The information contained in these handouts is provided to increase awareness of how hypnosis may help and does not constitute medical expert opinion, diagnosis, or treatment. It is not intended to replace medical care or professional advice from a qualified healthcare provider. If you have any concerns for yourself or loved ones consult with medical and or health provider

Depression — Education Sheet

Definition

Depression is a common mental health condition that affects how you feel, think, and function. It involves persistent low mood and/or loss of interest or pleasure, along with other symptoms that last at least two weeks and interfere with daily life.

Common symptoms include:

• Feeling sad, empty, numb, or hopeless (most days)

• Losing interest or pleasure in activities

• Low energy, fatigue, or feeling slowed down

• Sleep changes (insomnia or sleeping more than usual)

• Changes in appetite or weight

• Difficulty concentrating or making decisions

• Feelings of worthlessness or excessive guilt

• Thoughts of death or suicide (in some people)

Key Types (in simple terms)

• Major Depressive Disorder (MDD): Symptoms strong enough and persistent enough to significantly affect their life.

• Persistent Depressive Disorder (dysthymia): Depressive symptoms that last longer ter m (often years) but may be less intense.

• Depression with seasonal pattern: Symptoms linked to certain seasons.

• Depression with anxiety (common): Many people experience both together.

Myths vs. Facts

Myth 1: “Depression is just sadness.”

Fact: Depression is more than feeling “down.” It’s a whole-

body and mind condition involving persistent symptoms that can affect sleep, appetite,

thinking, and physical energy.

Myth 2: “People with depression can just snap out of it.”

Fact: Depression often involves changes in mood regulation, stress response, and cognition.

Willpower alone usually isn’t enough.

Myth 3: “Depression is rare.”

Fact: Depression is common worldwide and can affect anyone—

regardless of age, background, or success.

Myth 4: “Only weak or flawed people get depression.”

Fact: Depression is not a character flaw. It can be influenced by biology, genetics, brain

Chemistry , trauma, chronic stress, and life circumstances.

Myth 5: “If someone seems ‘fine’ sometimes, they don’t have depression.”

Fact: Many people have “better moments” but still experience depressive episodes and on gong symptoms.

Myth 6: “Medication means you’ll always need it.”

Fact: Some people benefit from short-term or time-

limited treatment; others need longer support. A clinician can tailor duration and options.

Myth 7: “Hypnosis can make symptoms disappear instantly.”

Fact: Hypnosis is not a magic erase button. It’s a therapeutic tool that may support coping, re laxation, and changes in certain thought patterns—usually alongside other treatments.

Frequently Asked Questions (FAQ)

1) How do I know if it’s depression or just a rough patch?

A rough patch usually improves within days to a couple of weeks. Depression is more likely when symptoms persist (often 2+ weeks), cluster together (mood + other symptoms like sleep/energy/concentration), and affect functioning.

2) What causes depression?

Depression has multiple contributors, such as:

• Genetics and brain chemistry

• Long-term stress or burnout

• Trauma or adverse life events

• Medical conditions (thyroid issues, vitamin deficiencies, etc.)

• Substance use or withdrawal

• Certain medications (sometimes)

3) Can depression happen without “feeling sad”?

Yes. Some people mainly experience:

• Irritability• Numbness

• Low motivation and fatigue

• Feeling “shut down” rather than openly sad

4) Is depression the same as anxiety?

They’re different, but they often overlap. Depression centers more on low mood/loss of interest and negative thinking; anxiety centers more on fear/worry and physical tension. Many people have both.

5) Will I get better?

Most people improve with the right combination of support—often including therapy, lifestyle changes, social support, and sometimes medication. Recovery can take time and may involve ups and downs.

6) What helps most besides medication?

Psychotherapy, structured routines, sleep improvements, physical activity (even light), social connection, stress management, and addressing contributing factors (substances, medical issues) all matter. Medication may help some people; therapy and self-management can also be powerful.

7) If I don’t “feel like doing anything,” how can I start treatment?

Small steps count. Examples:

• 5–10 minutes of something calming

• a short walk

• one practical task

• scheduling an appointment

• reaching out to one person Treatment is not an all-or-nothing effort.

When to Seek Medical Support (Important)

Seek urgent help immediately if:

• You're thinking about suicide or harming yourself

• You have a plan or feel you might act on those thoughts

• You feel unable to stay safe

• You're experiencing severe agitation, confusion, or hallucinations If you're in immediate danger, contact local emergency services.

Seek medical support soon (within days) if:

• Symptoms last 2+ weeks and affect work, school, relationships, or daily functioning

• You're struggling with sleep, appetite, concentration, or functioning

• You can't carry out responsibilities even with effort

• You're using alcohol or drugs to cope and it's worsening

• You have depression symptoms plus a physical condition or you suspect medication is

de effects

• There are a strong family history or prior severe episodes

What to expect when you get help:

• A clinician will ask about symptoms, duration, safety, stressors, medical history, and

substances.

• They may screen for bipolar disorder (important before certain treatments).

• They might recommend therapy, medication, lifestyle changes, or a combination.

How Hypnosis Can Help Depression (Clear + Practical)

Hypnosis can be used as a therapeutic technique with a trained professional. It often focuses on guiding attention inward, increasing relaxation, and supporting suggestions or coping skills.

Ways hypnosis may help include:

1) Reducing stress and tension

Depression can be maintained or worsened by chronic stress. Hypnosis can help with:

• relaxation

• calming the nervous system

• interrupting rumination loops

2) Improving coping with negative thoughts

A therapist may use hypnosis to support:

• noticing automatic negative thinking

• strengthening more balanced coping statements• reducing “stuck” mental patterns (rumination)

3) Supporting behaviour change

Hypnosis may be used to encourage “activation” behaviours indirectly by reinforcing motivation, structure, and confidence—often alongside a treatment plan.

4) Improving sleep quality (for some people)

Sleep disruption is common in depression. Hypnotic relaxation and suggestion-based approaches may help some individuals fall asleep more easily or feel less tense at bedtime.

What hypnosis typically cannot do

• It usually doesn’t replace evidence-based treatment (therapy/medication when needed).

• It generally doesn’t work as an instant cure.

• Effectiveness varies depending on person, approach, and how it’s integrated into a broader plan.

How to choose a hypnotherapy provider

Look for someone who:

• is appropriately licensed/credentialed in a relevant mental health field

• works collaboratively (not discouraging other care)

• explains goals, structure, and safety

• integrates hypnosis with evidence-based depression strategies

Self-Help Steps You Can Start Today (Simple)

• Track symptoms for 3–7 days: mood, sleep, energy, appetite, and concentration.

• Set one tiny daily goal (something realistic in 10–20 minutes).

• Create a sleep anchor: same wake time (even if sleep quality varies).

• Move gently: a short walk, stretching, or light exercise.

• Reduce rumination triggers: limit doom-scrolling; try a “worry window” instead.

• Reach out: message one supportive person and share you’d like company or help.

Quick Safety Note (If Relevant)If depression is connected to thoughts of self-harm or suicide, don’t handle it alone—seek

urgent support right away (local emergency services or a crisis hotline in your country).