

**PERCEPTIONS
AND POSSIBILITIES**
Strategic and Solution-Oriented
Approaches to Working
with Depression

Paul J. Leslie



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Contents

Acknowledgments	vii
About the author	ix
Foreword <i>by Bob Bertolino, PhD</i>	xi
Introduction	xiii
<i>CHAPTER 1</i>	
Strategies, solutions, and depression	1
<i>CHAPTER 2</i>	
Theoretical foundation for a strategic and solution-oriented approach	23
<i>CHAPTER 3</i>	
Assessment and intervention planning	45
<i>CHAPTER 4</i>	
Changing perceptions	75

CHAPTER 5

Altering and interrupting patterns 91

CHAPTER 6

Using metaphors, analogies, and stories 115

Epilogue 127

References 129

Index 137

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About the author

Paul J. Leslie is a psychotherapist, researcher, trainer, and author in Aiken, South Carolina who specializes in resource-directed approaches to working with individuals and families. Paul has a doctorate in counseling psychology and is presently the coordinator of the psychology program at Aiken Technical College. He is a popular trainer of mental health professionals in the areas of solution-based therapies, Ericksonian hypnosis, and creative therapy applications. His website is www.drpauleslie.com.

Foreword

Depression has reached an epidemic level. According to the World Health Organization, depression is a leading cause of disability worldwide and is a major contributor to the overall global burden of disease. But is this really news? There are thousands of books, articles, and websites on depression. And beyond the myriad of antidepressant medications available are the dozens of psychological treatments and methods. How do we make sense of it? As it turns out, Dr. Paul Leslie has guidance for us. Not only does Paul call our attention to the most prevalent and pervasive mental health issue of our time, he offers ways of working with people experiencing depression that both honor the rich history of psychotherapy and represent recent developments.

I first met Paul at a conference sponsored by the Milton H. Erickson Foundation. I soon found that our paths to becoming psychotherapists had many parallels. We both learned about Freud, Jung, and Adler and the behavior therapies that emerged from the work of Pavlov and Skinner. We were also introduced to the cognitive approaches of Aaron Beck and Albert Ellis and the humanistic perspectives touted by Carl Rogers, Rollo May, and Viktor Frankl. At some point, however, we each came across the work of Milton H. Erickson, MD. I was both mesmerized

and confused by the writings of Dr. Erickson and those who wrote about him. I read voraciously, pored over audio and video recordings, attended workshops and studied with Bill O’Hanlon and Steve Gilligan, two of Erickson’s students. I was a sponge. Paul was the same. He not only immersed himself in Erickson’s work—he wrote a terrific book about Erickson’s work, *Potential Not Pathology: Helping Your Clients Transform Using Ericksonian Psychotherapy*.

Erickson’s impact on psychotherapy is vast. In addition to his contributions to clinical hypnosis, Erickson directly influenced the development of family therapy and, in particular, two forms of strategic therapy—the Mental Research Institute’s (MRI) problem-focused approach and the “Washington School” associated with Jay Haley. He also influenced a new “wave” of collaborative and competency-based approaches including solution-focused and solution-oriented therapies. And it is here, I believe, where Paul Leslie shines a bright light. He understands the utility of the ideas that come from strategic and solution-oriented approaches and provides us with ways of applying those ideas with persons experiencing major depressive disorder and persistent depressive disorder.

You’re about to embark on a memorable journey with Dr. Paul Leslie. His deep knowledge of theory, clinical examples, and masterful stories provide us with a treasure trove of ideas needed for the most prevalent mental disorder of our time. Be sure to keep this book nearby so you can draw on Paul’s wisdom and wealth of experience whenever it’s most needed!

*Bob Bertolino, PhD
St. Louis, Missouri*

Introduction

Depression is a mental health issue that can affect anyone, from a successful business person to the elementary school student. There are even many accounts throughout our history of numerous and well-known artists, authors, musicians, and world leaders who have struggled with depression. It is no respecter of age or income and there are no social barriers to the effects of depression. It robs all those affected of their peace and their happiness.

The term “depression” also covers a broad range of emotional conditions which cause significant distress and disruption of one’s physical health and overall quality of life. Even though depression is one of the most common mental health issues, the conditions related to depression are commonly misunderstood by the general public. Therefore, people who suffer from it are often reluctant to seek treatment because of their fear of being stigmatized as weak, lazy, or mentally ill.

In some cases, depression can be a normal reaction to the inevitable struggles or catastrophic events of life, and most people at some time will experience some short-term symptoms of depression. While unhappiness can be a natural reaction for us as we go through the hard and difficult times in life, depression can also appear without

any discernable cause. It deeply affects our moods which are the emotional experiences that guide our thoughts and our actions. Depression decreases positive mood which in turn decreases a person's enjoyment and energy. Other symptoms can include pessimistic and hopeless thinking, loss of appetite, and problems with sleep. In some cases, symptoms can be more severe, and some may harm themselves and have suicidal thoughts. For many, depression may be a recurring disorder that can vary in its length and its severity.

Often when people use the term "depression" they are describing a short-term emotional reaction to a problematic situation in their lives. True depression, however, is a very different situation from ordinary sadness or dealing with life's disappointments. It is a severe despair that can entrap individuals into feelings of helplessness and worthlessness. This despair can be triggered by different distressing life events such as the death of a loved one, the loss of a job, or a divorce. The positive note in all of this is that, in many cases, depression can be successfully treated and can be overcome through psychotherapy.

The general public should understand that depression is not an emotional prison from which there is no escape, but this view is often contrary to the messages given by media that suggest that depression is another physical illness like cancer, diabetes, and heart disease. This perception of depression and its causes is based on a strictly medical model with its biological overtones, and it has created an unbalanced perception of what depression really is and how it can be remedied. The push for a solely medical explanation benefits psychopharmacological interests, but it gives only a partial story of how depression can be successfully treated.

I want to be very clear. I am not dismissing or negating the use of pharmacotherapy, but I do want to point out that the view of depression as only the result of malfunctions in neurochemicals does not tell the whole story. Depression is a very multifaceted mental health issue that warrants more exploration rather than just reliance on a medical explanation. There are many different reasons for depression. From a biological perspective, depression is due to a malfunction of the brain's chemicals. From the psychodynamic perspective, depression occurs as a result of repressed emotions and problematic defense mechanisms. And from the cognitive perspective, the origin of depression is due to one's pessimistic and negative thinking. As Yapko (1997) states,

... depression is a complex disorder. There is no single cause; there are many. There is no single solution; there are many. Suggesting that depression is mere self-pity is both hurtful and wrong. No one likes the idea of being depressed and letting his life waste away, one painfully slow day at a time. (p. 3)

Depression can have multiple sources of origin, plus the experience of depression can vary from one individual to another.

For many people who suffer from depression, it is often the result of their inflexible perceptions about difficult life experiences. This inflexibility often results in less than helpful patterns of behavior and emotion. How people interpret life events and then how they react to those events results in either their triumph over the event or a tragic response to it. When a person's interpretations lead to depression, any task can be almost overwhelming, and life can feel nearly impossible to manage.

From a personal perspective, I know well how debilitating depression can be because of my own struggles with it during several periods of my adult life. These episodes were due to such varied reasons as divorce, financial problems, and general existential angst. Each time I experienced depression, I felt what I can only describe as a physical and emotional heaviness combined with morose feelings of powerlessness and despair. Focusing on work and other important areas of life became a daily struggle. I felt that I was mired in a deep pit of emotional misery. I felt that I could not climb out no matter how hard I tried. Thankfully, I found psychotherapy was helpful, and I benefitted from being able to talk about my feelings. I also benefitted from the therapist's help in changing my mental state.

This book was written to introduce clinicians to some very effective tools and concepts that will help clients who suffer from depression. These tools and concepts are designed to create or to increase the resources and abilities available within clients themselves which will bring changes in their actions and in their perceptions. The focus of this approach will be on the clients' own strengths and potential rather than on the clients' deficits and pathology. These strategic and solution-oriented ideas have their roots in the twentieth-century work of Milton H. Erickson and the Mental Research Institute in Palo Alto, California.

Milton H. Erickson was a highly influential and rather unorthodox psychiatrist and hypnotherapist who focused on each client's individual

situation. He did not try to fit clients into any preexisting theory. During Erickson's era, psychotherapists routinely gave the same standardized instructions to every client. However, Erickson diverged from this uniform and inflexible therapy method and instead emphasized the importance of the interactions between the therapist and the client. The focus of therapy became the intentional activation of the client's own inner resources. Erickson's therapeutic strategies concentrated on solutions for the client's future instead of the pathology of their past. Erickson's ideas influenced a multitude of different therapies including interactional therapy, strategic family therapy, self-relations therapy, neuro-linguistic programming, and other associated short-term therapeutic approaches.

Erickson's work also influenced the concepts of the Mental Research Institute (MRI). MRI's strategic approach to therapy was developed out of a research project in the 1950s headed by anthropologist and cyberneticist, Gregory Bateson. This project had been designed to study the communication patterns of schizophrenics and their families. However, the project led to the founding of MRI which began to explore the emerging fields of systemic and family therapy. MRI was developed to investigate methods of therapy which came to be described as "brief therapy."

From the MRI perspective, one of the most significant goals for therapists is to discover which perceptions will best aid the client and which are more useful in resolving the problem. When attempts are made to change the problem within the client's established perceptions, this often solidifies the problem. In such a situation, change is required to transform the client's perception and also how the client processes the problem. The term "strategic" came to signify the therapist's task of creating a "strategic" plan to action which would interrupt the client's pattern of solutions. Sometimes these strategies appeared very strange or completely nonsensical and could be quite puzzling in their implementation.

In time, there was an examination of the wide and differing perceptions of truth that people often have. From a strategic perspective, the client's symptoms are not seen through the lens of pathology or as problems in their biology or in their character. Instead, symptoms are seen as inflexibility in their perceptions and their largely ineffective attempts at solutions which maintain the problem (Fisch et al., 1982). And it was found that truth was not a definitive reality for everyone; truth was to each person what that person thought truth was. Truth was

for each person their own perception of truth. The perceptions of events that clients often hold are not always the same as the fundamental reality outside of their own minds. There are a multitude of perceptions that people can hold and no single perception about an event has the final word in its meaning.

Also evolving out of the work and influence of Erickson and MRI were solution-based approaches to psychotherapy: solution-focused therapy and solution-oriented therapy. These solution-based approaches focused on the times when clients did not experience their problems so that more times could be initiated when clients experienced life without the problem. Emphasis was also placed on persuading clients to take any different action because it was assumed that any adjustment in client behavior could lead to further positive changes. Clients were also encouraged to envision a time in their future when their problems would cease to be problems (De Shazer, 1985).

Of the two solution-based approaches, this book will focus on the solution-oriented approach developed by Bill O'Hanlon and Michele Weiner-Davis (2003). O'Hanlon had been a student of Milton Erickson and was much influenced by Erickson's therapeutic and hypnotic work. Due to Erickson's influence, he also recognized the significance of language in therapy because how clients talk about their problems, and how therapists utilize language, can be crucial in solving problems.

A solution-oriented approach recognizes the significance of the context in which clients perceive their problems, and therefore importance is placed on "helping clients to be heard and understood in the realm of experiences and to change in three areas—views, actions, and context" (Bertolino & O'Hanlon, 2002, p. 7). Solution-oriented therapy also emphasizes that clients must feel that they are understood and acknowledged, and validated. This view also agrees with current psychotherapy outcome research which repeatedly shows that positive expectancy, agreement upon goals, and a solid therapeutic relationship are central factors in the performance of any successful therapy (Wampold, 2015).

How this book is structured

Chapter 1 will provide an overview of the symptoms and diagnosis of depression using case examples. It will also explain how depression has

historically been viewed and treated by the major schools of psychotherapy. These methods will be contrasted with the strategic and solution-oriented approaches.

Chapter 2 gives an overview of the theoretical underpinnings and applications of strategic and solution-oriented interventions. Discussion of topics such as feedback, circularity, and complexity are covered and are examined and explained through the lens of cybernetic epistemology and postmodern thought.

Chapter 3 will discuss the importance of collaboration and the use of language in therapy. This chapter explores how to form collaborative relationships with clients as well as the necessity of the therapist's providing acknowledgment and validation to clients. Also covered are the assessment and description of client problems, the solution-oriented interview, linguistic presuppositions, collaborative goal setting, and future orientation.

Chapter 4 will discuss how to shift the clients' limited perceptions of their problems. This chapter explains how to persuade clients to change their usual perceptions of their situations and the importance of contexts and thematic elements in therapy. The importance of therapist flexibility and spontaneity is also covered.

Chapter 5 will cover some ways to alter the clients' actions whose alteration can lead to a decrease in depressive symptoms. The changing of patterns of behavior, viewing problems as a process, and the use of therapeutic rituals are examined with an emphasis on connecting clients to their inner resources.

Chapter 6 will examine the strategic use of metaphors, analogies, and stories in therapy. These methods of communication can aid therapists in introducing new ideas to clients while bypassing any potential client resistance.

Throughout this book numerous case examples, anecdotes, and stories will be provided so that readers can understand how the concepts may be pragmatically used in clinical settings. All clients' names and identifying information have been changed in order to protect their confidentiality. My goal for the reader is to gain a thorough understanding of how to employ these concepts so that they can begin to apply them to their clients and to help heal depression.