

SHORT COMMUNICATION

Effect of a hypnosis-based group treatment on psychological and somatic symptoms in outpatient with depression and anxiety. Preliminary data

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INTRODUCTION

Hypnosis has support from contemporary clinical applications and research. Evidence of the efficacy of medical hypnosis exists for emotional distress reduction (Häuser *et al* 2016); while Shih *et al* (2009) outline that empirical data support the use of hypnosis in the treatment of depression. Distress related to psychological and somatic symptoms is a hallmark feature for all the psychiatric disorders: particularly, both Anxiety and Depression involve a reciprocating cycle of mental and physical distress. Hypnosis as technique involves enhanced mental mastery over the body and this make the technique especially salient to treatment. As Anxiety and Mood Disorders share overlapping features (Truzoli *et al* 2015) the aim of this work was to evaluate the impact of a group hypnosis-based treatment on psychological and somatic-related distress in a population of psychiatric outpatients with Anxiety or Depression diagnosis.

MATERIAL AND METHODS

Participants

Sample N = 25 (5 males; 20 females); the patients had a mean age of 48.5 (± 13.2 ; range=22.1–75.9); males 43.0 (± 16.2 ; range=22.1–58.1); female 49.9 (± 12.4 ; range=32.1–75.9). Patients received a diagnosis of either Anxiety disorder (N=7 with Generalized Anxiety Disorder, N=3 Adjustment Disorder with anxiety symptoms, N=4 with Unspecified Anxiety Disorder) or Depressive disorder (N=1 with Anxious Depressive

Syndrome, N=9 Recurrent Major Depressive Disorder and N=1 Dysthymic Disorder).

The total sample had two subgroups: a first subgroup with main diagnosis of Anxiety disorder (N=14), mean age of 48.9 (± 14.8 ; range=33.3–75.9); male 43.0 (± 22.8 ; range=22.1–58.1); female 49.9 (± 12.4 ; range=32.1–75.9) and a second subgroup (N=11) with a main diagnosis of Depressive disorder, mean age of 48.06 (± 11.43 ; range =33.3–75.9); no males in this group.

Procedure

The treatment was designed to be delivered in 8 weekly group sessions of 45 minutes each, 1 last group session and 1 final individual session for a total amount of 10 sessions. The first 8 group sessions have been dedicated to the induction of a deep relaxed state by progressive induction hypnosis techniques. The last group session was focused on processing the group experience, while the final individual session focused on psychoeducation on life style and nutrition. Patients were taught to practice autohypnosis at home on a daily basis and they were given audio support (CD).

Statistical analysis

Standardized measures included Symptom Checklist 90 R (SCL-90R), Beck Depression Inventory (BDI), Self-rating Anxiety Scale (SAS), State Trait Anxiety Inventory (STAI) Y1. We tested the patients pre, post and at 3 months follow up. For the SCL-90 R analyses of reliable change index (RCI) and of clinically significant change (CS) have been conducted.

Tab. 1. Mean (standard deviation) for overall symptoms (SCL-90 R), depression (BDI), and anxiety (SAS and STAI Y1) for the overall sample pre, post and follow up treatment, as well as Friedman Test (p).

Scale	Pre	Post	Follow up	Friedman χ^2 (p -value)
SCL-90 R Overall	89.60 (43.15)	56.28 (33.51)	50.28 (23.32)	8.489 (0.014)
Depression (BDI)	17.84 (9.64)	9.96 (7.92)	8.24 (5.72)	23.896 (<0.0001)
Anxiety (SAS)	44.08 (11.55)	36.92 (8.04)	33.84 (6.22)	15.571 (<0.0001)
Anxiety (Stay 1)	49.76 (12.17)	42.36 (10.40)	35.56 (5.79)	16.673 (<0.0001)

RESULTS

Table 1 shows the means and standard deviations for overall symptoms, depression and anxiety for the overall sample pre, post and follow up treatment, and Friedman Test.

With the Bonferroni correction the subsequent statistical analysis highlight differences in some of the SCL-90 R subscales: subscale IV (Depression; Wilcoxon=2.897; $p=0.003$) and subscale IX (Psychoticism; Wilcoxon=3.223; $p=0.001$).

Table 2 show means and standard deviations for overall symptoms, depression and anxiety scores for the anxious and depressed subgroups pre, post and follow up treatment.

Tab. 2. Mean (standard deviation) for overall symptoms, depression and anxiety for the anxious and depressed sub groups pre, post and follow up treatment.

Scale	DEPRESSION			ANXIETY		
	Pre	Post	Follow up	Pre	Post	Follow up
SCL-90 R Overall	90.82 (49.33)	61.91 (26.39)	62.73 (21.11)	88.64 (39.54)	51.86 (38.59)	39.71 * (19.45)
Depression (BDI)	19.82 (9.14)	11.73 (8.44)	11.36 (6.55)	16.29 (10.06)	8.57 (7.50)	5.78 (3.58)
Anxiety (SAS)	46.27 (13.29)	38.18 (8.94)	35.18 (5.53)	42.36 (10.15)	35.93 (7.45)	32.79 (6.73)
Anxiety (Stay 1)	48.45 (12.61)	43.64 (8.41)	36.36 (4.92)	50.79 (12.18)	41.36 (11.96)	34.93 (6.50)

* With the Bonferroni correction (lower the 0.05 to 0.017): Mann-Whitney test $z=2.442$; $p=0.013$.

The subsequent statistical analysis highlight differences for the subscale III (Interpersonal Sensitivity; Wilcoxon=-2.70; $p=0.007$). For the total sample, the evaluation of the clinical change of the psychological and somatic-related distress (SCL-90 R total) showed RCI=64% and CSI=100%.

DISCUSSION

For the total sample, there was a reduction in overall levels of distress symptoms measured by the SCL-90 R (particularly in the Depression and the Psychoticism sub-scales) and patients showed improvement in their depression and anxiety. On SCL-90 R, clinical significance outcomes for the total sample are similar to those available in scientific literature. The outcomes of this study support the hypothesis that the intervention addressed common factors of the two patients' subgroups, with a slightly better outcome in the anxious patients on Interpersonal Sensitivity.

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