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## **Interrupting a Depression: The Pushbutton Technique**

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In listening to the depressed client one hears certain themes recited recurrently. This litany centers around pronouncements which interfere with the forward motion of therapy and sometimes prompt the therapist to feel that "if I hear this once more . . ." These statements may be lifestyle-related or situation-related. The therapist hears:

1. "I am a victim of my depression." Following this statement are numerous complaints concerning the severity and tenacity of the depression, complaints about sleep, appetite, concentration, sex.

2. "I am a victim of life." In this attribution of blame the client may refer to a single "trauma" (the precipitating incident) or to a lifelong series of unfairness committed by others or by life itself. This other-blaming often alludes to the parental role in bringing up the child. One hears people say, "My mother loved me but she died." In addition, there are the laments of "Why did this happen to me?" as if the person should have some special exemption from the vicissitudes of life, and often "Why is God punishing me?"

3. "I am a victim of myself." Clients describe themselves as inadequate, a recent failure, a chronic failure, persons who have once or always done the wrong thing. Like Job the client questions, "What have I done so wrong that God is punishing me?" Sometimes this is given as an affirmative statement. The person knows what he has done wrong to incur the wrath of God or Fate.

4. "I am helpless." There is little or nothing that clients feel that they can do either about past events, the current situation, or themselves. "I've felt this way so long." "I know I should do something but I can't get myself to do it." "I tell myself I have to stop crying but the tears still keep coming." Such clients feel that they have little or no con-

trol over life. Seligman (1975) describes depression as "learned helplessness."

5. "I am hopeless." Again attribution of blame may fall on life, others, or the self. "Life has really shafted me." "If only I had done something before, but now it's too late." "I loused myself up so badly, I'll never get out of this. I might just as well kill myself." "The past was terrible, the present even worse if that is possible, and the future is hopeless."

It is such cognitions and their concomitant feelings which therapists must interrupt before they can discuss the dynamics of the depression which may lead to the elimination of the depression.

Since no discouraged therapist has ever helped a discouraged client, it is sufficient that only the client is discouraged at the initiation of treatment. Therapists might more profitably devote time and energy to determining what can be done to help their clients overcome their initial discouragement sufficiently so that therapy may progress. To accomplish this end it is advisable to interrupt the client's depression.

Adlerians generally use four interruption techniques. Those Adlerians who are legally licensed to do so may prescribe medication (Mosak & Phillips, 1980). Adler (1964) suggests an excellent technique for what I call "turning the client's eyeballs outward." It interferes with the client's self-absorption and attempts to mobilize the client's social interest. Wolfe (1931), recognizing that depression and humor are incompatible, engages in task-setting (Mosak, 1984), the "homework" consisting of telling people jokes until the client has succeeded in making them laugh. Another group of Adlerians base their theory of depression upon what the Freudians call "repressed hostility" or "aggression turned inward" (although their formulations are in Adlerian rather than Freudian terms). They encourage their clients to express anger openly and outwardly. All of these techniques are selectively effective. When I found them to be so, I experimented with various methods and discovered the Push-button Technique.

In administering this technique I give the following instructions after some prefatory remarks about the specific client's depression, especially the client's view of it.

This is a three-part experiment. Please close your eyes and keep them closed until all three parts are over. First, I'd like you to dig into your memory and retrieve a very pleasant memory—a success, a beautiful sunset, a time when you were loved—and project that in front of your eyes as if you were watching it on a TV screen. Watch it from beginning to end and attach to it the feelings you had when the incident occurred. Go! Remember how wonderful it was! When you are through, hold up a finger to signal that you are through, and we'll go on to the next part.

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When the client signals that the “TV movie” is over, we proceed to the second part:

Now I’d like you to fish back in memory and retrieve a horrible incident. You failed. You were hurt or ill. Life screwed you. Someone died. You were humiliated. Watch that one from beginning to end as if it were on TV and attach to it the feelings you had at the time the incident occurred. Go! Remember how terrible it was! When you are through, hold up a finger to signal that you are through, and we’ll go on to the last part.

When the finger signal has been given, the therapist gives the concluding instructions:

Now I’d like to go into your memory and retrieve another pleasant memory. If you can’t come up with another pleasant memory, go back to the first pleasant memory you had. Watch it on the TV screen from beginning to end and attach to it the feelings you had when the incident occurred. Go! Remember how wonderful it was! When you are through, please open your eyes.

When the experiment is ended, we invite clients to discuss their impressions of the experience with us. They usually conclude that their feelings generally followed their images—“When I had a good memory, I felt good. When I had a bad memory, I felt bad.”<sup>1</sup> Using this as a point of departure for task-setting I tell the client:

What a person feels goes along with what a person is thinking about. If you think good thoughts, you feel good. If you think bad thoughts, you feel bad. The problem with the people who feel depressed is that they only think bad thoughts. [I may here refer to the bad thoughts in the client’s litany.] No wonder you feel bad! But one thing we’ve discovered is that you are not a victim of your depression. You can make it come and you can make it go. We just saw you turning it on and off and on again<sup>2</sup> merely by deciding what you were going to think about. You are not helpless. You are not hopeless, and getting rid of your depression doesn’t have to take forever. You can change it anytime you want. So I’m going to send home with you two make-believe pushbuttons—a happy button and a depressed button. If you press the happy button, you’ll think happy thoughts and have pleasant feelings. If you press the depressed button, you’ll have lousy thoughts and lousy feelings. However, if you come back next week and are *still* depressed, I’m going to ask you to explain why you *choose* to continue to feel depressed when you have the happy button at your disposal. We’ll find out what your investment in being depressed is.

With this tactic we undermine the client’s “misunderstandings of the self” (Raimy, 1975). The client is not a victim or helpless or hopeless or lacking control. The task encourages in these ways at the same time that it teaches. It gives the client hope and removes the pessimistic

thought that eliminating the depression has to take “a long time” or “forever.” If the client says that after feeling good the negative thoughts return, we may encourage with “Most learning requires practice, so you’ll have to practice it more until it becomes automatic.” If the client resists with “You expect me to change just like that?” sometimes accompanied with a snap of the fingers, I relate the following story, a favorite of Dr. Dreikurs’:

A millionaire from Long Island decided to take a motor trip to Los Angeles. He and his chauffeur drove until they arrived at the outskirts of Chicago. At this point the millionaire told his chauffeur, “I’ve changed my mind. Turn left here. I’d like to go to New Orleans instead.” The chauffeur turned around peevisly and exclaimed (accompanied with a snap of the fingers), “You expect me to change directions just like *that*?”

If the client maintains that he has no pleasant memories, we may jog the client’s memory or encourage with “Everyone must have at least one pleasant memory” or we may instruct the client to think of a funny movie or we may ask the client to construct a pleasant memory, perhaps of what it’s going to be like when the depression lifts. However, resistance to the task is minimal since built into the final discussion is what my students call a “Godfather technique,” “an offer you can’t refuse.” The client will have to explain why he or she *chooses* to be depressed if the depression continues.

Once the depression is interrupted, we can begin to discuss the depression and its purposes.

The Pushbutton Technique, like other techniques, is selectively effective. It merely adds to the repertoire of the clinician. Brewer (1976), however, has compared the effectiveness of this technique with that of other techniques used in treating state depression and concludes:

Results supported conclusively that Autobiographical Recollections<sup>3</sup> was the superior method for inducing not only depression, but also elation in a population of both sexes. Moreover, the data indicated in every case that subjects receiving Autobiographical Recollections-Happy were left, at the conclusion of the experiment, better off than they were at the beginning of the experiment, and better off than subjects receiving Mood-Elation and the controls.

Results demonstrated that Autobiographical Recollections was also the superior method for inducing and altering anxiety. (pp. 72–73)

### Reference Notes

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1. For theoretical statements paralleling this view, see Dreikurs (1967), Ellis and Harper (1976), Mosak (1984), and Raimy (1975).
2. We ask the client to think of a second pleasant memory to reinforce the notion that the feelings can be switched on and off and also to "leave a good taste in the client's mouth."
3. Brewer uses this name for the Pushbutton Technique.

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The guy who rolls up his sleeves will not lose his shirt.

—Unknown

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