

The Effectiveness of Gestalt Therapy on Depressed Women in Comparison with the Drug Therapy

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ABSTRACT: Depression is one of the most common psychic problems, it is estimated that 75% of those who are admitted to therapeutic institutions are depressed. This high rate of incidence of depression has developed a number of therapy techniques like Gestalt therapy. The present study attempted to assess the effectiveness of Gestalt therapy in the treatment of depressed women in comparison with drug therapy. The method in this study was pretest and posttest experimental design which consisted of two experiment group. Independent variables included Gestalt therapy and drug therapy methods, and dependent variable was the rate of depression among depressed women which was estimated through Beck depression scale. The statistical population consisted of depressed women who were admitted to Baharan Psychiatric Hospital and Hamdelan Psychological Clinic of Zahedan (South East of Iran). The selected sample included 20 qualified and available patients who were divided in two experimental groups. For analyzing the data statistics such as mean, frequency and one ANOVA were applied. The results demonstrated that using intervening methods of drug therapy and Gestalt Therapy in each experimental group led to a reduction in depression of the subjects; however Gestalt therapy is more effective in this regard.

Keywords: Depression, Gestalt Therapy, Drug Therapy.

INTRODUCTION

Depression is one of the fundamental psychic disorders (Mehryar, 2003), status that has a huge impact on individual's thoughts, behavior, and physical health (Salmanz, 2002) and changes one's perception of himself and his environment (Kaplan & Sadock, 2003). Depression not only as a clinical phenomenon, but in its milder forms of despair and sadness is an inclusive phenomenon. Almost everyone has experienced sadness at a time in their life. Like anger, depression is amongst the basic emotions that are borne within a man. Around 20% of people sometimes are so depressed that may need clinical cares (Dozois & Dobson, 2004). Researchers have found that very high costs, suicide and lack of creativity in the workplace and impairment of social-work interactions are the outcome of this disorder (Albin, 1999). As depression has caused many individual's disturbance and it constitutes the significant part of the patients' complaints, different ways have come to existence to treat depression; among these are drug therapy and psychotherapy (Safari, 1994).

In the present study, we are going through therapy techniques attempts (Gestalt and drug therapy) to decrease depression. Medicine has considered mental disorder from the central nervous system's productivity point of view and biochemical aspects of brain. To some extent, it has been able to reveal the lack of productivity which is related

to the system. Therefore, after making a change in a receptors and neurotransmitters through drug therapy or Gary electric shock, disease symptoms will change (Gelenberge).

Gestalt therapy is a phenomenology method based on existentialism approach (Navabi-nejad, 2008), which focuses on human capacity to growth and healing through interpersonal communication and insight (Untef, 1995). In Gestalt therapy, problems related to past and future are discussed in the present time (Scharf Richard, 2003). This approach relies on individual responsibility, non-verbal behavior with words, emotional feelings, interpersonal and intrapersonal conflicts (Navabi-nejad, 2008). The overall goal of Gestalt therapy is self- awareness and awareness of others and environment, which leads to perfection and integration. In the Gestalt therapy the emphasis is on putting a proper boundary between oneself and others (Scharf Richard, 2003). Depression is along with significant changes “self-understanding” ; it is precisely because of the loosening and changing of these boundaries that one may feel his “self” endangered (Mullen, 1990). Experiencing is the basis of the methods and tasks of the Gestalt therapy because it is believed that talking alone cannot have that much effect on solving a problem and it may results to no more than an emotional evacuation. Recent research findings indicate that making opportunities to experience a new being is the most remedial factor in consultation and psychotherapy (Navabi-nejad, 2008).

In a research, Cook (2000) evaluated the effect of five week Gestalt therapy on high school girls who suffered from depression. The control group subjects received no therapy. The findings indicate a meaningful difference between pretest and posttest scores in experimental groups. They also showed low scores in subsequent depression tests and high scores in self- concept tests. In five weeks observation, no differences in post test scores were found which may indicates the stability of treatment in the observation period.

In order to compare Gestalt therapy with cognitive therapy in depression treatment, Rosner et al (2000) observed 38 depressed patients in two groups of control and experimental. The experimental group, included 21 patients, received Gestalt therapy, and the control group, included 17 patients, received cognitive therapy. After 20 weeks of training and therapy, there was no significant difference between Gestalt and Cognitive therapy in depression treatment, which means both had the same treatment effects. In his research, Harris (2000) found that Gestalt therapy is an effective approach in decreasing depression and loneliness of +HIV individuals.

In studying the effect of Gestalt therapy on mental health promotion among a group of female students, Farahani et al (2008) came to the idea that applying this approach to the group decreases physical symptoms, social malfunction, and depression but it is not effective in decreasing stress and sleep disturbances.

Since it has been so many years that women, in silence, suffer from depression sometimes no matter how hard they try to receive help and support, they don’ t get it. Therefore, to be more effective to the depressed women and comparing it with drug therapy, we conduct a research in Zahedan (south east of Iran). Here the researchers try to find which treatment technique is more effective to the subjects, i.e. drug therapy or Gestalt therapy.

MATERIALS AND METHODS

To determine the effectiveness of each treatment methods, in the present study the pretest and posttest techniques are applied to two experimental groups of 1 and 2.

Statistical population of the research is depressed women admitted to Baharan Psychiatric Hospital and Hamdelan Psychological Clinic of Zahedan. The sample consists of 20 patients who were available and had the inclusion criteria of depression according to DSM-IV, between 18-35 years old, and finished the third grade of middle school at least and got associate of arts at most. They were divided to two groups to receive Gestalt therapy and drug therapy. “Beck depression questioner” is used to assess the degree of depression. The test was designed by Beck et al. (Hersen & Bellack, 1998). Depression symptoms measured by this test are: excitation and emotional, motivational, cognitive, physical and vegetative symptoms. According to Beck’ s report, the validity of the experiment with the Spearman Brown is 93% (Kratochwill & Mott, 1999).

Fati reported that the correlation factor between depression test and Hamilton depression rating scale among Iranian samples is 66%. The overall correlation is said to be 31-68% as well. Each individual had two measurements; the first was based on the pretest experiment, before treatment and the second one applied after treatment. Each participant of experimental group of Gestalt therapy, i.e. those 10 patients with a high degree of depression that admitted to the Hamdelan Psychological Clinic and Baharan Hospital of Zahedan, took part in the nine 45-65 minutes sessions of health training, and they took steps toward treatment by doing exercises at home. Thereafter nine posttest therapy sessions were held. The other group who received a drug therapy also consists of 10 patients with a high degree of depression admitted to Hamdelan Psychological Clinic and Baharan Hospital of Zahedan. They performed the posttest experiment after two month of drug therapy. To control the impact of the age

variable, those who aged 18-35 were selected as a sample. To control the degree of education, the degree of research subjects was at least the third grade of middle school and associate of arts at most. All the subjects selected in this study were female so that to control the gender variable. Since, in this study, all the subjects were placed randomly in each group, dubious variable of how to choose a subject cannot affect the research findings. In both groups, variables such as growth, mental and physical maturity, coincide events with the implementation of research affects the research findings because the number of subjects and their characteristics were similar. An important factor that threatens the experimental studies and may be considered also as a threat for the internal validity of the study is the loss of subjects, which is absent in the present study. All subjects (20 patients) took part to receive therapy until the last session.

The applied method for the drug therapy group of this study is antidepressant drugs prescribed by a psychiatrist specialist. A PHD psychologist was in charge of the Gestalt therapy of the other group. The Gestalt therapy framework applied for the latter group was based on Navabi-nejad and Phill Joyce works in the area. Sessions structure and content are shown in table 1. One-way variance analysis method was conducted, using SPSS software, to analyze the collected data.

Table 1. Sessions structure and content.

Goal	Activities
First session: review of key points and main issues	Drawing an experience cycle of each patient and discussing how and where his external behavior and internal symbols impede his progress toward a complete Gestalt cycle and leave his needs unsatisfied.
Second session: try to make awareness and focus on the present	Giving them exercises to make a connection with their inner, outer and middle selves. To focus on the present, some questions are used: what are you experiencing now? How do you feel now that you are sitting on a chair and trying to talk? And etc.
Third session: deal with incomplete Gestalt and note to the particular emotions that the patient is involved with.	Checking the exercises, exploring the beliefs and projections, an empty chair technique, the patient is told to imagine himself as a symbol and discover what the message of each feeling is.
Forth session: deal with incomplete Gestalt	Checking the exercises, practicing, testing a dialogue between opposite directions, giving exercises
Fifth session: face with denied components of their characterization and deal with incomplete Gestalt	Checking exercises, symbolic performance of reversal, giving exercise
Sixth and seventh session: deal with dream	Checking exercise, the patients are asked to retell their dream in the present time. What is the meaning of things, words, symbols, and people in their dream? They are told to express it nonverbally. Talk from each things or persons view point. Make a conversation between things or characters in the dream. Giving exercises
Eighth and ninth session: different ways of being	Checking exercises, assume a responsibility. They should be able to accept others unreasonable values beside their own values. A reversal task to fight feeling of being undervalued Using of a mirror: their own positive sayings, providing images of their goal in different areas of life, consider a step by step plan to reach each of them.

RESULT

In this research the average age of the Gestalt therapy group is 23.8 and the drug therapy group is 24.2. Table 1 shows the distribution of the participants' degree of education for the education variable of the conducted research.

Table 2. Distribution of participants according to their education.

Experimental groups	Education			Total
	Lower	diploma	Higher	
Gestalt therapy group	2	5	3	10
Drug therapy group	4	3	3	10
Total	6	8	6	20

Pretest and posttest scores from the Beck questioners were analyzed with the one way variance method, which indicated the following results:

Table 3. Average test scores of the two groups based on the analysis of one way variance.

Change sources	df	Total Square	MS	F	P
Between groups	3	9293.875	3097.958	79.942	0.000
Within groups	36	1395.100	38.753		
Total	39	10688.975	39		

As it is shown in table 2, with regard to the observed F, it can be said that there is a significant difference between the average scores of the two groups (P= 0.01). The Scheffe post hoc test is used here to determine the average of which group has the significant difference. The results are shown in table 3.

Table 4. A comparison of the average pretest and posttest scores in two experiment groups according to the Scheffe test.

Index	Group	Mean difference	Standard error	P
Drug pretest scores	Drug posttest scores	24.3	2.78	0.00
	Gestalt pretest scores	0.1	2.78	1
	Gestalt posttest scores	34.9	2.78	0.00
drug posttest scores	Drug pretest scores	-24.3	2.78	0.00
	Gestalt pretest scores	-24.2	2.78	0.00
	Gestalt posttest scores	10.6	2.78	0.006
Gestalt pretest scores	drug pretest scores	-0.1	2.78	1
	drug posttest scores	24.2	2.78	0.00
	Gestalt posttest scores	34.8	2.78	0.00
Gestalt posttest scores	drug pretest scores	-34.9	2.78	0.00
	drug posttest scores	-10.6	2.78	0.006
	Gestalt pretest scores	-34.8	2.78	0.00

As you see in table 3, in both groups there is a significant difference between pretest and post test scores (P= 0.01), but there is no significant difference between Gestalt and drug pretest scores which means both groups are similar. However, the mean difference is larger in Gestalt therapy group and it points out that Gestalt therapy is more effective than drug therapy. In response to the research question as to whether drug therapy or Gestalt therapy is more effective in treating depression among women, it should be said that according to the findings Gestalt therapy is more effective.

DISCUSSION AND CONCLUSION

The present research is conducted to examine the effectiveness of Gestalt therapy in decreasing depression among women in comparison with drug therapy. The findings suggest that applying the abovementioned methods, in

both experimental groups had a decreasing effect on subjects' depression. However, in this regard Gestalt therapy had more impact (on decreasing patients' depression).

There may be various possible reasons contributing to the results including a tangible relationship between a therapist and a patient who is in the center of a treatment cycle. A therapist, despite patient's effort to get away from the present time, is persistent on keeping on to the present and now. No matter how hard they try, a therapist doesn't let them to shrink a burden of the life, play the role of a poor, insane who wants to commit suicide. Through failures that develop in a therapeutic process, patients will be forced to grow and be aware of the roles that they were playing in ignorance and immaturity.

Gestalt therapy helps individuals to go beyond the level of self-deception, defense, and unknown limits. Doing so encourages them to show feelings that they've never directly experienced before. Gestalt therapy applies a wide range of techniques to help patients. (Responsibility assumption), a dialogue between opposite direction, "dealing with dream", are proper applicable solutions which offer unique opportunities to depression treatment. The outcome of the present study is consistence with Cook (2000), Rosner et al (2000) research findings.

In research carried out by Paivio and Greenberg (1995), clients with ignored emotional problems (loneliness, sadness, unfinished affairs) were divided to two groups; the first group (n=17) was treated with Gestalt therapy and the second group (n=17) was treated with drug therapy. The results suggested that Gestalt therapy was significantly better than drug therapy, and the impact was stable during the follow up period which is in line with our findings. It is worth noting that the present conducted research has a number of limitations as well; due to the time constraints and lack of access to clients, there is no follow up studies, therefore we don't know whether the changes have been stable in long-term or not. Another shortcoming of the study is the small sample. Other research, in the same area, in other clinics and with larger samples is recommended to compare it with the present study and to increase the generalization of the results.

Conflict of interest

The authors declare no conflict of interest

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