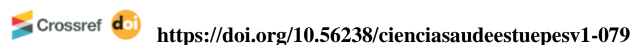
Capítulo 79

Influence of transpersonal brief psychotherapy on depression and anxiety in patients with Crohn's disease

Influência da psicoterapia transpessoal breve sobre depressão e ansiedade em pacientes com doença de Crohn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ABSTRACT

Introduction: Crohn's disease is a chronic illness with continuous and longstanding treatment, being these patients more vulnerable to develop psychological disorders. Objectives: Evaluating the effects of Transpersonal Brief Psychotherapy over anxiety and depression on patients with Crohn's disease. Method: The sample was composed by 11 Crohn's disease patients of both sexes and mean age of 40 years old. It was used the clinical method and the procedure consisted of treatment with Transpersonal Brief Psychotherapy based on the theoretical reference of the Transpersonal Integrative Approach with data collection before and after the psychotherapy. The following instruments were used: Sociodemographic Questionnaire, Beck Anxiety Inventory, Beck Depression Inventory and the Crohn's Disease Activity Index. In order to evaluate the results, it was applied descriptive analysis and the statistical methodology with Wilcoxon test. Results: The procedure turned out to be effective to all instruments ($p<0.05$) and the most significant result was to depression (-76.8%), followed by anxiety (-62%) and the disease activity (-35%). Conclusion: The Transpersonal Brief Psychotherapy has brought meaningful benefits to patients with Crohn's disease, reducing the levels of anxiety, depression and the severity of Crohn's disease and, consequently, it has improved their life quality.

Keywords: Anxiety, Depression, Brief Psychotherapy, Transpersonal Psychology, Transpersonal Psychotherapy.

RESUMO

Introdução: A doença de Crohn é uma doença crônica com tratamento contínuo e duradouro, sendo estes pacientes mais vulneráveis ao desenvolvimento de distúrbios psicológicos. Objetivos: Avaliar os efeitos da Psicoterapia Transpessoal Breve sobre a ansiedade e a depressão em pacientes com a doença de Crohn. Método: A amostra foi composta por 11 pacientes com a doença de Crohn de ambos os sexos e com idade média de 40 anos. Foi utilizado o método clínico e o procedimento consistiu no tratamento com Psicoterapia Transpessoal Breve com base na referência teórica da Abordagem Integrativa Transpessoal com coleta de dados antes e depois da psicoterapia. Foram utilizados os seguintes instrumentos: Questionário Sociodemográfico, Beck Anxiety Inventory, Beck Depression Inventory e o Índice de Atividade de Doença de Crohn. A fim de avaliar os resultados, foi aplicada a análise descritiva e a metodologia estatística com o teste Wilcoxon. Resultados: O procedimento mostrou-se eficaz para todos os instrumentos ($p<0,05$) e o resultado mais significativo foi a depressão (-76,8%), seguido pela ansiedade (-62%) e a atividade da doença (-35%). Conclusão: A Psicoterapia Transpessoal Breve trouxe benefícios significativos aos pacientes com a doença de Crohn, reduzindo os níveis de ansiedade, depressão e a gravidade da doença de Crohn e, conseqüentemente, melhorou sua qualidade de vida.

Palavras-chave: Ansiedade, Depressão, Psicoterapia Breve, Psicologia Transpessoal, Psicoterapia Transpessoal.

1 INTRODUCTION

Crohn's disease (CD) is a chronic illness that affects the entire gastrointestinal tract, from mouth to anus, needing continuous and long treatment. The etiology of CD is considered unknown and there are several theories that include infectious, genetic and immunologic causes, ambient factors associated with alimentation, smoking and psychological factors with psychosomatic alterations. The majority of authors agree that the possible causes might be a joint of factors and they appoint to a rise on frequency amongst members of the same family (Laudana, 1990; Brasil, 2002; Gordon, 2006; Steinwurz, 2009). The most accepted theory is the immunological theory emphasizing the role played by emotions on immunological system, in which stress plays a very important role. It affects people of both sexes and it is most common in the developed countries, amongst whites and the Jewish. The first symptoms appear, specially, along the second and third decades of life, with most incidences between the second and the fourth decades (Lima et al., 2012).

Many times, the diagnosis might be hard because of the multiplicity of appearance and likeness to other infirmities and when the symptoms are discrete or the extra-intestinal manifestations of the disease predominate. Usually, it is done a conjoint analysis of clinical, endoscopic, histopathological and radiological data (Laudana, 1990; Brasil, 2002; Gordon, 2006; Steinwurz, 2009).

The patients with CD suffer great physical discomfort during crisis of diarrhea and abdominal cramps. These experiences associated with the chronicity of the disease tend to provoke great tension, anxiety, depression, frustration and fears, needing clinical and psychological treatment (Laudana, 1990; Brasil, 2002; Gordon, 2006; Steinwurz, 2009). These patients are more vulnerable to develop psychological disorders and many authors stress the importance of emotional component and the difficulty of its elaboration face physical and emotional losses (Guthrie et al., 2002; Deter el al., 2008).

Psychotherapy has a positive effect on disease's dimension, psychological well-being, strategies for coping with the disease and relieving the stress (Caprilli et al., 2006; Mikocka-Walus, 2010); it contributes to reduce depression and anxiety and improves the patient's capacity of dealing with the disease (Evertz, 2012). The therapeutic process is characterized by a frame and the entire psychotherapy has a sequence on time with prearranged schedule and certain regularity (Hegenberg, 2010). It requires appropriated and properly employed techniques, and the relation exists to instruct, to motivate, to formulate and to separate problems from solutions (Lazarus, 1998). However, each individual is singular and psychotherapy cannot be reduced simply in technique.

The professional relationship between therapist and patient is a partnership of reciprocal confidence, affection and unconditional welcome undertaking a health action (Lazarus, 1998). The finality of the relationship is treatment, in which each patient walks underhis own responsibility in a therapeutic *setting*, where each person must be seen as unique and encouraged to develop autonomy in the cure process (Hegenberg, 2010).

In this sense, the Brief Psychotherapy (BP) is a treatment through systematic communication and relationship between therapist and patient that enables the last one to identify, to comprehend and to resize his conflicts, developing his perception and interpersonal relationships; it allows reducing the anguish, solving problems, promoting access to the unconscious and developing the personality. It can be classified as mobilizing, for support or solving (Ferreira-Santos, 1997; Mello, 2004) and, recently, it has presented great expansion of alternative techniques to attend different diseases (Yoshida, 2005). It allows good results in few sessions from a model that implies focusing on treating current questions, emotional experiences, symptoms, crisis, personality characteristics or some kind of comprehension (Hegenberg, 2010). It provides continence, comprehension of the sickening process and possible psychosomatic interactions involved, relief of anxiety and symptomatic aspects (Ferreira-Santos, 1997; Gouveia & Ávila, 2010).

PB's indication treats better standard-treatment processes, with proposal in which the session extends beyond the therapeutic *setting* with tools that the patient takes to his everyday life (Hegenberg, 2010). In this sense, the Transpersonal Integrative Approach (TIA) presents methodological principles oriented by a theory and practice that offer enough subsidiesfor a psychotherapeutic process in Transpersonal Brief Therapy (TBP) (Saldanha, 2008; Simão, 2010; Simão & Saldanha, 2012).

In TIA, the therapist does not interpret the content, he/she is a facilitator who accompanies, welcome and stimulate the experiential (Reason Emotion Intuition and Sensation - REIS) and evolutionary axes through technical procedures so that the patient access the content purport in his consciousness in order to promote his development, awareness of nature and the extension of his conflicts, capacities and potentialities. The therapist assists the patient to localize, map and situate his difficulties and propitiates resilience and adaptation (Saldanha, 2008; Simão & Saldanha, 2012).

2 METHODS

The sample was composed by 11 CD patients of both sexes and mean age of 40 years old (between 25 and 55 years old), who were followed at up the Inflammatory Bowel Diseases Unit. "Prof. Dr. Juvenal Ricardo Navarro Góes", at the Universit of Campinas (UNICAMP). Patients bearing intestinal stomas, women who were pregnant or lactating, patients with surgical treatment indication, previous or evident diagnosis of psychosis, those who were under an individual or group psychotherapy process or alternative treatments such as acupuncture and those who had lost the follow up were excluded.

The project was approved by Research Ethical Committee of University of Campinas, under protocol number 953/2010, and with volunteer adhesion of the participants. All of them were clarified about the research procedures and phases and they have signed the Consent Informed.

It was used the clinical method, with evaluation of the results before and after the psychotherapy. To evaluating, the following instruments were used:

a) **Sociodemographic Questionnaire (SDQ):** Elaborated in order to get sociodemographic information from patients (identifying data, school level and professional situation), clinical data, association between disease appearance and crisis with psychological difficulties, interest in psychotherapy and expectation on psychotherapeutic process;

b) **Beck Scales:** They have been developed by Beck and collaborators at the *Center for Cognitive Therapy* from Pennsylvania University, Philadelphia, US. In the Portuguese version it was sought consensual formulation with semantic and conceptual equivalence with the English version (Cunha, 2001). There are four scalar measures and two of them were used in this study: Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI);

c) **Crohn's Disease Activity Index (CDAI):** Instrument developed and validated for characterizing the clinical severity of CD, allowing classifying patients according to intensity of the inflammatory activity: disease in remission, mild activity to moderate, moderate to severe and severe to fulminating (Brasil, 2002).

The TBP process took place along 14 weekly meeting, in individual sessions of 50 minutes. The process included: a) sign of Consent Inform; b) screening interview along with filling out the SDQ, exploration on the history of the disease, main complaint; c) initial evaluation, in which the patient filled out the following questionnaires: BDI and BAI, and was forwarded to see a doctor from the clinic in order to fill out the CDAI; d) evolution of life history and self-evaluation contextualizing the present moment; e) session in TBP with weekly accompaniment; f) final evaluation, in which the patient answered BDI and BAI and was evaluated again by a doctor in order to fill out the CDAI; g) feedback interview.

The data were collected by the some investigator (A.S.A) and data registration of was performed by the patient or the researcher, with was a transcription of the spontaneous speech of the patient.

The study was done with previous planning and the established methodology to TBP was based on TIA principles, structural and dynamical aspects, and technical procedures with brief therapies principles. In order to articulate the interactive dynamics with the seven steps of TIA in the TBP process, it was elected, in planning, an instrument to each step (Table 1).

Table 1. Planning of the sessions with seven stages of TIA

Stage	**Instrument**	**Technical Procedure**
Recognition	Exercise of Excellence	Symbolic Reorganization
Identification	Heuristics of Emotion and Graphics	Interactive Dynamics
Disidentification	Exercise of Source	Active Imagination
Transmutation	Internal Dialogues	Symbolic Reorganization
Transformation	The Seven Selves	Interactive Dynamics
Elaboration	The Four Doors	Interactive Dynamics
Integration	Exercise of Loving Own Body	Active Imagination

Although the instruments have been patterned to all patients, the subjectivity of each patient was respected through verbal intervention, which guided the process according to needs of each patient at all meetings following these steps: a) attentive listening to early speech identifying if the content related to aspects of reason, emotion, sensation or intuition; b) selection of meaningful aspects of speech to adequate verbal intervention following the pre-established parameters; c) application of the setinstrument for the meeting according to procedure previously described, establishing correlations to patient early speech; d) closing of session reaffirming the most relevant aspects brought by the patient, relating them to his daily and elements previously worked on the therapeutic process.

To ensure scientific character to therapeutic process, some criteria have been established: a) use of treatment protocol in all interviews; b) more active position from the therapist than in traditional psychotherapies, sustaining the focus on current questions, stimulating active position from patient in relation to his difficulties, conflicts and needs, encouraging pro-activeness; c) no interpretation and the employ of interventions to promote consciousness, comprehension, clarification and perception of unconscious components by the patient himself; d) use of patterned instruments in initial and final evaluations.

During the period of research, routine clinical accompaniment was maintained and there was no change in medication.

3 STATISTICAL ANALYSIS

Descriptive and statistical analysis with presentation of frequency tables for categorical variables was applied and also measures of position and dispersion for numeric variables. Wilcoxon test for related samples were way used for comparison of numeric measures resulted initial and final evaluation. The level of significance adopted was $p<0.05$.

4 RESULTS

Sociodemographic Characteristics

In this casuistry, female gender (72.7%), married individuals (63.6%), with children (72.7%) and complete High School (45.4%) predominated; the majority (72.3%) exercised any activity, paid or unpaid.

Mean age was 40 years old (max. of 50 and min. of 29 years old). The first symptoms had appeared at the mean of 27 years of age (max. of 41 and min. 07). Average time for CD diagnosis was 9.7 years (max. of 20 and min. of 0.5). The majority had already been under previous surgery procedure (54.5%) and/or hospitalization for clinical compensation (27.3%).

The majority of patients (90.9%) indicated that there was experience of psychological difficulties, trauma, remarkable fact, suffering or state of powerlessness in the period that the disease manifested. They all associate crisis, what denotes disorder activity, which they had along the clinical picture development, with psychological difficulties.

Beck Depression Inventory

This instrument presented the best result, with reduction of 76.8% in the depressive symptoms presented by patients (Table 2). When comparing the obtained result with the depression classification on BDI standardization, we observe that two severe patients, five moderate patients and two mild patients have become minimal after the intervention and one severe patient has been classified as mild after the intervention.

Table 2. BDI

BDI	Average	Standard Deviation	Minimum	Median	Maximum	Variation %	p-value
Initial	27.8	12.9	3.0	29.0	51.0		
Final	6.5	5.1	1.0	7.0	19.0		
Difference	-21.4	10.3	-33.0	-24.0	-2.0	-76.8	0.001*

* significant at 0.1% (Wilcoxon test).

Beck Anxiety Inventory

Regarding the anxiety, the patients presented a reduction of 62% in symptoms after the intervention (Table 3). When we compare the results with the table of anxiety classification on BAI standardization, we notice that from the seven patients with severe evaluation, one has become moderate, three have passed to mild and two to minimal after the intervention; only one continued with severe evaluation. Patients with moderate or mild evaluation have passed to minimal after the intervention.

Table 3. BAI

BAI	Average	Standard Deviation	Minimum	Median	Maximum	Variation %	p-value
Initial	31,6	15,5	5,0	31,0	52		
Final	12,0	9,7	0,0	7,0	34,0		
Difference	-19,6	10,7	-41,0	-18,0	-5,0	-62,0	0,001*

* significant at 0.1% (Wilcoxon test).

Crohn's Disease Activity Index (CDAI)

Regard CDAI, a reduction of 38.1% was verified, evidencing meaningful reduction on disorder activity after the intervention (Table 4). Relating the obtained results at the evaluation with CDAI classification, we observed that all patients who presented some disorder activity have been benefited from the intervention; two patients who presented mild to moderate disease have passed to disease in remission, two patients who had moderate to severe disease have passed to mild to moderate and another one passed to disease in remission. All of the patients who were classified as disease in remission remained at the same classification after the psychological accompaniment.

Table 4. CDAI

IADC	Average	Standard Deviation	Minimum	Median	Maximum	Variation %	p-value
Initial	187.4	92.9	84.0	161.0	356.0		
Final	116.0	93.7	25.0	80.0	315.0		
Difference	-71.4	46.5	-181.0	-65.0	-20.0	-38.1	0.001*

* significant at 0.1% (Wilcoxon test).

5 DISCUSSION

Data from the literature demonstrate that patients with Inflammatory Bowel Diseases (IBD) are more vulnerable to develop psychological disorders. Besides, emotional tension and anxiety can influence the activity and evolution of CD (Guthrie et al., 2002; Balone & Ortolani, 2007; Deter et al., 2008).

Many studies concern the psychological issue, recommend psychotherapy as part of treatment to better control of CD and to reduce the levels of anxiety and depression (Caprilli et al., 2006; Sarbo, Barreto & Domingues, 2008; Iglesias et al., 2009; Vidal et al., 2009; Gouveia & Ávila, 2010; Mikocka-Walus, 2010; Häuser, Janke, Klump & Hinz, 2011; Knowles, Wilson, Connell & Kamm, 2011). However, few studies have been conducted to evaluate the results of psychotherapy in this population (Keller et al., 2004; Deter el al., 2008).

At the present study, it has been considered the systemic and transdisciplinary approach, viewing humans as bio-psycho-socio-spiritual beings, what favors the comprehension of psychosomatic manifestations and the referential from TIA to structure the psychotherapeutic process in TBP (Saldanha, 2008, Simão 2010; Simão & Saldanha, 2012).

As demonstrated by several epidemiological studies, the majority of patients in this casuistry had the first symptoms of the disease in their second decade of life, and it took an average time of ten years to definitive diagnostic. Due to a multiplicity of clinical presentations and the similarities to other infirmities, the diagnostic of CD can be difficult, making the adequate control of the disease early stages impossible, implying in long periods of suffering, with physical and psychic discomfort (Laudana, 1990; Gordon 2009; Steinwurz, 2009).

Although studies had not the objective of researching data from CD etiology, 90.9% of patients indicated that in the period in which the disease manifested, there was experience with psychological difficulty, trauma, remarkable fact, suffering and state of powerlessness.All of them associate crisis, what denotes disorder activity, with psychological difficulties.

Lima et al. (2012) have demonstrated that 58% of patients present high mood oscillation and recommend constant evaluation with psychological accompaniment, for, even in period of remission, these patients tend to present symptoms of depression and anxiety. These data corroborate work from Caprilli et al[5], which report that 50% of patients with CD have psychological disorders, lower life quality and relate psychic suffering to illness severity.

Depression and anxiety are present in 70% of patients with IBD (Vidal et al., 2009). In this study, using BDI, it was found in BDI that 27.3% of patients present severe depression; 45.4% moderate; 18.2% mild and 9.1% minimal. In regard of the level of anxiety, it was 63.6%, 9.1%, 18.2% and 9.1%, respectively. These findings were similar to the observed in several studies that researched the depression and anxiety indexes in this population: Brandi (2009), 25.4% and 33.6%; Iglesias et al. (2009), 24% and 39%; Vidal et al. (2009), 11.6% and 17.9%; Häuser et al. (2011), 16.6% and 33.7%; Knowles et al. (2011), 41% and 41%; Evertsz et al. (2012), 43% and43% and Thabet et al. (2012), 44% and 52%.

Besides, the TBP had a meaningful influence over depression and anxiety, resulting in a reduction of 76.8% and 62% of symptoms after intervention. The majority of patients (90.9%) have maintained just minimal depression and more than half of them (54.5%) have kept minimal levels of anxiety.

Regarding the illness activity, the results for CDAI revealed a reduction of 38.1% on illness activity. It is possible that the improvement on patients is related to the positive results specially in reduction on states of anxiety and depression, since we have maintained the same medicament treatment along the study. Corroborating Deter et al. (2008), who have demonstrated that the course of CD is influenced by psychotherapy, and many other studies associate the high levels of anxiety and depression to the disease activity (Caprilli et al., 2006; Brandi et al., 2009; Iglesias et al., 2009; Vidal et al., 2009; Häuser, Janke, Klump & Hinz, 2011; Knowles & Wilson, 2011; Evertsz et al., 2012).

This study, though it might differ in means of methods, criteria of inclusion, evaluation and results, is in consonance to other works that evaluate the results of psychotherapy in patients with IBD, amongst them CD (Keller et al., 2004; Deter et al., 2008), and studies that have preconized the benefits of psychotherapy, regardless of the approach used, in the sense that Psychology and the therapeutic action are put in service of human wellbeing (Hegenberg, 2010).

However, it is necessary to bring out the limitations of the study as the casuistry is small and the subjectivity of evaluation, once each individual interpret his own internal perceptions, makes an evaluation of himself/herself and chooses the alternatives that best fit the state observed in the self-evaluation.

The TBP has brought many benefits to patients with CD, having great influence on clinical picture of these patients, reducing levels of depression, anxiety and severity of disease, and consequently, improving their quality of life. It has been demonstrated that TIA is a possible referential to TBP and it has influenced positively the psychological state of CD patients, considering depression and anxiety.

ABREVIATIONS

BAI (Beck Anxiety Inventory), BDI (Beck Depression Inventory), BP (Brief Psychotherapy), CD (Crohn's disease), CDAI (Crohn's Disease Activity Index), IBD (Inflammatory Bowel Diseases), SDQ (Sociodemographic Questionnaire), TBP (Transpersonal Brief Therapy), TIA (Transpersonal Integrative Approach), UICAMP (Universit of Campinas).

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