



# Clínica y Salud

[www.elsevier.es/clysa](http://www.elsevier.es/clysa)



## Effectiveness of hypnosis therapy and Gestalt therapy as depression treatments

Elizabeth González-Ramírez<sup>a</sup>, Teresita Carrillo-Montoya<sup>a</sup>, María L. García-Vega<sup>b</sup>, Catherine E. Hart<sup>c</sup>, Alan A. Zavala-Norzagaray<sup>b</sup>, César P. Ley-Quinónez<sup>b,\*</sup>

<sup>a</sup> Autonomous University of Sinaloa, Mexico

<sup>b</sup> Instituto Politecnico Nacional, CIIDIR - SINALOA, Guasave, Sinaloa, Mexico

<sup>c</sup> Centro Universitario de la Costa, Universidad de Guadalajara, Jalisco, México

### ARTICLE INFO

#### Article history:

Received 1 November 2015

Accepted 30 November 2016

Available online xxx

#### Keywords:

Depression

Psychological treatments

Hypnosis

Gestalt therapy

### ABSTRACT

We analyzed the effectiveness of two psychological therapies to treat depression in the Culiacan population, Mexico. According to criteria of MINI (international Neuropsychiatric interview), 30 individuals from a total of 300 were selected and diagnosed with some kind of depression. Patients were divided in three groups: 1) treatment with hypnosis therapy, 2) treatment with Gestalt-hypnosis therapy, and 3) control group. Before and after the treatments the Beck Anxiety Inventory (BAI) was applied to know the depression level of the analyzed groups. The results show that the three groups were presenting a moderated level of depression. The groups under hypnosis therapy and Gestalt-hypnosis therapy show statistical differences between pre-test and post-test. The hypnosis therapy shows significant statistic differences to treat depression with respect to the other two groups. In conclusion, the therapeutic hypnosis is an effective treatment and has relevance to treat depression, while other therapeutic treatments tend to be slow and with minor result. This study is the first of this kind carried out in Culiacan in Sinaloa, Mexico.

© 2016 Colegio Oficial de Psicólogos de Madrid. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Eficacia de la terapia de hipnosis y de la terapia gestáltica como tratamientos de la depresión

### RESUMEN

En este estudio se analiza la eficacia de dos terapias psicológicas para tratar la depresión en la población de Culiacán, México. Según los criterios de la MINI (entrevista neuropsiquiátrica internacional) se seleccionó a 30 sujetos de un total de 300 y se les diagnosticó de algún tipo de depresión. Se dividió a los pacientes en tres grupos: 1) tratamiento con terapia hipnosis, 2) tratamiento con terapia gestalt-hipnosis y 3) grupo control. Antes y después de los tratamientos se aplicó el Inventario de Ansiedad de Beck (BAI) para conocer el grado de depresión de los grupos analizados. Los resultados muestran que los tres grupos presentaban un grado moderado de depresión. Los grupos de hipnosis y gestalt-hipnosis muestran diferencias estadísticas entre el pretest y el postest. La terapia de hipnosis muestra diferencias estadísticamente significativas para tratar la depresión con respecto a los otros dos grupos. En conclusión, la hipnosis terapéutica es un tratamiento eficaz y es relevante para tratar la depresión, mientras que otros tratamientos terapéuticos tienden a ser más lentos y tener peores resultados. Se trata del primer estudio de este tipo llevado a cabo en Culiacán, Sinaloa, México.

© 2016 Colegio Oficial de Psicólogos de Madrid. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

#### Palabras clave:

Depresión

Tratamientos psicológicos

Hipnosis

Terapia gestáltica

\* Corresponding author. Instituto Politecnico Nacional, CIIDIR - SINALOA, Guasave. Sinaloa, Mexico. PO 81101.

E-mail address: [cleyq@ipn.mx](mailto:cleyq@ipn.mx) (C.P. Ley-Quinónez).

<http://dx.doi.org/10.1016/j.clysa.2016.11.001>

1130-5274/© 2016 Colegio Oficial de Psicólogos de Madrid. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Depression is considered one of the most frequent psychological disorders in the world (McCann & Landes, 2010). It is estimated that depression affects 350 million people, and can turn into a serious public health problem (Barton & Hirsch, 2015; Shenoy, Lee, & Trieu, 2015; Vaughn, Drake, & Haydock, 2016), especially when it lasts a long time and is from moderate to severe intensity (Becker, 2015; Vanhauudenhuysse & Faymonville, 2015); it can also cause a great suffering and disturb work activities, school, and family (American Psychiatric Association, 2013). In the worst cases depression can lead to suicide; no wonder this mental disorder causes 804,000 deaths each year (OMS, 2012).

Although there are effective treatments for depression, fewer than half of those affected in the world receive such treatments (Baena, Sandoval, Urbina, Jarez, & Villaseñor, 2005). Barriers to effective care include lack of both resources and trained health care providers, and social stigma associated with mental disorders. Another barrier to effective care is inaccurate assessment. Even in some high-income countries, people who are depressed are not always correctly diagnosed, and others who do not suffer the disorder are occasionally misdiagnosed and prescribed antidepressants (OMS, 2012).

The psychological therapy, one of the key components of cognitive behavior therapy for anxiety disorders, suggests that attention may play an important role in the extinction of fear and anxiety (Barry, Vervliet, & Hermans, 2015); however, the exact cause of depression is unknown and grows rapidly. Nowadays there is a great variety of therapeutic alternatives, like cognitive behavioral therapy (Spiegel & Spiegel, 2004). The effectiveness of these therapies or psychological interventions for depression is high, and there are no significant differences between them (Bados López, García Grau, & Fusté Escolano, 2002; Chambless & Ollendick, 2001; DeRubeis, Siegles, & Hollon, 2008).

Within the current existentialist-humanistic and phenomenological paradigms, Gestalt therapy emphasizes an individual's capacity to develop his/her potential. Along these lines, the change produced in a person takes place through the experience, since it is awareness, in this process, what gives meaning to discovery. In Gestalt psychotherapy, what is considered is the person in his totality, a combination of sensorial, affective, intellectual, social, and spiritual dimensions (Brownell, 2010). Some studies show that the patients treated with Gestalt therapy demonstrated fewer depressive symptoms following the intervention (Cook, 1999). However, there has not been a great deal of research evaluating the effectiveness of Gestalt therapy (Hender, 2001).

As for Hypnosis therapy, it was defined in 1993 by the psychological hypnosis division of the American Psychological Association (APA) as a procedure through which a health care professional suggests a person to experiment sensations changes, perceptions, thoughts, or behaviors (Ludwig et al., 2015; Mahler, 2015; Palsson & van Tilburg, 2015). The use of hypnosis therapy in the treatment of various psychiatric disorders, including depressive disorders, has been recognized (Schoenberger, 2000). This effectiveness is found in all the clinical variables that have been studied: anxiety, depressive neurosis, major depression, and mugging (Besterio-González & García-Cueto, 2000). Previously, studies mentioned that effectiveness of Cognitive-Behavioral Therapy (CBT) under hypnosis conditions was obtained for all clinical variables studied, such as anxiety, depressive neurosis, and major depression (Besterio-González & García-Cueto, 2000). Patients who received CBT with hypnosis fared better than 75% of patients who received therapy without hypnosis (Kirsch, Montgomery, & Sapirstein, 1995).

The first psychiatric national survey (ENEP is the Spanish acronym) conducted in Mexico revealed that between 15% and 20% of residents were in risk of depression (Medina et al., 2003), a reason why improvements in mental health care of Mexican citizens are

urgently needed (Borges, Benjet, Medina-Mmora, Orozco, & Wang, 2008).

This study aims to recognize the effectiveness of two different therapeutic treatments in patients with some kind of depression diagnostic, following MINI (International Neuropsychiatric Interview) criteria, with the purpose of knowing which treatments are more effective for patients with depression diagnosis in Culiacan, Sinaloa, Mexico.

## Method

This study was developed in the Autonomous University of Sinaloa (UAS, for its acronym in Spanish) Culiacan, Sinaloa, Mexico.

### Participants

To select the sample size group, was applied the auto-evaluation scale International Neuropsychiatric Interview 5.0.0 (MINI) (Amorim, Lecrubier, Weiller, Hergueta, & Sheehan, 1998; Pinninti, Madison, Musser, & Rissmiller, 2003; Sheehan et al., 1998; Sheehan et al., 1997), according with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 2000). The MINI is a rapidly administered diagnostic interview; it is acceptable to patients and should improve diagnostic accuracy (Pinninti et al., 2003). MINI was applied to 300 individuals and identified patients with some kind of depression. All individuals are working-class.

### Procedure

Once the participants were selected, the Beck Anxiety Inventory (BAI) was applied as a pre-test to assign the participants in an equal way to each group. BAI is a self-administered survey of 21 items, 15 items make reference to psychological-cognitive symptoms, and 6 more to vegetative somatic symptoms. It systematizes 4 alternative answers to each item and evaluates symptom severity/intensity and they are ordered from highest to lowest severity (Beck, Steer, & Carbin, 1988; Becker, 2015). The total score in each item is from 0 to 3. The total score in the BAI test is from 0 to 63 points. The points usually accepted to graduate the intensity/severity are: no depression (0-9 points), slight depression (10-18 points), moderated depression (19-29 points), and serious depression (30-63 points) (Beck et al., 1988; Wardenaar, Monden, Conradi, & de Jonge, 2015). A quantitative quasi-experimental method was used, with two experimental groups and a control group, with a pre-post-test design. One experimental group was intervened with therapeutic hypnosis (HT) (McCann & Landes, 2010), while the other experimental group was intervened with a combination of the Gestalt-Hypnosis Therapy (GHT) and Cognitive-Behavioral Therapy (CBT). The latter is more effective when it is combined with the former than when is used in an isolated way (Besterio-González & García-Cueto, 2000). Finally, a control group was used like passive listening, *i.e.*, it only heard passively with no type of intervention or feedback during the different sessions in the study.

### Inclusion/Exclusion Criteria

Patients were included if they had a diagnosis of slight depression or moderated depression, a score among 10-29 on the BAI.

Once that the participants were alternately assigned to each group, the participants worked individually, in a weekly session lasting approximately an hour, the day and time being decided with respect to participant availability. We requested permission to videotape each session following the ethics of privacy and trust which are paramount psychotherapeutic practice.

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات