An Interview:
Michael D. Yapko, Ph.D.

By Roxanna Erickson Klein, R.N., M.S.

Michael D. Yapko, Ph.D., recently retired as Newsletter Editor, a position he held for six years. He is a clinical psychologist and marriage and family therapist in private practice in Solana Beach, Calif. and the Director of the Milton H. Erickson Institute of San Diego. Yapko is renowned for his workshops and methods of hypnotic therapy and brief psychotherapy. Yapko has written numerous articles and books on depression including: Trancework: An Introduction to the Practice of Clinical Hypnosis, Free Yourself from Depression, Hypnosis and the Treatment of Depression, and When Living Hurts. He edited Brief Therapy Approaches to Treating Anxiety and Depression.

Question: Will you please provide background information?
Yapko: I was born in Richmond, Va., in 1954. I received my bachelor’s degree in psychology from the University of Michigan, and went on to do my master’s and doctoral work at the United States International University in San Diego. Professionally, I’m involved in many different projects, including writing, teaching, consulting and maintaining a clinical practice. I really enjoy all the different aspects of my professional life, and can’t imagine not doing all those things.

Question: What are your feelings about your contributions as editor of this publication?
Yapko: It has been my privilege to contribute in a meaningful way to what I consider to be a very worthwhile goal — that of fostering an awareness of and interest in Ericksonian approaches. I feel lucky to have had the chance to work with the Foundation and experi...
ence the varied interactions that I’ve had with so many different people over the years.

Question: Can you tell us how you became interested in Dr. Erickson’s work?

Yapko: When I was an undergraduate at the University of Michigan, I was absorbed in the psychoanalytic training standard for the academic program at the university. I vividly remember sitting in a psychodynamics course. It suddenly dawned on me that all the psychoanalytic theories and interpretations and projections made by such therapists were part of a system that I had already spent too many years learning about.

I am by nature a very practical fellow. I like things that work. Once I began reading Dr. Erickson’s cases and studying his unique outcome-oriented style of interventions, I was hooked! What Dr. Erickson called his “common sense approach to therapy” contained everything I thought had been missing in my studies. The more immersed I became in Dr. Erickson’s work, the more I felt I was learning some of the most critical components of doing good, therapeutic work.

Question: When and why did you establish the Erickson Institute of San Diego?

Yapko: The Institute was established exactly ten years ago for the very simple reason that Erickson’s work had a profound impact on me, and through me, on my clients. It seemed a natural progression to create an institute to serve the public and provide clinical training to the professional community. My colleagues at the Institute are valuable sources of professional support, and they make going to work a lot more fun.

Question: What do you consider to be among the most important insights you have gained from your knowledge of the approaches and techniques of Dr. Erickson?

Yapko: There are many major contributions that understanding Erickson’s work has made to my clinical methods. First, I think that Erickson’s emphasis on attaining positive results is exceptional, even by today’s standards. He knew that it was up to him to create the context for therapeutic change in his patients and he accepted that responsibility without reservation. Second, I think Erickson’s recognition that the subjective aspect of people’s experience was most understandable in the hypnotic framework is an enormously valuable contribution. An in-depth understanding

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individuals and groups to learn and to experiment with new approaches. A
third level of contribution has been my role as Newsletter Editor. It was a
time-consuming labor of love to create the Newsletter and I believe that my time
has been well-spent.

**Question:** Tell us about your newest book, *Hypnosis and the Treatment of
Depressions.*

**Yareko:** This is a book written on the use of clinical hypnosis to treat depressed
individuals. For a variety of reasons, hypnosis was always thought to be too
dangerous to use with depressed clients out of unrealistic fears that it might
precipitate psychosis or even suicide. Or it was assumed that hypnosis simply
would not be beneficial. Given the intricate, depression-causing subjective
view of the world that depressives typically have, however, hypnosis is an
unusually relevant and powerful ally in treatment, when used skillfully.
Hypnosis involves building frames of mind. Therefore, building more flexible
and adaptive frames of mind hypnotically, makes a great deal of sense. More
importantly, it works! This book was written to show how hypnosis could best be
used in treatment, and how the concept that hypnosis is dangerous is obsolete.

**Question:** This book, as well as your earlier books, focus on the problem
of clinical depression. How did you become interested in depression?

**Yareko:** Because there is so much of it. And, more than most disorders, it is so
clearly related to perspective, suggesting there is a great deal of room for facili-
tating change. When I first started studying depression, little was known
about it. Yet, in a statistical sense, it was the most commonly diagnosed problem
that people presented for treatment. In fact, depression was termed "the com-
mon cold of psychopathology." At that time, there was no cure for depression.
The advice offered by many therapists at the time ranged from simply telling
to people to "Cheer up" to encouraging people to "go volunteer at a hospital so
you can see people with real problems."

It became an important goal for me to develop a deeper understanding of
who gets depressed and why. It became especially important to learn to do
something about it. Over the course of the last decade, in particular, I have
studied different treatment modalities for depression and their relative degrees
of efficiency. The evidence I have found points in the direction of depression as
primarily a learned phenomenon for most, though not all individuals. That
is not to say there is no biological basis for depression, but it seems clear that
for the majority of individuals, depres-
sion is learned and is therefore more
malleable than if it were the "disease"
that some people consider it to be.

My emphasis on pragmatism and
attaining results led me to explore and
experiment with different techniques to
find out what approaches seem to work
best. It is clear to me that treatment of
depression requires active goal-oriented
interventions aimed at specific patterns
that have been described in detail in my
books. They include things like a per-
son's cognitive style, a person's ability
to compartmentalize experiences, a per-
son's primary temporal orientation, and
a person's specific way of interpreting
life experiences.

What I like to talk about in my work-
shops on depression is the notion of life
as a Rorschach ink blot — an ambiguous
stimulus that doesn't have any meaning
in and of itself, but only the meaning
that we give it. For example, it's own
projection that psychology is important.
It isn't a statement about the objective
importance of what I do. Clearly, other
people don't see a value in psychology
at all and still manage to live life suc-
scessfully. I want to help the depressed
person realize that his or her view is
arbitrary and there are lots of other ways
to respond to the Rorschach of life that
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hold much greater promise and satisfaction for living life well.

Question: What is your preferred modality for treating the average depressed client, and what is the role of hypnosis in the treatment process?

Yapko: I am a strong proponent of active, experiential therapy. Every client is different, but I suppose I would describe what I do as cognitive behavioral therapy with an Ericksonian twist. I am a strong fan of the use of hypnosis in therapy sessions and of the use of structures task assignments in between sessions. It seems clear to me that the most important and relevant learnings that need to be communicated to a particular client can't be restricted to a conscious level. I think it is a useful contribution to the field to integrate cognitive, interpersonal and behavior therapies, which have high rates of success in treating depression, with Ericksonian approaches which further enhance them by hypnotically utilizing more dimensions of the person's experience.

There are many ways I use hypnosis in the course of my sessions: reducing agitation and rumination, building rapport, encouraging flexibility in thinking or being able to view circumstances from a variety of different angles rather than just a single depressing one, and building expectancy. Knowing a person's orientation toward the future defines them as either optimistic and upbeat or pessimistic and dysthmic. The idea of using hypnosis, specifically age progression techniques or what Erickson called "a pseudo-orientation in time", to build a positive sense of the future that is motivating and compelling and generates enthusiasm is an element of the work. I think that building realistic therapeutic hopefulness is a task in the treatment of depression, and I think hypnosis is eminently useful toward that end. Hypnosis is obviously valuable in lots of other ways too, but there are too many of them to mention here.

Question: What are your current professional interests?

Yapko: Recently I signed a book contract to write on the topic of suggested memories as they may relate to memories of sexual abuse and satanic ritual abuse that surface in the context of therapy. Over the course of the last year, I accumulated a great deal of research data about therapists' perspectives on suggestibility and memory. Hopefully, the research will encourage therapists to consider a little more carefully the nature of the interventions they employ, particularly when exploring traumatic episodes in a client's background. I am very excited about this. It is a controversial area and I expect it to generate a lot of interest and reaction.

Question: Are you suggesting that therapists can sometimes create the very problems that they then must treat?

Yapko: There is no question that therapists' intentions are largely benevolent. But as is well-established in the clinical arena, clients tend to get absorbed into the therapeutic framework of whatever therapists they happen to be working with. This is hardly a new observation nor is it necessarily bad. Clients, when they get better, do so because they step into a new framework of living that works better for them. I am simply calling for a more in-depth examination of the largely unanswered questions about the nature of repression, the relationship between trauma and memory, and the relation between memory and memory-enhancing techniques like hypnosis and imagery and the surfacing of repressed memories. By giving greater consideration to the ways that therapists can inadvertently suggest experiences that are accepted as real by the client, I think that I can highlight how sensitive the nature of the work done is and how it must therefore be approached with great clarity and skill.

Question: Is there anything else that you would like to comment on?

Yapko: Yes, I think the final thing that I would like to say is that I'm really happy to have had the experience of being editor of the Erickson Foundation Newsletter.