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RESEARCH ARTICLE
Psychology

Comparison Of Cognitive Behavioral Therapy (CBT) versus CBT and Ericsonian Hypnotherapy for Depressive Mood

Depresif Duygudurumu Yaşayan Bireylerde Bilişsel Davranışçı Terapi (BDT) ile BDT + Eriksonian Hipnoz Karşılaştırması

Metin Çınaroğlu [1]
Selami Varol Ülker [2]
Selen Tütüncü [3]
Dilek Memnun [4]

ÖZET

Literatüre baktığımızda depresyon en çok görülen psikopatalojiler sıralamasında ilk beşin içinde yer almaktadır. Depresif duygu durumuyla başa çıkmaya çalışan bireylerin sayısı gün geçtikçe artmaktadır. Depresif duygu durumu tedavisinde ilaç yaygın olarak kullanılan bir tedavi yöntemidir. İlaç kullanımının dışında gerek Bilişsel Davranışçı Terapi gerek farklı psikoterapi modelleri mevcuttur. Literatürü taradığımızda depresif modun hem BDT hem Hipnoz ayrı ayrı araştırma konusu olmuştur. Ancak depresif duygu durumu yaşayan bireylerde BDT'nin tek başına etkisi ile BDT+Hipnozun birlikte uygulanmasındaki etkinin karşılaştırılması gibi bir araştırmaya Türkiye örnekleminde rastlanmamıştır. Bu nedenle bu çalışmada Türkiye örnekleminde depresif modun sağaltımında BDT uygulamasıyla, BDT+ Hipnoz uygulamasının karşılaştırılması yapılmıştır. Çalışmada, depresif duygu durumu deneyimleyen 10 gönüllü ile çevrimiçi olarak 45'er dakika sürecek 12 haftalık, haftada bir seans olmak üzere BDT seansları gerçekleştirilmiştir. Yine aynı gruptan beş kişi kontrol grubu olarak bir yandan BDT seanslarını alırken bir yandan da 12 hafta boyunca haftada bir seans olmak üzere çevrimiçi 60 dakikalık hipnoz seansı almıştır. Ön test son test karşılaştırmaları yapıldığında istatistiki olarak anlamlı bir fark olduğu görülmektedir. Çalışmanın sonuçlarına göre, depresif duygu durumu olan gönüllülerde BDT + Hipnoz uygulanması sadece BDT uygulanmasından daha etkili bulunmuştur.

Anahtar Kelimeler: BDT, Depresif duygu durumu, Ericksonian Hipnoz

ABSTRACT

In literature depression is among the top five most common psychopathologies. The number of individuals trying to cope with depressive mood is increasing day by day. Medication is a widely used treatment for depressive mood. Apart from the use of medication, there are both Cognitive Behavioral Therapy (CBT) and different psychotherapeutic models. In literature search, both CBT and Hypnosis of depressive mood have been found to be separate subjects of research in Turkey. In Turkish sample no research has been found that compares the effect of CBT alone on depressive mood with the combined effect of CBT+Hypnosis. In this study therefore, it was aimed to compare CBT with CBT + Hypnosis in the treatment of depressive mood. In this study, weekly 45 minute online CBT sessions were conducted with 10 volunteers who experienced depressive mood for 12. Also, five people from the same group received an online 60-minute hypnosis session once a week for 12 weeks. In this context, this study sought to answer whether CBT and Hypnosis, when used together, could be more effective on depressive mood than just CBT. According to the results, a statistically significant difference was found between applying CBT alone to depressive mood and applying CBT + Hypnosis. According to the results of the study, applying CBT + Ericksonian Hypnosis was found to be more effective than applying CBT alone in volunteers experiencing depressive mood.

Keywords: CBT, Depressive mood, Ericksonian Hypnosis

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INTRODUCTION

Depression, according to World Health Organization, is one of the most common psychological disorders globally and it is a mood disorder that currently affects nearly 400 million people. This situation puts a heavy burden on both production and the health economy (Greenberg et al., 2021, p. 653). Studies show that 16% of people have experienced depression at one time in their lives (Kessler et al., 2005, p. 97).

Either momentary or long-term sad events that are experienced throughout lifetime can cause depression. In depression, while it is common to self-blame, it is also very common to show physical symptoms. For example, in depression, a person can experience for no apparent reason (Abbramson, Metalsky & Alloy, 1989, p. 358). Thus, symptoms may vary from person to person. While one depressed person has trouble sleeping, another depressed person can sleep all day. While some people experience slowdown in their thoughts and movements, others may experience non-stop movements such as shaking their feet and wiggling their hands. Depressed people focus heavily on their internal processes, and this focus sometimes disconnects the person from adapting to the outside world (Judd et al.,1998, p. 569).

[1] Dr. Öğr. Üyesi, Nişantaşı Üniversitesi, İktisadi, İdari ve Sosyal Bilimler Fakültesi, İngilizce Psikoloji Bölümü, İstanbul, Türkiye
[2] Dr. Öğr. Üyesi, Üsküdar Üniversitesi, İnsan ve Toplum Bilimleri Fakültesi, Psikoloji Bölümü, İstanbul, Türkiye
[3] Dr. Öğr. Üyesi, İstanbul Sağlık ve Teknoloji Üniversitesi, İktisadi, İdari ve Sosyal Bilimler Fakültesi, Psikoloji Bölümü, İstanbul, Türkiye.
[4] Klinik Psikolog, İstanbul, Türkiye

Depression is associated with sad and depressed mood. In addition to sadness, slowing down in thoughts, speech and physiological functions, and at the same time, feelings of worthlessness, powerlessness and reluctance appear (Weinstock & Romito, 2015, p. 1329). This disease is studied in two groups (primary and secondary groups):

1) Primary depressions: Depressions that do not occur due to physical or other mental illness.

2) Secondary depressions: Depressions that occur due to physical or other mental illness. The majority of secondary depressions are indistinguishable from primary depressions.

The symptoms of depression that are crucial for diagnosis are as the following: Insomnia or hypersomnia, slowing or speeding up of movements and thoughts, weight loss or change in eating habits, loss of energy, difficulty in thinking and making decisions, thoughts of death or suicide, feelings of guilt (APA, 2013, p. 155). The depressed patient generally has a clear and sad appearance with lines on his face, and his shoulders are also slumped. Some patients may have reduced self-care. Stagnation may be observed. Some patients also walk back and forth in an uneasy state, unable to stand still (Elkin et al., 1989, p. 971). Another important symptom is the patient's reluctance and inability to take pleasure in things that he used to enjoy (Simon et al, 1999, p. 593).

Although the main symptoms of depression are intense feelings of sadness and lack of pleasure, no single symptom alone is sufficient for diagnosis of depression. For a diagnosis to be made, at least five symptoms must be present at the same time and for at least two weeks. Also, there may be differences from person to person. For example, some people may experience depression at certain intervals, while others may experience depression for years (Barbato & D'Avanzo, 2008, p. 121).

CBT is used effectively in the treatment of many psychological problems. In this context, it has been used in the treatment of depression for many years (Barber & DeRubeis, 2001, p. 8). CBT works in a conscious level and helps client gain awareness (DeRubeis et al., 1999, p.1007). Awareness helps the client to understand the underlying core values and beliefs (DeRubeis, Hollon & Amsterdam, 2005, p. 409). Moreover, cognitive exploring of the client enables the therapist to understand how the cognitive distortion is related with behavioral and psychological problems (Hunter et al., 2002, p. 811).

Studies show that the cognitive field is open to therapeutic interventions and can be restructured (Gallagher-Thompson et al., 2008, p. 286). CBT reconstructs external stimuli to form undesirable situations and behaviors by combining them with the client's internal representations patterns. New learning opens the way to change the beliefs and behaviors that negatively affect the person's life (Neimeyer & Feixas, 1990, p. 281).

There are several approaches in CBT that are similar to hypnotic approaches. For example, using mindful state and relaxation methods are among these similarities (Newman et al., 2010, p. 59). Mindful Cognitive therapy focuses on relaxation to soften the process by eliminating the cognitive barriers and conflicts created by the conscious filters (Hofmann & Smits, 2008, p. 621). The other CBT approach that is similar to hypnotic approaches is Cognitive Hypnotic Therapy which uses hypnotic state, cognition and reasoning (Alladin, 1989, p. 175).

Self-suggestion Autohypnosis, Direct Suggestion Method, Analytical Hypnotherapy and Eriksonian Hypnotherapy are among different methods of hypnosis (Barabasz & Barabasz, 1996, p. 271). Hypnosis is not a psychotherapeutic approach but a useful technique for supporting other psychotherapeutically approaches (Erickson,1959, p. 3). Hypnosis mainly works at the unconscious level. It surpasses the prefrontal cortex so the hypnotized person is more open to suggestions and conscious awareness is busy dealing with the workload that hypnotherapist suggests (Parris, 2016, p. 415). When consciousness is occupied with ambiguous language patterns, suggestions to the unconscious create effective outcomes in the client's life (Barrett, 2006, p. 39).

In Ericksonian hypnosis, the unconscious structure of the client and the internalization processes of the phenomenon are modeled, and solution metaphors are transferred to the unconscious without content. Giving messages without content gives the client the opportunity to reconstruct meanings to events and situations with their own internal processes and integrity of meaning. This is the most important dynamic that distinguishes Ericksonian hypnotherapy from other hypnotherapy models (Derogatis & Cleary, 1977, p. 981). Ericksonian Hypnosis is used in the treatment of many psycho-physiological problems and it has been accepted as a helpful treatment tool in a medical context (Elkins et al., 2015, p. 1). For example, Hypnotic inductions have been shown to support the treatment process for chest pain, chronic cough and hyperventilation (Hilgard, 1992, p. 69).[i] Another study showed that Hypnosis is effective in the treatment of stomach acid and associated burning (Klein & Spiegel,1989, p. 1383).

In recent years, two effective therapy models, Ericksonian Hypnosis and CBT, have begun to be used together. In the current study, we compared the effects of CBT only and CBT + Hypnotherapy for the treatment of depression patients. In this study, it has been emphasized that there is a difference between the use of experimental and clinical

CBT and the CBT + Hypnosis in the treatment processes of individuals receiving depression treatment (Wright et al., 2002, p. 76). When we look at the literature, both CBT and Ericksonian Hypnosis were used separately to support the treatment of depression and significant results were obtained. However, no comparison in the sample of Turkey has yet been made between Hypnosis and CBT in the treatment of depression. In the light of these results, we performed a randomized clinical comparison of Ericksonian hypnosis sessions and CBT sessions to treat depression.

METHOD

Mean ± standard deviation and median (interquartile difference) values for continuous variables are given (interquartile difference=Q3-Q1; Q3:75%.value, Q1:25%.value). Nonparametric tests were used in the study because the sample size was n<30. Mann Whitney U test was used for comparisons between the two groups. Wilcoxon Sign Test was used for comparisons between two dependent groups. SPSS (IBM Corp. Released 2017. IBM SPSS Statistics for Windows, Version 25.0) program was used for statistical analysis and $p<0.05$ (α) was considered statistically significant. The power calculation for the sample size was calculated using the G Power 3.1.9.7 program. The effect size was determined as 2.49 with the statistics obtained by considering the beck depression scale from similar studies. When the alpha value was 0.05, the effect size was 0.37, and the sample size was $n_1=5$ and $n_2=5$ for the groups, the power of the study was calculated as 97%. In this case, although there is sufficient power for the study, the number of samples was also found to be sufficient.

In this study we aim to look at the difference between the effects of CBT and CBT + Ericksonian Hypnosis on depression mood. To select the study group we have 150 people (18-55 age) rolled into Beck Depression Scale. First, 150 people had the Beck Scale and the high scores were selected. So we had 10 indiviuals who had depressive mood and none other psychological symptoms. Then we chose the high suggestibility scores out of ten people and selected the high score of MISS scale so that we can have control group within the sample group.

All ten members of the sample group took CBT sessions for 12 weeks. Each session consisted of 60 minutes for a total of 12 sessions. Five out of ten of this sample group (control group) who had the highest MISS scores had 12 Ericksonian Hypnosis sessions that lasted 60 minutes on the top of CBT sessions simultaneously and weekly. All CBT and Ericksonian hypnosis sessions were conducted online.

The design of the CBT sessions contains three parts. First part is to get to know the induvial, second part is to work on the core beliefs and re-framing the process in which depression mood has been created.

The design of the Ericksonian hypnosis sessions contains four parts. The first is to have in-debt information to design the transcripts. The second is to warm up for the Ericksonian hypnosis sessions by helping the induvial to get used to hypnotic states. The third part is to induce the transcript while the fourth section of the therapotic procedure is to help to transform those changes from subconscious mind into daily life process. Ericksonian hypnosis sessions on the 3rd section has been recorded and given to the induvial so that he or she could listen daily.

The CBT sessions were held by clinical psychologist and Ericksonian hypnosis sessions were held by another clinical psychologist who has 20 years of experience in Ericksonian hypnosis.

CBT Sessions Layout

- ✓ The Clinical Psychologist aims to get the whole story on depression mood: What are the causes, history and the background of its learning?
- ✓ On the second session, the therapist aims to get the core values and beliefs related to this depression mood.
- ✓ The third session is to outline the patterns of the patient that creates the depression mood and the consequences of those patterns.
- ✓ Socratic questioning and the deep discussion with the client for a better understanding of what's going on in his or her life.
- ✓ The sessions are now designed to investigate the patterns and also take them out of the automatic response so that client could get to know consciously what's happening automatically.
- ✓ The therapist aims to go deeper for the individual to get a better knowledge of the learned process that created the depression mood.
- ✓ It's time for some changes to take place: homeworks are given.
- ✓ The feedback and feedforward process and future pace model is used.
- ✓ Breaking the problem into parts and constructing the process. Also giving homework.

- ✓ Getting feedback from last week's progress and giving more homework by challenging further progress.
- ✓ Seeing the results, finding the obstacles and helping to resolve them.
- ✓ Putting everything together for the possibilities of the future.

Ericksonian Hypnosis Sessions Layout

- ✓ Getting to know the client, Ericksonian hypnosis is explained.
- ✓ Building rapport, mirroring and suggestibility test. Giving homework if necessary to warm up the Ericksonian hypnosis, such as meditation.
- ✓ Therapist goes deeper by questioning the unconscious such as dreaming recall etc. to form the post hypnotic suggestions.
- ✓ Starting induction model of Ericksonian hypnosis and helping the client to go in a trans state and lead him or her to a relax state of mind.
- ✓ From induction to a hypnotic journey, therapist is to take the client to a journey with full of metaphors and deepens the unconscious level and overloads the conscious.
- ✓ Starting running the whole session including the post hypnotic suggestions.
- ✓ Repeating the similar transcript by adding up different pathways based on the changes on the outcomes that run by the unconscious.
- ✓ Trying to see the results by helping conscious decisions to support the unconscious.
- ✓ Adding self-suggestion models if applicable to al motivation when its needed.
- ✓ Challenging the client to take action for conscious changes.
- ✓ Using the CBT changes and getting the transformed and constructed thoughts and linking them to the unconscious level.
- ✓ Putting them altogether for the possibilities of the future

Ericksonian Hypnosis Effects on Client's Depression Mood

The research took place for 12 weeks sessions for all the members of the research group. Five of them took Ericksonian hypnosis sessions for 12 weeks as well. The numbers show that Ericksonian hypnosis with CBT makes a difference on depression mood prior to the only CBT sessions. When we look at the process, the control group (five people) have made a difference but limited to behavioral and conscious level. On the other hand, CBT and Ericksonian Hypnosis helped the sample group to go deeper to an unconscious level and not only being aware of the problematic pattern but also re-framing the learned process that creates the depression mood.

The hypotheses of the research are as follows:

Ho: There is no significant difference between the application of CBT to individuals in depressive mood and the application of CBT + Ericksonian Hypnosis in terms of the change in depression mood.

H1: There is a significant difference between the application of CBT to individuals in depressive mood and the application of CBT + Ericksonian Hypnosis in terms of the change in depressive mood.

Measurement Tools

Beck Depression Scale

One of the most widely used scales to measure depression is the Beck Depression Scale. This scale reveals the symptoms of depression and categorically reports them with their intensity (Roberts, Vernon & Rhoades, 1989, p. 581).

According to the DSM criteria established by the American Psychiatric Association, the Beck Depression Scale, which was created to measure the symptoms of depression, is not only researched but also widely used in clinical practice. All 21 items contain statistical processes that refer to the DSM. While calculating the total score, a high score means high depression; a low score means low depression.

MISS (Multidimensional Iowa Sugesstibilty Scale)

In this study, the MISS test (Kotov, Bellman & Watson, 2004).[ii] was used to determine the suggestion susceptibility levels of the participants. The alpha value of six factors of the eight-factor and 95-item scale was found to be greater than .80, while the alpha value of two factors was determined to be greater than .74. These results indicate that the scale is reliable. Consumer suggestibility, persuasiveness, physiological predisposition, physiological reactivity, mate compatibility, psychosomatic control, and stubborn mindedness are sub-dimensions of the scale. Turkish validiy has been done (Çinaroglu & Tas, 2021, p. 222).

Sociodemographic Form

The sociodemographic form consists of 8 items that aim to measure sociodemographic characteristics of volunteers such as their ages, genders and educational status. The form also asks whether volunteers received hypnosis and/or hypnosis training before or not, whether they think hypnosis is beneficial for mental health or not, and their willingness to have therapy with a hypnotherapist.

Table 1: Identifying Information About Individuals Participating in the Study

Variables	**n**	**%**
Gender (Female)	10	100
Marital status		
Single	2	20
Married	8	80
Education Level		
High school	1	10
College	8	80
Master	1	10
Receiving hypnosis before		
Yes	3	30
No	7	70
Previous training in hypnosis		
Yes	2	20
No	8	80
Thinking that hypnosis is beneficial for mental health		
Yes	8	80
No	2	20
Request to have a session with a hypnotherapist		
Yes	9	90
No	1	10
Age (X±SD)	44.30±8.58	
Miss Total (X±SD)	190.9±19.67	

X: Median; SD: Standard devation

When Table 1 is examined, it is seen that all of the participants in the study are women. Eight of the participants (80%) have a university education. 3 (30%) of the individuals participating in the study had participated in any hypnosis session before. Similarly, 2 (20%) of the participants had attended hypnosis training/seminar before. Those who think that hypnosis is beneficial for mental health are the majority of the participants, but 8 people (80%). There are 9 (90%) participants who want to have a session with a reliable hypnotherapist. The mean age of the participants in the study was calculated as 44.30±8.58, and the MISS scale total score was calculated as 190.9±19.67.

While cognitive therapy was applied to the first group in the study, cognitive therapy and hypnosis were applied to the second group. Before the applications were made, the Beck Depression Inventory was applied to the participants. At the end of the applications, the same inventory was made to the participants again. The results of the analysis of the comparison of the Beck Depression scores according to the groups at these two evaluation times are reported in Table 2.

RESULTS

The data were analyzed using Mann Whitney U Test to compare the Beck Depression Scale scores of CBT only group and CBT + Hypnosis group. Wilcoxon Sign Test was used to compare within group differences. The results of the comparison of Depression Scale scores of each group is shown in Table 2.

Table 2: The Results of Comparing the Beck Depression Scores Between Groups at Each Evaluation Time

	CBT (n=5)		**CBT+ Ericksonian Hypnosis (n=5)**		**p***
Beck Depression Scale	**X±SD**	**Median(ID)**	**X±SD**	**Median(ID)**	
Pre-Test	20.80±3.96	20(7)	30.80±8.84	31(14.5)	0.095[a]
Final Test	10.20±3.49	10(6.5)	7.40±5.94	7(11)	0.421[a]

* p<0.05, X: Mean, SD: Standard deviation, ID: Interquartile difference, a: Mann Whitney U Test

According to the data in Table 2, it is seen that there is no statistically significant difference between the Beck depression scores of the cognitive therapy group and the cognitive therapy+ Ericksonian hypnosis group before the applications (U=4.5; p=0.095). Similarly, there was no statistically significant difference in the Beck depression inventory scores between the groups after the treatments (U=8.5; p=0.421).

The analysis results of the comparison of the difference between the evaluation times of the applied Beck depression inventory between the groups are given in Table 3.

Table 3: Comparison Results of the DifferenceS in Beck Depression Score Measures Between Groups

	CBT (n=5)		**CBT+ Ericksonian Hypnosis (n=5)**		**p***
Beck Depression Scale	**X±SD**	**Median(ID)**	**X±SD**	**Median(ID)**	
Final test-Pretest	-10.60±6,80	-7(12)	-23.40±9.32	-24(18.5)	0.045[a]

* p<0.05, X: Mean, SD: Standard deviation, ID: Interquartile difference, a: Mann Whitney U Test

Looking at Table 3, it is seen that there is a statistically significant difference between the study groups in terms of the difference between the scores acquired from the Beck depression inventory applied before and after the applications (U=3.0; p=0.045). In the first group, an average of 10.60 points decrease occurs in the Beck depression score acquired before the application and the Beck depression score acquired after the cognitive therapy training. In the second group, an average of 23.40 points decrease occurs in the Beck depression score acquired before the application and the Beck depression score acquired after the cognitive therapy + Ericksonian hypnosis training. Accordingly, the depression score of the group receiving cognitive therapy and hypnosis training decreased more.

The analysis results of the comparison of the differences between the evaluation times of the Beck depression inventory administered to the participants within the groups are presented in Table 4.

Table 4: Intra-Group Comparison of the Change in Beck Depression Scores of Individuals Participating in the Study

	Pre-Test Final Test		
	X±SD	**Median(ID)**	**p***
CBT (n=5)	20.80±3.96 10.20±3.49	20(7) 10(6.5)	0.043[b]
CBT+Hypnosis (n=5)	30.80±8.84 7.40±5.94	31(14.5) 7(11)	0.042[b]

* p<0.05, X: Mean, SD: Standard deviation, ID: Interquartile difference, b: Wilcoxon Sign Test

Looking at Table 4, it is seen that there is a statistically significant difference between the Beck depression scores before and after the application in the first group (the group receiving cognitive therapy) (Z=-2.023; p=0.043). The mean depression score acquired before the application is 20.80±3.96, and the depression score average acquired after the application is 10.20±3.49. Cognitive therapy is predicted to reduce depression.

In the second group (the group receiving cognitive therapy + Ericksonian hypnosis), there was a statistically significant difference between the Beck depression scores before and after the application (Z=-2.032; p=0.042). The mean depression score acquired before the application was 30.80±8.84, and the depression score average acquired after the application was 7.40±5.94. Cognitive therapy + Ericksonian hypnosis is predicted to reduce depression.

DISCUSSION

In the current research, adding Ericksonian Hypnosis to CBT for depression mood increased the effectiveness of CBT alone. When related literature is studied, it was found that CBT and Ericksonian Hypnosis have been used for depression mood for many years in different contexts (Bandura, 1977, p. 191). For the use of CBT in depression, a meta-analysis that studied 19 different researches found CBT to be effective in treating depression mood (Churchill, Hunot & Corney, 2001, p. 1). Another research, conducted with 20 depression mood volunteers found that auto hypnosis as a technique is very efficient in improving the depressed mood (Sado, Ota & Stickley, 2012, p. 6).

Similar to our findings, there are randomized controlled trials that show that greater outcomes were attained when hypnotic therapy was combined with CBT (Schoenberger, Kirsch & Gearan, 1997, p. 127). For example, It was discovered that CBT was more effective when hypnotic therapy was included in it. According to the study, Hypnotic CBT therapy significantly improved patients' scores on the Beck Anxiety Inventory, Beck Depression Inventory, and Beck Hopelessness Scale compared to the effects of only CBT (Alladin & Alibhai, 2007, p. 147). Another randomized controlled study compared Ericksonian hypnosis to CBT or routine care in 30 pediatric cancer patients. It was found that in comparison to normal care, both Ericksonian hypnosis and CBT were equally effective. However, when it came to lowering anxiety and observable distress, Ericksonian hypnosis was significantly superior to CBT (Liossi & Hatira, 1999, p. 104). In another study that studied anxiety, it was shown that the addition of Ericksonian hypnosis significantly increased the efficacy of CBT, as indicated by the high effect size of 1.4 standard deviations (Sullivan, Johnson & Bratkovitch, 1974, p. 96).[iii] Bryant et. al (2005) compared and found positive effects of both Ericksonian hypnosis and CBT for the treatment of Acute Stress Disorder. According to the results of the study, hypnosis resulted in a larger reduction in re-experiencing post-traumatic stress disorder symptoms at the end of therapy than CBT alone.[iv] In another randomized controlled study, the Valencia model of waking hypnosis and cognitive-behavioral therapy were used to assess the effectiveness of an intervention for treating cancer-related pain, fatigue, and sleep issues in people with current cancer or post-treatment patients. According to this study, the waking hypnosis and cognitive-behavioral therapy intervention had positive benefits when compared to a control condition. Moreover, the treatment improvements were still present after three months Mendoza et al., 2017, p. 1832). Another study looked at how Ericksonian hypnosis affected CBT group therapy intervention for managing pain in fibromyalgia patients. This study showed that patients who underwent CBT plus hypnosis improved more than those who underwent CBT alone (Castel et al., 2009, p. 48). Similarly, in another study, CBT versus Hypnosis + CBT were compated in terms of catastrophizing, psychological distress, functioning, sleep disruptions and pain intensity in patients with fibromyalgia. It was also concluded that adding hypnosis to CBT increased the efficacy of multi-component CBT (Castel et al., 2012, p. 255). In another randomized controlled study, 84 patients with depression were randomly assigned to receive 16 weeks of either cognitive hypnotherapy which combines Ericksonian hypnosis and CBT, or CBT alone, in order to study the efficacy of cognitive hypnotherapy. Patients from both groups showed significant improvements. Beck Depression Inventory, Beck Anxiety Inventory, and Beck Hopelessness Scale all underwent considerable changes, but the cognitive hypnotherapy group did so significantly more so (Alladin & Alibhai, 2007, p. 147). The findings of another study that evaluated the effectiveness of cognitive-behavioral therapy in combination with hypnotherapy in managing fatigue in breast cancer patients receiving radiotherapy supported the use of cognitive-behavioral therapy in combination with hypnotherapy as an evidence-based strategy to manage fatigue. The positive effects of cognitive-behavioral therapy in combination with hypnotherapy endure for a long time after the final intervention session (Montgomery et al., 2014, p. 557).

Moreover & German (2004) wrote a case study that demonstrates the use of Ericksonian hypnosis as an addition to cognitive behavior therapy in the treatment of symptoms of depression and anxiety. According to this case study, at the end of the treatment, anxiety, depression, and stress levels had gone back to normal. Another case study argues that therapeutic hypnosis can significantly improve CBT for anxiety, depression, and self-esteem problems by strengthening and deepening the cognitive-behavioral components of care (Kellis, 2011, p. 162).

Kirsch (1995) conducted a meta-analysis on 18 studies that were comparing cognitive behavioral therapy (CBT) with CBT supplemented by Ericksonian hypnosis for a range of conditions such as pain, sleeplessness, anxiety, phobia, obesity etc. In this meta-analysis it was found that adding Ericksonian hypnosis significantly improved the therapeutic outcome across a range of conditions. The majority of patients who underwent cognitive-behavioral therapy supplemented by Ericksonian hypnosis showed more improvement than minimum 70% of those who received nonhypnotic therapy. Similarly, a review conducted by Hammond (2010) found that combining hypnosis with other therapy methods, such as CBT, enhances the outcomes achieved by the other therapeutic methods alone. In an updated meta-analysis, Ramondo, et al., 2021) concluded that in the treatment of pain and depression, CBT + Ericksonian Hypnosis outperformed CBT at posttreatment with small to moderate but statistically significant advantages. At follow-up, CBT + Ericksonian Hypnosis showed a moderate benefit particularly for the management of obesity. These findings stated to provide more proof that hypnosis can be used as a complementary therapy to boost CBT's effectiveness and longevity.[v] In a meta-analytical review that focused on obesity, the average participant getting CBT with Ericksonian hypnosis lost more weight than around 60% of participants receiving only CBT and approximately 79% of people receiving simply CBT. The results indicate that Ericksonian hypnosis is highly effective in causing weight loss over a relatively short period of time, Therefore, Ericksonian hypnosis is found to be a viable treatment for obesity, especially when combined with CBT weight loss strategies (Milling, Gover, & Moriarty, 2018, p. 29). In Allison and Faith's (1996) meta-analytic reappraisal, it was found that adding Ericksonian hypnosis to CBT for weight loss marginally improved treatment outcomes.

CONCLUSION

Depression mood problem is a very common issue that people face in everyday life. In this study we aimed to look if there would be any significant difference between applying CBT and applying CBT with Ericksonian Hypnosis on depression mood. We found that there was a significant difference using only CBT and CBT with Ericksonian Hypnosis on depression mood. This finding would lead and open a new door to use Ericksonian Hypnosis as a modifier for CBT. This addition can be applied whereever CBT is applied. It is concluded that Ericksonian Hypnosis has a statisticaly proven effect in modifying the CBT on depression mood.

Limitations

In this research, we selected the depressed volunteers. The goal was to select participants without very severe depression. Therefore, we could only reach out to 14 people. However, four of them dropped out. So we only had 10 people in the study. We did not prefer group therapy expecting one-on-on therapy sessions would be more effective. Therefore, one-on-one sessions' work load also made it difficult to have more people in the groups.

Recommendations

Hypnosis is a type of modifier or a technique rather than a psychotherapeutic approach. Therefore we needed to use Ericksonian Hypnosis with CBT to assess more of it effects. From this perspective, future research can compare another psychotherapeutic approach with and without Hypnosis on depression. Future research can also make the comparison of using Ericksonian Hypnosis with any other approaches in psychopathologies other than depression.

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