

# Importance of Hypnotherapy in Pos-Pandemic Dyadic Adjustment and Mood Disorders

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**Abstract:** COVID-19 caused significant social and individual changes, with serious consequences for the mental health of patients exposed to the disease. In this regard, a quantitative, cross-sectional, descriptive, and correlational study is presented, which sought to assess the effect of the hypnotherapeutic intervention model on the treatment of signs and symptoms leading to anxiety and depression diagnoses, as well as the quality of dyadic adjustment in patients with COVID-19. The findings demonstrated the effectiveness of the hypnotherapeutic procedure in reducing anxiety and depression-related symptoms as well as improving the quality of dyadic adjustment.

**Keywords:** Hypnotherapeutic intervention; Anxiety; Depression; Dyadic adjustment; COVID-19 symptoms

## 1. Introduction

COVID-19 caused significant individual and social changes, with serious consequences for the mental health of patients who were exposed to the disease (Faro et al., 2020). All of these changes may result in the development of mood disorders (MD), specifically anxiety and depression, as well as changes in the dyadic relationship (Brooks et al., 2020; Rogers et al., 2020), and thus increased disability and mortality rates (Dutheil et al., 2020).

According to Lam (2009), people clinically recovered from SARS CoV-1 infection were diagnosed with post-traumatic stress disorder (PTSD) (54.5%), depression (39%), pain (36.4%), panic disorder (32.5%), and obsessive-compulsive disorder (15.6%) at 31 to 50 months post-infection. Nascimento and colleagues (2020) add that, while evidence is lacking, the role of the virus and the host immune response to infection may result in changes in the central nervous system and neuropsychiatric alterations, emphasizing the importance of continuous monitoring and documentation of symptoms associated with COVID-19/SARS CoV-2 infection.

Indeed, some studies show that, in the current pandemic context, patients who are isolated, hospitalized, or recovering from the disease are more vulnerable to potential emotional consequences (Lai et al., 2020; Zang et al., 2020). Furthermore, the virus's characteristics, the mode of transmission, the quarantine rules themselves, as well as the prevalence of fear and uncertainty in the population, may all play a role (Dutheil et al., 2020; Röhr et al., 2020).

From a psychosocial standpoint, it will be critical for the patient exposed to SARS CoV-2 to communicate issues related to his illness to his spouse or relational partner, as well as assess whether there is avoidance and denial when discussing the disease's disability, sharing activities, and promoting hobbies together. Family members' reactions to the disease process can also affect how patients emotionally evaluate or interpret their health condition *versus* disease.

In this sense, if dyadic adjustment (DA) and social support (SS) are perceived as positive, patients are more likely to

cope with their problems, as evidenced by Revenson et al. (1991), who found that the perception of accessible SS and DA strengthens perceived competence, which should contribute to the influence of SS on psychological adjustment. In fact, patients who reported a higher perception of marital support had a lower rate of anxiety and depression, which would lead to a reduction in mortality (Christensen et al., 1994).

On the contrary, a perception of less marital support has been linked to increased anxiety and depression, as well as increased mortality (Kimmel et al., 2000; Einwohner et al., 2004; Gençöz & Astan, 2006; Thong et al., 2006). According to Steptoe et al. (2004), social isolation causes anxiety and stress, as well as immune system changes that, if prolonged, may lead to an increase in morbidity and mortality (House, 2001). Similarly, Resick (2000) and Valentine (2003) state that exposure to traumatic events, such as the COVID-19 pandemic, affects interpersonal functioning, sexual performance, family functioning, the ability to form or maintain friendships, and the relationship people have with themselves in terms of self-esteem, self-confidence, trust in their own judgment, or trust in others' beliefs about themselves.

Several models of psychotherapeutic intervention, namely the hypnotherapeutic, here simply referred to as hypnotherapy, can be implemented to minimize the signs and symptoms of anxiety and depression, as well as the perception of a lower DA (Barata, 2021). Thus, during the hypnotic induction, the therapist guides patients through calm and relaxing images to help them feel calmer and more relaxed, distracted from adverse stimuli, and thus more open to therapeutic suggestions (Barata, 2021; Lynn et al., 1993). The suggestion implementation phase follows, during which the psychologist makes suggestions to the patient. These recommendations influence the subject's sensory, cognitive, and physiological experiences (Green et al., 2005).

According to this school of thought, the psychologist serves as a facilitator of the process (Udolf, 1995), arguing that attitudes, beliefs, and expectations about personal responsiveness are the main ingredients for an effective hypnosis treatment (Barber et al., 1974; Chaves, 1999; Lynn

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& Kirsch, 2006). According to this viewpoint, it is critical to have a clear understanding of the relationship between cognitive-behavioral interventions and hypnosis for therapeutic purposes, which suggest that it is absolutely necessary to introduce and explain hypnosis to patients, as well as correct erroneous beliefs about it (Green, 2011).

For Barata (2021), we may find similarities or integrative complements with cognitive-behavioral therapy (CBT), owing to methodological similarities, compatible underlying assumptions, and complementary techniques. It is possible to improve cognitive and behavioral techniques with hypnosis and CBT, especially in mental disorders where imagery is the raw material of dysfunctionality. Thus, hypnotherapy is assumed to be a tool or even a model that aims to provide important assistance in this phase by promoting hope, motivation, a sense of competence, and creating a future perspective. According to some meta-analyses, combining hypnosis with psychological treatments improves their effectiveness and efficiency (Kirsch et al., 1995; Smith et al., 1980; Agostinho, 2012). One possible advantage of using the hipnoterapeutic procedure would be to shorten the treatment time (Barata, 2021) by directly influencing motivation and competence (Ludea & Pires, 2009). The benefit of the hipnoterapeutic procedure may be that it makes patients more willing to cooperate without making them feel vulnerable (Montgomery & Schnur, 2005). Even though the use of hipnotherapy for depression treatment is not commonly considered, it is a valuable therapeutic tool when combined with other established therapies (APA American Psychological Association, 1999; Yapko, 2001a). There is a large body of research that shows that using hypnosis in the treatment of MD and AD contributes significantly to positive treatment outcomes, both directly and indirectly (Crawford & Barabasz, 1993; Montgomery et al., 2000; Schoenberger et al., 1997; Yapko, 1992, 2001, 2006, 2008, 2009).

## 2. Objectives

This study sought to 1) assess how the COVID-19 pandemic promoted MD (anxiety and depression) and changes in the AD in individuals undergoing psychotherapeutic process using hypnotherapy, as well as 2) verify whether or not this intervention model would have direct implications in reducing signs and symptoms related to anxiety, depression and AD quality.

Taking this into account, the following scientific question was posed: To what extent could the Hypnotherapy Intervention Model reduce the signs and symptoms related to MD and influence the quality of DA In this sense, and underlying the scientific question, the following hypothesis (H) and predictions (P) were made:

H1: The Hypnotherapeutic Intervention Model promotes the reduction of MD-related symptoms and improvement of DA quality among a group of patients exposed to COVID-19.

- P1: There are differences in the perception of MD and DA in patients under hypnotherapeutic process before and during the COVID-19 pandemic (temporal factor).
- P2: There are differences in the perception of DA in subjects with higher levels of MD-related symptoms.

## 3. Methods

### Methodology

This study is classified as quantitative, cross-sectional, descriptive, and correlational.

### Sample

The study included 105 people who had been diagnosed with MD. Of these, 65 were undergoing hypnotherapy prior to the pandemic COVID-19, and 40 began the process during the pandemic. It should be noted that the sample was drawn from the hypnotherapeutic follow-up that they had already developed or developed during the COVID-19 pandemic, so it is a probabilistic sampling, being of the type of sampling by rational selection, because it refers to convenience samples (or incidental or voluntary) and raises a fundamental problem that lies in the impossibility of estimating sampling errors, so population inferences are largely undermined.

The hypnotherapeutic intervention model was the independent variable of this study, which was operationalized through the formation of two therapeutic groups-G1 (2 months before the pandemic began; held for 8 months, totaling 16 sessions) and G2 (during the pandemic; held for 6 months, totaling 12 sessions), every other week, lasting approximately 1 hour and 30 minutes. The Hospital Anxiety and Depression Scale (HADS) and the Dyadic Adjustment Scale (DAS) were used to operationalize the dependent variables of anxiety, depression, and AD.

### Material

Each participant completed the HADS to assess the presence of anxiety and depression symptoms (Snaith&Zigmond, 1983). This is a self-assessment scale with 14 multiple-choice items divided equally into two subscales (Anxiety and Depression) and a rating (Snaith, &Zigmond, 1994), which together produce a total score. It is a common instrument designed for use in a hospital setting. It takes about 20 minutes to complete and is an easily administered, responsive, and reliable instrument for assessing clinically significant anxiety and depression, according to Zigmond and Snaith (1983). The scale assesses one's emotional state over the previous week, and severity scales were developed, with values ranging from 0 to 3 for each of the two subscales' items, with higher values indicating the presence of anxiety or depression symptoms of greater severity. HADS values  $\leq 7$  are not considered pathological, 7-10 are interpreted as cases where doubt may exist, and  $11 \geq$  indicates the presence of clinically significant mood disturbance, according to Zigmond and Snaith (1983). A borderline score for each subscale consists in values between 8-10, and a score of  $\geq 11$  indicates the presence of anxiety or depression (Carrolet al., 1993).

Developed by Spanier (1976, 1985), the DAS was used to assess dyadic adjustment. This scale was a groundbreaker in that it included all cohabiting couples, whether or not they were married. The DAS, which consists of 32 items, attempts to assess marital adjustment using Likert-type scales with five, six, and even seven-point scales. In general, the extremes of the scales represent "never" and "always," respectively. Items 29 and 30 have only two options, "yes"

or "no". Some items are positive statements, while others are negative statements, to increase the scale's reliability. The total sum of the scale can range between 0 and 151 and is calculated by adding the values obtained from the four scales. According to Spaner (1976) individuals with a score of 101 or less, should be classified as being in a suffering or maladjusted relationship. Subjects who score 102 or higher, on the other hand, are in a non-suffering or well-adjusted relationship. The DAS seeks to measure the dimensions listed below: (1) dyadic consensus, which assesses the couple's perceived level of agreement on a wide range of fundamental relationship issues (financial, leisure, religious, friendships, conventionality, philosophy of life, dealings with family members, goals, time spent together, decision-making, household chores, leisure time, and professional decisions); (2) dyadic satisfaction, which measures the perception of issues regarding discussing divorce, leaving home after an argument, regret with marriage, arguments, mutual implication, well-being, trust in spouse, kissing spouse, degree of happiness, and commitment to future relationship; (3) dyadic cohesion, which examines the couple's sense of emotional sharing by measuring perceptions regarding mutual outside interests, stimulation of ideas, having fun together, quiet discussion, and working together on projects; (4) dyadic expression of affection, which measures perceptions of couple members' agreement on displays of affection, sexual relations, lack of love, and refusals to have sex (Spanier & Cole, 1975; Spanier & Thompson, 1982; Hernandez, 2008).

### Selection

The samples were chosen through observation and interviews, with symptomatology analysis following (in individual consultations). Participants with anxiety and depression diagnoses who were in a consensual union or married situation were chosen. Participants were informed that all data collected would be kept confidential prior to using the instruments. The study's purpose was disclosed, and participants' free, written, and informed consent was obtained. Thus, at t1 (before the hypnotherapeutic process began) and t2, each participant completed the HADS scales and the AD to assess the intensity of symptoms related to anxiety, depression, and AD (after the hypnotherapeutic process). The intervention took place between January 2021 and June 2021, with each session lasting approximately one hour and thirty minutes. To ensure the intervention's viability and reliability, the therapist remained consistent throughout the therapeutic process.

### Statistical analysis

After calculating the HADS and DAS, we used the Statistical Package for the Social Sciences (SPSS), version 26.0, to perform an intra and inter-group analysis of the results obtained by the participants:

- Descriptive studies (study of means and standard deviations in the two groups and in the two temporal moments).
- Differential analyses (Student's t test for independent samples (G1 vs G2 at t1 and t2) and paired samples (G1 t1 vs G1 t2; G2 t1 vs G2 t2), which allow us to determine whether there is a significant difference in the means of two samples and the presence of a quantitative variable between two independent groups;

- Correlational analyses between two dependent variables; (AD and MD).

To account for baseline differences between groups, the changes in pre-and post-test assessments were analyzed by calculating the difference between the two time points (t1 and t2). The Shapiro-Wilk test was used to confirm the assumption of normality of the variables for both groups (G1 and G2). The significance level of p.05 was considered to indicate the presence of statistically significant differences between the means of the two assessment moments. The Student t test for paired samples was used to compare the mean values of the variables under investigation.

Furthermore, the participants were randomly assigned to groups (1: 1), with the researcher performing the various randomization steps independently. The randomization sequence was generated by a computer and kept secret until the patient was officially enrolled after agreeing to participate and completing the initial assessment. Due to the differences in procedure, the concealment of patients for hypnotherapy intervention vs. cognitive-behavioral intervention.

## 4. Results

The current study's findings, as supported by the means, standard deviations, and significance values obtained from the differences between patients (Student's t test) who had participated in the hypnotherapeutic intervention for more time (G1) and less time (G2), show that the G1 participants have a mean value in the HADS and DAS of 14.55 points ( $\sigma = 1.10$ ) and 113.20 points ( $\sigma = 15.32$ ) in t1, while the G2 participants have a mean value in the HADS and DAS of 15.25 points ( $\sigma = 1.55$ ) e 115, 18 ( $\sigma = 7.96$ ), respectively. Por conseguinte, deveremos ter em atenção que a HADS é codificada de modo que a valores mais elevados corresponde uma maior gravidade da sintomatologia relacionada com o a ansiedade e depressão e a DAS é codificada de modo que a valores mais elevados corresponde um maior ajuste diádico (Table 1).

Following the intervention, we discovered statistically significant differences in symptomatology related to anxiety, depression, and dyadic adjustment in a second moment of assessment (t2). Participants who integrated G1 had lower values of anxiety and depression symptomatology ( $\bar{x} = 4.60$ ,  $\sigma = 1.77$ ) and higher values of dyadic adjustment ( $\bar{x} = 121.10$ ,  $\sigma = 13.22$ ), corresponding to the absence of anxious and depressive symptomatology and stronger dyadic adjustment. Similarly, G2 participants showed a significant change in HADS and DAS mean values ( $\bar{x} = 5.15$ ,  $\sigma = 1.04$ ) ( $\bar{x} = 124.20$ ,  $\sigma = 9.89$ ). (Table 1). Thus, the differences in the presence of symptomatology associated with anxiety and depression, as well as the quality of dyadic adjustment, were statistically significant.

The Student t-test results indicated the presence of statistically significant differences at t2 and revealed the existence of a relationship between the observed variables. Thus, while participants in both groups (G1 and G2) did not differ in the two temporal moments (t1 and t2) regarding anxious and depressive symptoms [t104 = 1.65; p = .11], this



is no longer the case following the intervention's implementation (t2). In fact, we found that participants who began hypnotherapy before the pandemic (G1) had significantly lower mean anxiety and depression levels in t2 than those who began hypnotherapy during the pandemic [t104=-4.04; p =.00]. In terms of DA, it was discovered that participants from both groups (G1 and G2) did not differ in the two temporal moments (t1 and t2).

Furthermore, the findings show a significant relationship between both intervention groups, G1 and G2, and the reduction of symptoms associated with anxiety and depression. In this regard, and to obtain more interesting and

insightful results, we examined the HADS in relation to the therapeutic groups. When we compare what happens in each of the groups (G1 and G2) over time (from t1 to t2), we see that there is a significant reduction in anxiety and depression symptoms among those who received hypnotherapeutic intervention before the pandemic [t103 =-50.38; p =.00] and also among those who received hypnotherapeutic intervention during the pandemic [t103 =-18.99; p =.00], these differences being significant. In terms of AD, we found that the dyadic relationship improved in both groups G1 and G2 [t103=-32.89; p =.00] [t103=-48.99; p =.00], respectively (Table 1).

**Table 1:** Values obtained in the HADS scale and DAS in two temporal moments (t1 and t2) in the two intervention groups (G1 and G2): G1: Intervention group started before the pandemic; G2: Intervention group started during the pandemic;  $\bar{x}$ : Mean;  $\sigma$ : Standard deviation

Time of Assessment (HADS and DAS) versus Therapeutic Intervention (G1 and G2)	$\bar{x} \pm \sigma$ (HADS)	$\bar{x} \pm \sigma$ (HADS)	$\bar{x} \pm \sigma$ (DAS)	$\bar{x} \pm \sigma$ (DAS)
	t1	t2	t1	t2
G1	14, 55 ± 1, 10	4, 60 ± 1, 77	113, 20 ± 15, 32	121, 10 ± 13, 22
G2	15, 25 ± 1, 55	5, 05 ± 1, 04	115, 18 ± 7, 96	124, 20 ± 9, 89

Table 2 shows the negative and statistically significant correlations between AD and psychological symptomatology, with the exception of the correlation between the Expression of Affect subscale (EAD Exp.) and the Anxiety subscale. We can also confirm that higher levels of perceived AD correspond to lower levels of psychological symptoms, and vice versa.

**Table 2:** Values obtained from the correlation between AD and MD. DAD Cons: Consensus Dyadic Adjustment Scale; DAD Sat: Satisfaction Dyadic Adjustment Scale; DAD Cohes: Cohesion Dyadic Adjustment Scale; DAD Exp: Expression of Affect Dyadic Adjustment Scale; DAD Tot: Total Dyadic Adjustment Scale; \*\* correlation significant at p<.01; \* correlation significant at p<.05; NS-Not significant

EAD	Anxiety subscale		Depression subscale		Negative humor	
	Pearson's correlation	-, 298	Pearson's correlation	-, 399	Pearson's correlation	-, 372
<b>DAD Cons.</b>	Sig.	, 001**	Sig.	, 000**	Sig.	, 000**
	N	105	N	105	N	105
	Pearson's correlation	-, 435	Pearson's correlation	-, 522	Pearson's correlation	-, 513
<b>DAD Sat.</b>	Sig.	, 000**	Sig.	, 000**	Sig.	, 000**
	N	105	N	105	N	105
	Pearson's correlation	-, 225	Pearson's correlation	-, 278	Pearson's correlation	-, 271
<b>DAD Cohes.</b>	Sig.	, 012*	Sig.	, 002**	Sig.	, 002**
	N	105	N	105	N	105
	Pearson's correlation	-, 125	Pearson's correlation	-, 239	Pearson's correlation	-, 193
<b>DAD Exp.</b>	Sig.	, 165	Sig.	, 007**	Sig.	, 031*
	N	105	N	105	N	105
	Pearson's correlation	-, 431	Pearson's correlation	-, 548	Pearson's correlation	-, 524
<b>DAD Tot.</b>	Sig.	, 000**	Sig.	, 000**	Sig.	, 000**
	N	105	N	105	N	105

## 5. Discussion

In the context of pandemic COVID-19, this study reports on a pilot randomized controlled trial to assess the feasibility, acceptability, and efficacy of a hypnotherapeutic intervention in patients with anxiety and depression.

The findings revealed that participants in both groups had anxiety and depression indexes prior to the start of any type of therapeutic intervention, with the group targeted for hypnotherapeutic intervention before the pandemic started (G1) having a mean value of anxiety and depression of 14.55, while the group targeted for intervention started during the pandemic (G2) having a mean value of anxiety and depression index of 15.25. This could be because of the level of impairment caused by the presence of associated

symptoms.

Thus, the pandemic's constraints had a significant impact on MD-related symptoms in both groups, G1 and G2. We discovered that, following the respective therapeutic interventions, the sample mean values obtained in the HADS in both groups diverged slightly, with mean values of 4.60 and 5.05 for G1 and G2, respectively, and that this difference was statistically significant.

Based on these findings and the objectives proposed in this empirical study, it is confirmed that there are significant differences between participants undergoing hypnotherapy and participants undergoing cognitive-behavioral therapy, which is consistent with previous research (Shiple & Fazio, 1973; Shaw, 1977; Dobson, 1989; Crawford & Barabasz,

1993; Montgomery et al., 2000; Schoenberger et al., 1997; Yapko, 1992, 2001, 2006, 2008, 2009).

An intra-group evaluation revealed that there were significant differences between time periods (t1 and t2) in the group targeted for hypnotherapeutic intervention prior to the pandemic, with a significant reduction in anxiety and depression symptoms presented by the participants (14.55 and 4.46, respectively). These findings are consistent with those of several other studies that discovered significantly lower post-treatment values in PTSD measurements than they did before treatment (Smith et al., 1980; Crawford & Barabasz, 1993; Kirsch et al., 1995; Schoenberger et al., 1997; Montgomery et al., 2000; Yapko 1992, 2001, 2006, 2008, 2009; Agostinho, 2012).

In the group targeted for hypnotherapeutic intervention during the pandemic, and from an intra-group perspective, there are also statistically significant differences in the PTSD symptoms presented by the participants (15.25 and 5.05, respectively), in the two evaluative moments (t1 and t2), consistent with the studies of Shipley and Fazio (1973), Shaw (1977), and Dobson (1979). (1989).

The relevance of a hypnotherapeutic intervention in individuals with anxiety and depression is confirmed by the aforementioned results, and there was an improvement in the symptomatology associated with MD in this study, which is consistent with what has been found by several authors (Smith et al., 1980; Crawford & Barabasz, 1993; Kirsch et al., 1995; Schoenberger et al., 1997; Montgomery et al., 2000; Yapko 1992, 2001, 2006, 2008, 2009; Agostinho, 2012).

The improvement in MD-related symptoms in both groups can be attributed to the identification and subsequent modification of dysfunctional cognitive processes and patterns. This type of therapy enabled us to concentrate not only on cognitive aspects, but also on the reciprocal relationships between affect, behavior, and cognition, resulting in changes in all three areas. Participants became aware of the thought flow and image parade that influences their feelings and behavior as a result of the observable changes. Both intervention models enable the identification of situations that elicit negative automatic thoughts, resulting in the discovery of links between cognition and emotion. It also allowed for the identification of particularly problematic times of day (Lynn, 2006).

In terms of DA, a strengthening of the couple's relationship was observed throughout the therapeutic process in both groups, with this aspect possibly being related to the situation of an accessible and strong dyadic adjustment, reinforcing the perceived competence, which may partially contribute to the influence on psychological adjustment.

## 6. Conclusions

We may conclude that: (1) There was a significant improvement in the symptomatology related to mood disorders in the participants submitted to each of the groups analyzed (G1 and G2); (2) In both groups, the post-treatment presented lower values of anxious and depressive

symptomatology; (3) The analysis of the data allowed us to verify the existence of a significant reduction of anxious and depressive symptoms in both groups that were the target of intervention; (4) The presence of a good DA may have had a very significant contribution in overcoming adversity and in the presence of symptoms associated to MD; (5) The hypnotherapeutic procedure is assumed as an interventional tool to be integrated into the psychological intervention procedure for mood disorders.

To summarize, the pandemic COVID-19 will cause, now or in the near future, a high level of stress in the general population, exponentially increasing mental disorders, particularly in people with a history of previous mental disorders.

It is critical to investigate the existence of excessive concern about the pandemic in the presence of previous symptoms of anxiety and depression. In addition to this, the existence of physical detachment magnifies the meaning of illness and the proclivity for loneliness, isolation, and harmful behaviors.

This study has several limitations, including the fact that the observed results are not representative of the Portuguese population due to the small sample size. This situation may result in biases or overestimation of the obtained results. Another limitation is that the study was cross-sectional, despite the fact that we conducted two measurements that allowed us to assess post-traumatic stress-related symptoms at two different times, which may inhibit the development of statements about directionality and causality. As a result, longitudinal studies that allow for the inference of a causal relationship between the variables studied are essential.

Given the MD, the DA and the inclusion criteria for participation, the main challenge in implementing an interventional procedure would be recruiting a large enough sample to ensure statistical power. In this case, implementing a multicenter trial could be a viable solution for replicating and scaling up the current study. However, the significant effect sizes obtained indicate the effectiveness of the treatment and cannot be dismissed as a promising research direction.

As far as the author is aware, this is the first comprehensive Portuguese study on the beneficial effect of hypnotherapeutic intervention on anxiety, depression, and DA in the post-pandemic era.

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