arizona State, where sometimes there'd be 500 people in a 101 class and I just got lost. I think when I was growing up the meanings were just handed to me and you go to university as most university students, I started questioning everything and it was hippie time. I started experimenting with some of those substances that hippies do and I started taking philosophy, questioning everything I'd ever been taught and I lost my sense of meaning plus I was very shy so I got very isolated and I became more and more depressed and finally I hit a place where I just didn't get up for weeks. I didn't go to class, I didn't see anybody, I'd sleep for twenty hours a day, I had no idea what depression was at that time. Life became more and more bleak and more and more meaningless and finally one I was just, "why does anybody get out of bed, why does anybody do anything?" And I started thinking about ways I could end it all. I had, luckily for me, I had three friends I'd made who were about as alienated as I was for the most part. We didn't spend a lot of time together but we'd made a bond at the beginning of university so I decided, if I kill myself it would be a rude shock to them. I was polite kid, anxious and wanting everyone to like me and I went over to say goodbye to the first two and they were as miserable as I was but afraid to die, if I had the courage to end it I would. So they were really supportive of my decision. They said, I'm sure we'll see each other in the next incarnation, it's got to be better because we suffered so much in this life. And off I went to my third and final friend who

was more normal and she was really upset and she said, “No you can’t, why would you?” I said I can’t get out of bed, I don’t get the meaning of why people do anything plus we’re in this protected environment of the university now and in a few years I’m going to have to go out work and I’m not going to be able to work. I don’t believe in American corporations at the time, I thought they were evil and napalm in Vietnam so I couldn’t morally do it but I couldn’t even physically do it, I wasn’t able to get out of bed. So I thought, “I’m protected now” because I had my tuition paid and a little room and board but am I going to do when I have to work? It’s going to get worse, not better. So she said, “look, don’t do this, you don’t have to, I have three aunts who live in Nebraska, they never married, they’ve been frugal and saved their money, I’m their favorite niece and they’re going to leave me everything when they die. They’ve invested in farm land and they also have savings and on those farms, they just lease them out to the next-door neighbor farmer and I inherit one of these farms. I promise we can live on one of those farms, you don’t have to be around people, you can write your poetry and you’ll be able to be alone but ok. You won’t have to work, you won’t have to engage with the rest of the world, you could grow your own food. I actually believed I could do it, I grew up in the suburb of Chicago, I actually believed I could do it, really hard to do. That appealed to me and I thought, you know if I don’t have to deal with people and if I don’t have to work without pressure on me I could do whatever I wanted and just write my creative stuff, maybe it would be worth living but I didn’t say yes right away I said, how old are your aunts? She said they’re in their sixties and I thought, at nineteen, they’re almost dead. Now that I’m in that age range, it’s relatively young and those aunts lived until ninety. But her promise to me helped me decide, she made me promise not to kill myself and then I had another dilemma I was here and miserable but I wasn’t suicidal anymore, I had given that up. But I had to figure out how to be less miserable and that led directly to me becoming a therapist. How do people find meaning in life? How do they find purpose? How do they get less miserable, how do they get along with other people? And that led me directly to becoming a psychotherapist.

Dr. Dave: Such a story, and what an offer from that friend to say, hey I will essentially give you a farm.

O’Hanlon: I wrote this book because, not that I’m a medication basher, but having been a therapist for a long time, medications don’t work for everybody. Even if they work, there are sometimes side-effects which people don’t prefer and there’s expenses to them. And sometimes they work a little, but they don’t work to solve everything. So I thought, I’ve used these six different methods to help people move out of depression. I know from the inside out, I’ve been to therapists since 1970’s, so I’ve been to therapists for a long time and I’ve helped people with depression in addition to or outside of medications. In my story, there are really two of the six solutions that I use regularly with people. One of them is to stop being so isolated and get some social connection, you’ve done a lot of shows on

positive psychology and one of the consistent findings in positive psychology is when people have good social relationships they're happier. So you can imagine that the opposite is also true, if they're isolated, lonely that it's a stressful thing. We human beings evolved in groups and tribes and being alone is not good for us, physiologically, psychologically, emotionally and just getting along in life. So one of the things having that friend saved my life and brought me out of that depression in some ways. The second thing was most people, when they go to treat people in psychotherapy, they go back to the past, where did this depression come from? I went into the future. I imagined a future where I could be better, where things would be better so I've used that future strategy and you know Milton Erikson's work who was a great future-oriented psychotherapist. So was Jung, to a certain extent, so was Adler though I'm not that familiar with Adler's work. But I used the future a lot because I think that one of the things that collapses when people are depressed is that future mindedness. They sometimes get stuck in the present and they're suffering in the present or they orient to the troubled past. And I think orienting people to a future with possibilities that's compelling and can pull them forward, I call this future-pull, is one of the ways to start to pull out of depression.

Dr. Dave: You know, I just recently interviewed Philip Zimbardo because he's got a book all about the future and time. Future orientation.

O'Hanlon: I discovered that a long time ago but reading Zimbardo's book put it into a framework because he's good at framework and he's done research on it.

Dr. Dave: That's also one of the things that really jumped out for me in Jung's work, was the idea that there is a future out there that is pulling us. That we have a unique destiny, just like a seed has its own unique destiny.

O'Hanlon: Like the acorn turns into the oak. I think that some of the Jungians like James Hillman talked about that great story he told about the singer, Ella Fitzgerald. She was in Harlem about to do her first talent show on the stage of the Apollo and the host said, "oh now we have little Ella Fitzgerald," who was eleven years old, "whose gonna dance," and then felt a tugging at his sleeve and she whispers in his ear and he said, "ah, she was going to dance but now she's going to sing for us." And she decides at that moment she's too nervous about dancing, she going to sing, they bring her back for three standing ovations and her future came and got her. What Hillman said I think the acorn of her singing career started to blossom at that particular point and her future came together. Her destiny came together.

Dr. Dave: I've developed a bunch of questions to lead us through the interview and you can feel free to go anywhere you want to.

O'Hanlon: Well you wrote me and said, is there a particular passage you want to read. Well Shrink Rap Radio # 402, May 8th, 2014, Techniques for Relieving Depression Without Medication with Bill O'Hanlon

this is a perfect place to read that passage. Because what you were just talking about, this future-pull thing, I knew that from my own experience because my friend said hey out in this future you can go live in this farmhouse, there's something worth living for, living towards this rather than in this misery you have now or it's going to get worse in the future. So years later, I went to the evolution of psychotherapy conference, which is kind of the Woodstock of psychotherapy, all the famous therapists there. I went to the first couple in 1985 and 1990 and they have them every three, four, five years and Viktor Frankl who wrote the famous book, Man's Search for Meaning. He was a Viennese psychiatrist and had a big influence on the field of therapy and psychology. I heard him give a keynote address at this conference in Anaheim in 1990. So let me read this excerpt that relates to both my experience, Frankl's experience and this fifth strategy for coming out of depression which I call future-pull. "The Viktor Frankl Strategy. I sometimes call this hope restoration strategy, the Viktor Frankl strategy. Frankl authored the bestselling, Man's Search for Meaning, was a holocaust survivor. He was arrested in the 1940's with his wife and parents and sent to a concentration camp. Frankl survived. His wife and parents did not. At the conference in 1990 in Anaheim, I heard Frankl talk about his life and work. In that talk, he told a story that struck me as a powerful example of this futures with possibilities strategy. Frankl had been transferred from that first concentration camp to several others and ended his captivity in the fourth camp which is situated in what was then, Poland. He had kept himself going with his work and his sense that he had a contribution to make to the field of mental health. He was a student and protégé of Alfred Adler until he began to develop his own ideas and was pushed out of Adler's inner circle. Frankl's original idea was that instead of Adler's will to power, human's most powerful driver is a will to meaning. He had begun to write a book about this idea when he was arrested by the Nazis and they burned his manuscript just after he arrived at the first camp. That's the only place this idea existed, was in Frankl's mind. He distracted himself for many hours while imprisoned by writing the book over and over again in his mind and giving imaginary lectures on the topic. He survived many life-threatening incidents and began to have the idea that perhaps he was being kept alive for a purpose. But one day, near the end of the war, his faith was challenged. Allied bombers had been making more and more incursions into German held territory and they'd recently bombed a crucial bridge that was part of the German supply line. Frankl and his fellow prisoners were to be marched through the bitter winter cold to repair the bridge. As they were marching through a snow-covered field the wind was blowing bitterly. Frankl had been ill with some sort of respiratory illness and was dressed in clothing too thin for the weather. He began to cough and one cough brought on another until he found himself collapsing to one knee in the snowy field unable to proceed. The guard came over and told Frankl to get up and keep walking. He was slowing down the line and everyone was freezing, but Frankl couldn't get up. He was too ill and too weak. At his lack of response the guard became enraged and began beating Frankl. Frankl collapsed to all fours. Prior to this time, Frankl had had the

sense that he was being kept alive for a purpose but he suddenly thought he had been deluding himself. He thought he was going to die right there in the snowy field. He didn't have the wherewithal to get up and keep walking. Then to his own surprise, he found himself no longer in the field but instead he was giving an imaginary lecture in post-war Vienna on the psychology of death camps and psychology of meaning. Every word in this imaginary lecture was just right, pointed and nuanced. The audience was riveted. Frankl told them about the day he almost died in the death camp outside in Poland. He'd almost given up hope and then, wonder of wonders, he found the strength to get up. Just as he was imagining this part of the lecture in the field in Poland, he got up. He then told the imaginary audience that he took one step and then another, that his feet hurt, his chest hurt, his back hurt, but he was walking. Meanwhile in Poland, he began to walk. He continued imagining the future lecture the whole time he walked out to the work detail and wrotely did what he needed to do. Time stretched out and he continued to be absorbed in this imaginary future lecture until he arrived back at the camp. He fell asleep that night imagining getting a standing ovation from his future imaginary audience. I saw Frankl speak and heard him tell that story fifty-two years later, he got a standing ovation from the audience in California at the conclusion of his talk there. Frankl had created that imagined future and was living in it when I saw him.

Dr. Dave: Wow, I almost tear up hearing that story.

O'Hanlon: I do, occasionally, when I tell it. And I can't get through it exactly, it's so moving to me and I saw him near the end of his life and he was physically ill. Not doing well, but his spirit was so alive, here he was fifty two years later and he had created and stepped into such a future. I was just so moved by hearing him tell his story and it struck me like a lightning bolt. I was sitting in the front row and I was like, that's me! That's exactly what happened to me, why don't we talk about the future more in psychotherapy. We're so focused on the past and where the problems came from. A lot of people keep themselves going because they have hope for the future. We should be doing more of that when we're working with people.

Dr. Dave: One of the ways that one can see what a big impact that had on you, it's like my name here is Dr. Dave. I noticed in your email address, you're possi-Bill.

O'Hanlon: I made my whole company possi-Bill-ities. That saved my life. When I had no possibilities I felt hopeless, when I had possibilities I felt some hope. You know this because it's been part of, you know, Dave Frank in the 1950's one of the components of successful psychotherapy has been hope and with these common factors that a lot of people are talking about. One of them is positive expectancy and the placebo effect. It makes a difference, if people have hope that something will work it often works.

Dr. Dave: Yes. My usual approach would have been to step you through your chapters that you could really go into each of the six approaches. But I decided against that, people can go out and buy your book and I don't want to undercut it by marching right through it so instead, but feel free to throw them in as we go, as you've been doing. I've got questions that are more oriented towards the approaches you've drawn upon which you've already started mentioning. I like your humility around the topic of depression, you don't claim to be the world's biggest expert on depression, you don't even go into discussing the causes of depression or the various theories. Maybe you can say something here about that choice that you made.

O'Hanlon: Well, number one it's funny because it comes right out of a workshop I was teaching on how to get over depression and someone came out and said I'm so glad I went to this workshop, I went to one last month and the whole morning was spent on the World Health Organization's definition and criteria for depression. It was three hours in the morning and I want to help people, I can read the book to find the definition. We don't need another book about what depression is because that's been spelled out and if you've had it, you have a pretty good sense of what it is. What causes it, that's a slightly different thing, and again, I was influenced a lot by my own experience of it and I studied with the late psychiatrist Milton Erikson. Erikson was a possibility-oriented therapist and he was more interested in the present toward the future. When I was in graduate school I studied with Erikson and I didn't have any money to pay him so I was his gardener and I was in a psychotherapy, a year-long pro psychotherapy seminar, there were only five of us in the class and we had to choose a theorist. Our task was to write 20 pages on this theorist's theory on how problems developed. Half of it was their theory of health and intervention. I got to the end of the course, I had picked Erikson because I was studying with him, and I went in desperation to my teacher and said I can't do this paper. I can't find any theory that Erikson had about how problems develop, he just doesn't talk about it much. He talks a lot about how to help people change but she said, well that's fine make as much of the paper you can about problem development theory and I ended up writing three paragraphs on problem development. I think I inherited that bias because Erikson was such a strong influence on me and I could tell what I wrote in those three paragraphs and that is, it's one of these interventions for depression, these non-medication interventions. Erikson said if I can summarize those three paragraphs the theory of problem development is sometimes we're a little too rigid and we fall into patterns, it's not good for us and we should be more flexible. That's his theory of psychopathology as far as I could tell and I wrote everything that Erikson either wrote or said. I was obsessed with him for many years and I hold to that and now we know. And again I know you've done a bunch of shows on brain plasticity and brain science. When you and I were coming up in the Paleolithic era of psychology, we were taught the brain was fixed and didn't grow as adults, no new brain cells were born but now we know that's a bunch of bunk and Erikson was a true believer of that a long time

ago, if your brain gets grooved in a certain way, you're going to keep feeling the same, keep doing the same things, keep having the same results like the old 12 step saying, insanity is doing the same thing over and over and expecting different results. Erikson would get people to do something different and that's one of the strategies I have for moving people out of depression. Their brains get grooved, their lives get grooved, sometimes they say the only difference between a rut and a grave is the dimensions. And sometimes people who are depressed got into a deep rut.

Dr. Dave: That's a good example. In several places in the book you talk about the brain getting grooved. And that's a great example of down-to-earth language. I'm sure a neuroscientist would be exhausted in a dead faint, the brain gets grooved, but for most of us that really communicates. Getting into a rut, getting in a pattern.

O'Hanlon: Again, you and I came up in a different era and maybe young people won't relate to this analogy but its like records had a little groove and it takes a little effort to jump out of that groove. If you keep going to the same groove you're going to hear the same song, emotionally, psychologically, neurologically, and that's the good news and the bad news of neuroplasticity the brain gets deficient when you keep doing the same thing over and over again. You've been doing your show for a long time now, you're good at it, you can do it quickly, you can do it well. If you tried to do something that was a little outside your comfort zone it would feel a bit uncomfortable but then if you did it a few times that would feel more comfortable to you. That's the nice part about the brain it's adaptable. But it takes a bit of effort to jump out of the groove.

Dr. Dave: I'm impressed by the degree to which you've jumped out of the groove because, as you mentioned, you were very much in the groove of Milton Erikson and in this book I was really impressed to see how you reached out and drew from so many different areas. Yes, Erikson has had a big impact on you and your work and the way that you phrase interventions, which I think is quite wonderful, the examples that you give in there, but you also draw from positive psychology which you've mentioned in cognitive behavioral and mindfulness and Jung and Joseph Campbell and neuroscience in the brain.

O'Hanlon: Well I think you and I have both been cursed and blessed by a life-long curiosity learners. I just want to know everything, and again listening to your show, I know you're endlessly curious. I don't understand people who learn something and then never want to learn anything new. I found it fascinating, it keeps my brain alive, my life alive and it helps me get more competent so I can help more people. I just don't understand that so I love to learn new things. I'm going to groove us a little here in a new direction and that is, you mentioned Erikson, I want to make a weird connection between Milton Erikson and Abraham Lincoln.

Dr. Dave: Go for it!

O'Hanlon: Usually those aren't mentioned in the same category but Erikson was a psychiatrist and a hypnotherapist as well. He had a really interesting approach, he didn't believe there was a thing such as resistance. He believed the way you approach people was probably a way you could not either evoke resistance to change or evoke cooperation. He had a really interesting thing he told me one time he said if you can't say the no the patient will say the no. He developed this approach that's a little like the Asian yin and yang of including not changing with changing, including the no with the yes. So, I got very fascinated I heard a talk by an historian named David Wolfshank who wrote a book about Lincoln's depression. The American president's depression, he was suicidally depressed twice in his life and had a tendency towards depression his whole life even after he became president. He had a paradoxical character, he could be the life of the party and optimistic, future oriented. At the same he had a tendency toward morbid depression which they called melancholy in those days. So I heard this talk by this historian and he read a letter Lincoln sent someone during the middle of the Civil War, a daughter of one of his generals had been killed and she'd become severely depressed and taken to her bed for the year or so and Lincoln took the time out of his busy war schedule to write this letter that, to me, sounded much like Erikson in that, I think when we meet with people who are depressed we can't just say cheer up, everything's going to be okay. That's doesn't work. But you also can't say look you're depressed and there's nothing you can do about it. You have to find that yin and yang happy medium and this letter makes me cry sometimes, it tears me up so I'll see if I can get through it here:

Dear Fanny,

It is with deep grief that I learn of the death of your kind and brave father. Especially that it is affecting your young heart beyond what is common in all such cases. In this sad world of ours sorrow comes to all. To the young it comes with bitterest agony because it takes them unawares, the older have come to ever expect it. I am anxious to afford some alleviation of your present distress. Perfect relief is not possible expect with time. You cannot now realize that you will ever feel better, is this not so?

Dr. Dave: That's pure Eriksonian phrasing.

O'Hanlon: With the double and triple negatives. Let me read it again: You cannot now realize that you will ever feel better, is this not so?

Dr. Dave: Unpack that for us a little bit, why is that such a powerful thing?

O'Hanlon: It's kind of fusing all those negatives in there, but he's saying a positive thing in a negative way. He's using the no to say a positive thing. You cannot now realize. So he's

presuming that this is true. You cannot now realize that you will ever feel better, so he's giving her hope. Is this not so? And then he says, he makes a positive statement after all these negatives, and yet it is a mistake, you are sure to be happy again, to know this which is certainly true will make you some less miserable now. He doesn't say you'll be happy, you'll be happy again someday, but you'll be some less miserable now. Just have hope that sometime in the future you'll feel better. I've had experience enough to know what I say and you need only believe it to feel better at once. Now, this young woman, Fanny, had known Lincoln had been depressed, her father had helped Lincoln through some of his depressions. So here's a guy saying I was depressed, you're depressed, take my word for it can get better and it will get better over time. And life is full of sorrow, you think this is an unusual event but as you grow up you'll discover, and you and I are of the same age we've seen some of our friends some of our family our parents die, it's a part of life. And yes it hits you hard but after a while you realize this is the nature of life. I just was so touched by the kindness of the letter but also the inclusiveness of the yes and no, the hopelessness along with the hope.

Dr. Dave: There are these embedded suggestions in there.

O'Hanlon: As you say, it could have been an Eriksonian intervention, induction, hypnotic induction, it sounded a lot like Erikson's way of doing things. He was doing it in 1863.

Dr. Dave: Right and you say Erikson didn't believe in resistance, he developed ways to make resistance not possible. I think that's part of the art of hypnosis, there are these contradictory suggestions there so you can't resist because either you go with the yes or you go with the no. It's very permissive, both are possible.

O'Hanlon: Sometimes he'll say you can't put it down, can't you not? As that one goes down the other one can go up. He would do these contradictory, weird things that was confusing but also was almost impossible to resist.

Dr. Dave: Where did he come up with this stuff, did he have a teacher himself or is he just..?

O'Hanlon: He was one of those very creative individuals. I remember hearing the story actually where he came up with that kind of approach. He grew up on a farm in Wisconsin and his father was trying to pull up a stubborn calf in the barn one day and the calf was just digging in its heels and just wouldn't go and Erikson said, you keep pulling on the front dad and Erikson pulled the calf's tail and the calf ran into the barn. So I think he learned that early on, he was just a creative kid who found a different way to approach things and he used that all his life in his therapy.

Dr. Dave: Another thing that I really like in the book is how careful and supportive you are just like the Lincoln passage you just read, it's easy to come on with some technique that one's heard about trying to be like Milton Erikson or something and to be technique-y

without compassion. And you keep emphasizing the importance of not doing something like that.

O'Hanlon: All good change and work in this world and when we're trying to make a change stands on two legs, one is acknowledgement and validation that Carl Rogers stuff we learned at the beginning of our careers just join with people don't judge them or fix them or try to make them change just be there with them in a compassionate caring listening open supportive way, but if that's all you do sometimes people don't get challenged enough to get out of that brain groove to get out of that emotional groove so I think the second leg you have to stand on if you only stand on one leg it's a little wobbly and it doesn't get supported but the second leg is the invitation to new possibilities and change and so finding the artful way and the compassionate way to combine those two to be right with the person say you don't have to change I'm right here with you now you're okay as you are and you want to come over here? You want to make this change, here's the possibility. And then people if you treat them with compassion and respect and join them and validate them they'll often move with you where you invite them to go. I think it's a little like the sport of curling, you sweep right in front of the stone if you sweep fifteen feet ahead of the stone it doesn't make any difference on the stone if you go back into the past and sweep in their childhood it doesn't make any difference. You have to join with them right in the moment, sweep open the possibilities and then notice where the stone is moving and help them lead and follow at the same time like you do when you dance.

Dr. Dave: That's a great metaphor if I was recording a little segment for a billboard in front of the interview like I used to do, that would have been a good one.

O'Hanlon: I remember those little excerpts.

Dr. Dave: You've mentioned several famous depressives in your book, Abraham Lincoln being one, and you've just now alluded to Carl Rogers. And I believe he struggled with depression quite a bit.

O'Hanlon: I did not know that but I know he's struggled with some various things in his life. William Styron, the novelist was another famous person who suffered from depression and wrote a wonderful book about it and Winston Churchill who called it the black dog, his name for depression. And I quote liberally actually in the book from Andrew Solomon's book. Andrew Solomon, if you've ever heard his Ted Talks they're wonderful, and he his book the Noonday Demon was an atlas of depression. He became severely depression and almost suicidal and his father saved his life. His father came over and sat with him while he was depressed and miserable and he was very pointed in how he talks about it but he went around the world after he recovered from his serious bouts of depression and anxiety and decided he would investigate all the cultures in the world how they thought about depression

and how they treated it. It's a fascinating book and it's a little thick and hard for most people to read but I think a lot of famous people suffered from depression and again as like you and I were talking about earlier sometimes it made their work better it made their lives more meaningful. Andrew Solomon talks about this he says I think I'm a kinder person I'm more compassionate and patient with other people. He's written several compassionate books after that about people who struggle in various ways and I think it came right out of his wounds. I think that Rogers, obviously, developed this great compassionate approach to people and if it came out of his depression I wouldn't at all be surprised.

Dr. Dave: Yeah, I was going to ask you what are the potential gifts of depression and you've just alluded to some.

O'Hanlon: Well, I'll just say this one little thing that rides on this. Joseph Campbell years when Bill Moyers was interviewing him on the famous power of myth program that was on our American public television now is on dvd and streaming, Bill Moyers asked Campbell if you had a student who came to you and said what do I with my life he said follow your bliss and then years later everyone was like follow your bliss and it was during hippy times and everyone was saying follow what feels good. Campbell said that's not exactly what I meant, I meant what's deeply meaningful joyful to your soul. And people are going and talking about it as being hedonistic, that's not what I meant he said maybe I should have said follow your blisters because it's also you follow your wound. So it's not just follow your bliss its follow your wound and I think that at least in my life and a few other people I studied as case studies for this book, following your wound can be a more powerful path or combining following your wound and following your bliss can be a powerful path to finding meaning and purpose in life.

Dr. Dave: Something else you write about is what you call the three C's of post-depression thriving.

O'Hanlon: It's an interesting thing because people often only see the negative effects of suffering, but as you and I were just talking about, there can be these positive effects but they're not guaranteed. You can be depressed, come out of it or get a little better and have it be a continued suffering for you or source of shame or source of shrinkage for you, if you will. That you don't grow from it but I think there are some commonalities with people who take these terrible experiences in life, these wounds, these depression experiences and turn them into something that's actually full of meaning and gives them direction in life and, yeah there are three C's I think in my story and the story that the letter I read you from Lincoln. If you can after you're depressed or through the experience of depression connect more deeply with yourself, so the first C is connection, connect more deeply with others and there's something bigger and beyond, bigger purpose and meaning maybe a spiritual connection to God or the universe or whatever you consider spirituality, that can help turn it

from post-traumatic or post-depressive stress in wounding to a growth experience. There's always research on post-traumatic growth that's one of the things that happens, you develop better relationships with people, more meaningful sense of your own life. So the second C is can you become more compassionate towards yourself, a little less harsh and judgmental and self-critical and towards other people who are suffering, does it call you to become more compassionate to other people. And the third thing, can you take your suffering and then move it out into the world and help other people. That Lincoln letter was a good example of it, he was so compassionate and he wanted to contribute, he was eager during the middle of the Civil War the North was losing, but he took some time out of his busy schedule and wrote a kind letter to someone who was suffering. Can you take this terrible experience and turn it into something that makes the world a better place or contribute this to other people or relieves the suffering and pain of other people. If you can do that you can make meaning after depression. And sort of come out of it in a way better, I don't mean to make light of the experience of depression because I wouldn't wish it, well maybe I'd wish it on my worst enemy but I wouldn't wish it on most people.

Dr. Dave: You've alluded to the fact that both of us are moving on in life here, pretty far down the road. What about depression later in life, that's kind of known to be an issue. Have you worked with older people around depression? Do these same principles apply or are there special guidelines?

O'Hanlon: I think there's an extra guideline because, as we were talking earlier about brain plasticity, it's not true that we can't grow any new brain cells or make new connections. You're learning as you're in your doted chair, I'm learning in my doted chair, still enjoying learning new stuff and changing. But it's not guaranteed that you'll get new brain cells if you don't stay active if you don't keep your brain active, your brain pumps out fewer cells makes fewer new connections so I think a special thing in the six ways, the six non-medication ways of relieving depression, one that really surprised me to tell you the truth as powerful as it was is you've got to get moving. Now we know that's good your heart it's good for your general health, but it turns out its really good for the brain and a subsection for that, it's really good for depression because one of the things that when you're depressed, because it's a stressful condition and maybe stress in part led to the start of your depression helped depression come on, when you're stressed you're creating fewer brain cells in the Hippocampus the part of the brain that pumps out new brain cells. In order to contradict that, the best thing you can do, even better than medications that can help is to get moving. Even walking, three times a week, as little as twenty minutes a time and I know that's hard for people who are depressed, you start with baby steps. Walk up one flight of stairs and then take the elevator the rest of the flight, you park a little farther away from the grocery store or shopping mall, you get up and walk around your bedroom if that's all you can do. You do anything you can do to get moving, if you're not moving your legs move

your arms. Get your body moving, especially if it's an aerobic exercise, even minor aerobics. It's been correlated with more new brain cells and that turns out to be an anti-depressant, a powerful anti-depressant sometimes more long lasting and powerful than anti-depressants.

Dr. Dave: Isn't that wonderful and not long after we conclude our interview here, I'll be getting on my exercise bike.

O'Hanlon: I've started to do it and I was a dedicated couch potato most of my life and now as I get older I don't want to have the mid-life tummy and I do want to make sure my heart is healthy and I do all those preventative things but I really started exercising for my brain. It has the most powerful anti-depressive effect of those who are depressed. Those people who probably feel pretty good probably won't feel the anti-depressive effect, but if you're depressed and if you can get yourself moving, research indicates that can really help lift your mood and give you a little more traction out of depression or a lot of traction out of depression.

Dr. Dave: Well what are some of the promising new possibilities you see on the horizon for relieving depression?

O'Hanlon: First of all I think we're at the very beginning of even understanding what is depression, you see these commercials on television and they show you like they've got it figured out but this is a hypothesis that they're giving you. There is, in fact, that hypothesis is starting to crumble under the weight of new evidence. This serotonin deficiency hypothesis. The first thing I want to say in answer to your question is, I think we're just at the beginning of learning about depression we're going to learn about the genetics of it, the biochemistry of it, we're going to learn some of these prevention techniques we're going to learn some of these quicker recovery techniques and I think where a lot of the juice is these days is in this brain plasticity, in this neuroplasticity, we're going to find out how to stimulate parts of the brain both with light and electricity and exercise and nutrition and other things. We're going to learn to manage the environment around the person so they're less likely to get depressed, or if they get depressed we'll know the things to do. Make sure they don't stay isolated. You know, being a psychologist for so long, when anybody suffers from any kind of emotional or mental or relational problem, they often pull away from other people because they're ashamed or they're irritated or it's hard to be around them. They either push people away or they pull people away, we know this is the worst thing for depression, to stay isolated. I mean there are moments when you need to be by yourself and just do what you need to do but if you're spending a lot of time alone, really bad. So I think we're going to learn about this, there are deep brain vagal stimulators coming up, games- they're gamifying depression. Again, another great TedTalk was by a woman named McGonigal, she gamified her recovery from brain damage and she was really depressed and

she made a game of all these milestones of recovery to get herself up and moving. I think gamifying for the younger folks, having apps and games can help them win points and get social support to move out of depression. I think there are a lot of new possibilities and obviously I put six of the most promising ones but I put an end chapter in there saying, here's a bunch of stuff we don't know about yet but it looks really promising. And those are a couple that come to mind.

Dr. Dave: There was one more question I wanted to ask you, since you've listened to this show a lot you've heard me talk about that I have the sense of some convergence where psychology, psychotherapy, used to be chalked up into all these different approaches and I have a sense that some kind of coming-together.. What's your take on that?

O'Hanlon: I think that's true and I think that in some ways, and people say what's new in psychotherapy, I say it's a lot of the new brain science stuff that's interesting and positive psychology is pretty interesting, but really, there's not so much new it's more of what you're talking about. Psychology, psychotherapy, coming out of its infancy and adolescence into adulthood saying we don't need to fight about who's right and who's wrong... most therapists that I know go to every kind of conference. But when you and I were coming up you had to declare what school you were from, are you an Adlerian, are you a Hornian, are you a Jungian, are you a Freudian, are you a Gestalt therapist and you had to choose your tribe and I say, now we're, and I'm a possibilitarian but occasionally I'll use something from here, I'll use something from there. On your show, you're interviewing people from hundreds of different perspectives and they all have a piece of the truth. It's like that old elephant thing, we got the tail here, we got the trunk there, and if you think that when you have the tail you have the whole thing, you're wrong. I see this as the great movement in psychology and psychotherapy, the coming-together and the stopping of the inter-Nicene feuds that were very common when you and I were coming up. People wouldn't talk to one another, they were Freudians and they split with Freud and they'd never talk to him again, it's like "oh come on, that's just crazy." What works is all I care about, what's compassionate and what works.

Dr. Dave: Well that's a great wrap.

O'Hanlon: It's a wrap! It's a shrink rap!

Dr. Dave: Yeah, possible Bill O'Hanlon, thanks for being my guest again on Shrink Rap Radio.

O'Hanlon: Thanks Dr. Dave, it's always fun to talk with you, we always have such great conversations.