

## The Effect of Hypnotherapy on Depression, Anxiety, and Stress, in People Living with HIV/AIDS, in “Friendship Plus” Peer Supporting Group, in Kediri, East Java

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### ABSTRACT

**Background:** Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) is a global public health problem. Identification of HIV infection can cause psychological distress to the affected, such as depression, anxiety, and stress. The deeper distress people living with HIV/AIDS (PLWH), the weaker immunity, the stronger virus attack. This study aimed to test the effectiveness of hypnotherapy on the reducing depression, anxiety, and stress, in PLWH at Friendship Plus peer supporting group in Kediri.

**Subjects and Method:** This was a Randomized Controlled Trial (RCT) conducted in Kediri, East Java. A total sample of 60 PLWH were randomized into hypnotherapy group (n1=30) and control group (n2=30). Hypnotherapy was provided 4 times per months. The levels of depression, anxiety, and stress, were measured before and after the intervention, using Depression Anxiety Stress Scale (DASS) 42, which was translated in Indonesian. The mean differences in the 3 outcome variables between the hypnotherapy and the control groups were tested by t test.

**Results:** After the intervention, the level of the depression in the hypnotherapy group (mean= 5.07; SD= 5.45) was lower than that in the control group (mean= 17.73; SD= 6.50), and it was statistically significant ( $p < 0.001$ ). The level of the anxiety in the hypnotherapy group (mean= 7.70; SD= 5.29) was lower than that in the control group (mean= 20.77; SD= 5.98), and it was statistically significant ( $p < 0.001$ ). The level of the stress in the hypnotherapy group (mean= 7.77; SD= 6.37) was lower than that in the control group (mean= 20.30; SD= 5.34), and it was statistically significant ( $p < 0.001$ ). The level of DASS combined in the hypnotherapy group (mean= 20.53; SD= 15.30) was lower than that in the control group (mean= 58.80; SD= 15.63), and it was statistically significant ( $p < 0.001$ ).

**Conclusion:** Hypnotherapy is effective in reducing depression, anxiety, stress, and DASS combined in PLWH.

**Keywords:** depression, anxiety, stress, DASS, PLWH

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### BACKGROUND

*Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS)* is a major global health issue with more than 34 million people dying (WHO, 2015). When someone diagnosed with HIV, he/she will experience psychological problems such as refusal, anger, shock, and

depression. These psychological symptoms make him/her more stressful in living life (Ministry of Health RI, 2014). In addition, psychosocial burden cause anxiety, depression, lack of confidence, despair, even the desire to do commit suicide (Sriati, 2013). In the Epidemiologic Triangle at the Host level, there are psychological pro-

blems which can be fatal in decreasing immune system if it is not immediately handled. As a result, viruses can attack without any significant resistance.

At the end of 2014, around 3.2-3.7 million people were living with HIV. At the end of 2014, there were 200,000–250,000 new people in the world infected by HIV virus (WHO, 2015). The World Health Organization (WHO) had estimated 9 out of 10 people who infected with HIV came from developing countries (WHO, 2015).

The case of HIV / AIDS in Indonesia was first discovered in Bali in 1987. The cumulative number of HIV sufferers from 1987 to September 2014 was 150.296 people, while the cumulative total in AIDS cases was 55.799 people. The highest cumulative number of HIV infection cases was DKI Jakarta Province (32.782 cases). East Java was in the second place with 19.249 cases, followed by Papua, West Java, Bali, North Sumatra, Central Java, West Kalimantan, Riau Islands and South Sulawesi. The highest cumulative number in East Java was Surabaya city with 2,030 cases. In addition, Malang regency had 1,058 cases, Jember Regency had 750 cases, and Sampang regency had 4 cases (Ministry of Health RI, 2015).

There were 341 sufferers of HIV/AIDS in Kediri Regency, East Java, who had received mentoring with the criteria of 153 men and 178 women. The highest risk factors for infection are high-risk partners (35%), high-risk men (36%), female sex workers (18%), same-sex men (10%), and transvestites (1%) (Kediri Regency Health Office, 2014). The total number in Kediri District Health Office, 2014, is the same as the data in “Friendship Plus” Peer Supporting Group in Kediri, which is 341 people living with HIV/AIDS. The new members who participated actively in “Friendship Plus” Peer Supporting Group in Kediri in

2014 to 2016 were 74 people. This study was conducted in “Friendship Plus” Peer Supporting Group in Kediri because it was the third highest HIV / AIDS case in East Java after Surabaya and Malang..

HIV/AIDS has not been fully accepted as other diseases in general, so that who are experiencing HIV/AIDS (PLWH) must bear the heavier burden, not only the HIV intervention into their bodies but also the psychological burden due to stigma and discrimination (Sriati, 2013). The discriminatory treatment shown by the community to PLWH creates deeper psychological burden (Hawari, 2012). The experience from several countries shows that continuous care service from hospital to home must be optimized for those who are infected to improve their quality of life (WHO, 2015). However, most of PLWH families usually feel afraid of infecting HIV/AIDS if they often contact, thus it will make the psychological burden of PLWH is getting worse (Sriati, 2013).

The way to overcome depression, anxiety and stress is by adaptation which aims to change and accept the situation and condition happens in life (Rafael, 2015). If the coping mechanism is successful, the person will be able to adapt to the change. Hypnotherapy is one of the proven and effective methods for dealing with stress (Rafael, 2015).

From the description above, the researcher was interested in conducting further study on the effect of hypnotherapy on the changes in depression, anxiety and stress in people living with HIV/AIDS (PLWH) in “Friendship Plus” Peer Supporting Group, Kediri. This study aimed to analyze the effect of hypnotherapy on the changes in depression, anxiety and stress in people living with HIV/AIDS (PLWH) in “Friendship Plus” Peer Supporting Group, Kediri.

The study result conducted by Untas et al. (2013) showed that depression in hemodialysis patients decreased after hypnotherapy. A study conducted by Lu and Lu (2013) also showed that hypnosis therapy could decrease anxiety levels and increase calmness in patients when doing acupuncture. From these results, it can be concluded that the use of hypnotherapy can alleviate and find a solution to the psychological burden suffered by PLWH. Therefore, the depression, anxiety, and stress in PLWH can decrease.

There are several methods besides hypnotherapy that are used to deal with stress but they are less effective and take a long time to feel the significant changes. It is because other methods do not lead to the root of the problem and only at the conscious mind level (Kelwandi, 2015).

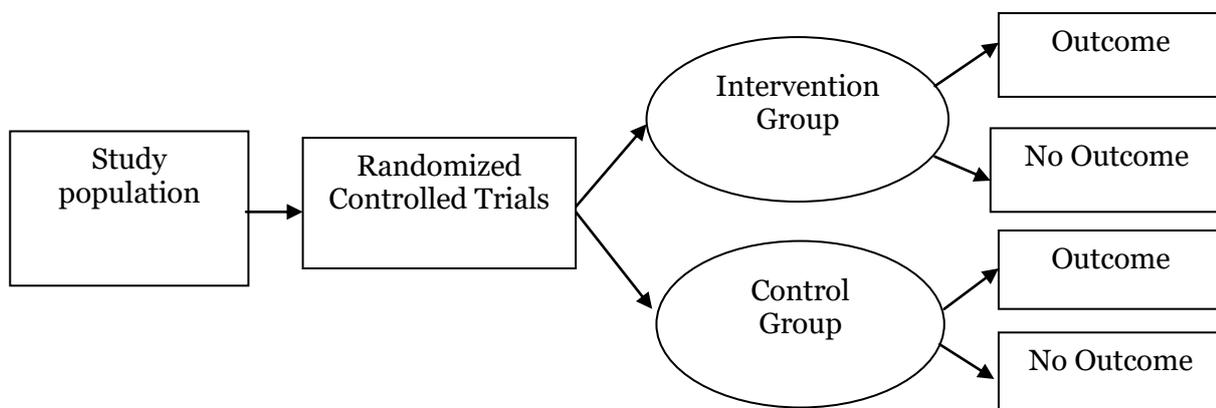
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## SUBJECTS AND METHOD

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One of the strategies to make both groups comparable is allocating subjects randomly (RCT) (Murti, 2013). According to Rajagopalan (2013), randomized controlled trial (RCT) design is an observation study where the subjects in a population are randomly allocated into groups. The population in this study were 74 people and afterwards 30 people were taken randomly for the intervention group (hypnotherapy) and 30 people for the control group (non hypnotherapy).

Variables of depression, anxiety and stress use questionnaires of Depression Anxiety Stress Scale (DASS) by Lovinbond (1995). It was carried out before and after treatment towards intervention and control groups. The results of DASS were analyzed using an independent t test.



**Figure 1. The Sampling Technique**

The study had been carried out in Kediri with the consideration that the incidence of people living with HIV / AIDS (PLWH) in Kediri, East Java, was still high. This study conducted in “Friendship Plus” Peer Supporting Group, Kediri, in July to November 2016. The independent variable was hypnotherapy, while the dependent variables were depression, anxiety, and stress. The method used to control con-

founding variables was by randomizing the sampling, so that the composition of the intervention and control groups could be the same.

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## RESULT

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The study subjects in this study were 60 people: 27 men and 33 women. There were 8 people in the age of <20 years, 49 people

in the age of 20-35 years, 3 people in the age of > 35 years.

Based on the education level, there were 37 people from basic education and 23 people from secondary education. Based on the income, there were 25 people with

≥minimum wage and 35 people with <minimum wage. Based on the occupation, there were 2 civil servants, 5 traders, 2 entrepreneurs, 20 laborers, 31 unemployed people.

**Table 1. The characteristic of study subject**

Characteristic	Study subject	
	n	%
<b>Gender</b>		
Man	27	(45.0%)
Woman	33	(55.0%)
<b>Age of study subject</b>		
< 20 years	8	(13.3 %)
20 – 35 years	49	(81.7 %)
> 35 years	3	(5.0 %)
<b>Education</b>		
Basic Education (low)	37	(61.7 %)
Secondary Education (high)	23	(38.3 %)
<b>Income</b>		
≥minimum wage	25	(41.7%)
< minimum wage	35	(58.3%)
<b>Occupation</b>		
Civil servant	2	(3.3%)
Trader	5	(8.3%)
Entrepreneur	2	(3.3%)
Laborer	20	(33.3%)
Unemployed	31	(51.7%)

**Table 2. The description of hypnotherapy variable**

Intervention	Frequency (n)	Percentage (%)
No	30	50%
Yes	30	50%
Total	60	100%

Based on the description result of hypnotherapy, there were 60 samples: 30 study subjects (50%) were given hypnotherapy intervention and 30 study subjects (50%) were not given hypnotherapy intervention.

Based on table 3, during the pre test, the highest number of study subject were in moderate depression category with 26 study subjects (43.3%). Meanwhile, during the post test, the highest number of study subject were in normal category with 30 study subjects (50%).

Based on table 4, during the pre test, the highest number of study subject were in moderate anxiety category with 33 study subjects (55%). Meanwhile, during the post test, the highest number of study subject were in normal category with 24 study subjects (40%).

Based on table 5, during the pre test, the highest number of study subject were in moderate stress category with 36 study subjects (60%). Meanwhile, during the post test, the highest number of study subject were in mild category with 22 study subjects (36.7%).

Bivariate analysis showed the effect of one independent variable on one dependent variable such as depression, anxiety, and stress using independent t test.

**Table 3. The description of depression variable**

Depression	Pre test		Post test	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Normal	8	13.3%	30	50%
Mild	24	40%	14	23.3%
Moderate	26	43.3%	15	25.0%
Severe	2	3.3%	1	1.7%
Very severe	0	0%	0	0%
Total	60	100%	60	100%

**Table 4. The description of anxiety variable**

Anxiety	Pre test		Post test	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Normal	0	0%	24	40%
Mild	27	45%	19	31.7%
Moderate	33	55%	15	25%
Severe	0	0%	2	3.3%
Very severe	0	0%	0	0%
Total	60	100%	60	100%

**Table 5. The description of stress**

Stress	Pre test		Post test	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Normal	2	3.3%	18	30%
Mild	22	36.7%	22	36.7%
Moderate	36	60%	20	33.3%
Severe	0	0%	0	0%
Very severe	0	0%	0	0%
Total	60	100%	60	100%

**Table 6. The result of independent t test of mean differences on depression, anxiety, and stress before hypnotherapy between hypnotherapy group and non-hypnotherapy groups**

Independent Variable	Hypnotherapy			Non-hypnotherapy			p
	n	Mean	SD	n	Mean	SD	
Depression	30	17.53	6.62	30	17.40	6.56	<0.938
Anxiety	30	20.53	5.88	30	20.37	6.00	<0.914
Stress	30	20.00	5.41	30	20.07	5.46	<0.962
Combination (DAS)	60	58.13	15.82	60	57.77	15.87	<0.926

Table 6 presented a bivariate analysis of depression, anxiety, and stress in the hypnotherapy group and non-hypnotherapy group before treatment. Based on the result, the p value was <0.938 for depression in PLWH who received hypnotherapy and did not receive hypnotherapy. It

showed that there was no effect of hypnotherapy on depression during the pre test. It also showed a mean of 17.53 in the hypnotherapy group and 17.40 in the control group / non-hypnotherapy.

The p value was <0.914 for anxiety in PLWH who received hypnotherapy and did

not receive hypnotherapy. It showed that there is no effect of hypnotherapy on anxiety during the pre test. It also showed a mean of 20.53 in the hypnotherapy group and 20.37 in the control group / non-hypnotherapy.

The p value was <0.962 for stress in PLWH who received hypnotherapy and did not receive hypnotherapy. It showed that there is no effect of hypnotherapy on stress during the pre test. It also showed a mean of 20.00 in the hypnotherapy group and

**Table 7. The result of independent t test of mean differences on depression, anxiety, and stress after hypnotherapy between hypnotherapy group and non-hypnotherapy groups**

Variable	Hypnotherapy			Non-hypnotherapy			p
	n	Mean	SD	n	Mean	SD	
<b>Depression</b>	30	5.07	5.45	30	17.73	6.50	<0.001
<b>Anxiety</b>	30	7.70	5.29	30	20.77	5.98	<0.001
<b>Stress</b>	30	7.77	6.37	30	20.30	5.34	<0.001
<b>Combination (DAS)</b>	60	20.53	15.30	60	58.80	15.63	<0.001

Table 7 presented a bivariate analysis of depression, anxiety, and stress in the hypnotherapy group and non-hypnotherapy group after treatment. Based on the result, the p value was <0.001 for depression in PLWH who received hypnotherapy and did not receive hypnotherapy. It showed that there was an effect of hypnotherapy on depression during the post test. It also showed a mean of 5.07 in the hypnotherapy group and 17.73 in the control group / non-hypnotherapy.

The p value was <0.001 for anxiety in PLWH who received hypnotherapy and did not receive hypnotherapy. It showed that there is an effect of hypnotherapy on anxiety during the post test. It also showed a mean of 7.70 in the hypnotherapy group and 20.77 in the control group / non-hypnotherapy.

The p value was <0.001 for stress in PLWH who received hypnotherapy and did not receive hypnotherapy. It showed that there is an effect of hypnotherapy on stress

20.07 in the control group / non-hypnotherapy.

The p value was <0.926 for combination (depression, anxiety, and stress) in PLWH who received hypnotherapy and did not receive hypnotherapy. It showed that there is no effect of hypnotherapy on depression during the pre test. It also showed a mean of 58.13 in the hypnotherapy group and 15.87 in the control group / non-hypnotherapy.

during the post test. It also showed a mean of 7.77 in the hypnotherapy group and 20.30 in the control group/non-hypnotherapy.

The p value was <0.001 for combination (depression, anxiety, and stress) in PLWH who received hypnotherapy and did not receive hypnotherapy. It showed that there is an effect of hypnotherapy on depression, anxiety, and stress during the post test. It also showed a mean of 20.53 in the hypnotherapy group and 58.80 in the control group / non-hypnotherapy.

## DISCUSSION

### 1. The effect of hypnotherapy on depression level in PLWH

Table 7 showed that there was an effect of hypnotherapy on depression during the post test. It showed that PLWH who were given hypnotherapy had a decrease of depression level compared to PLWH who were not given hypnotherapy. This is in line with the study conducted by Untas et al.

(2013) and Shih et al, (2010) which stated that the depression on a patient could decrease after hypnotherapy. It showed that hypnotherapy could be an alternative in pharmacological treatment to decrease depression level.

It was concluded that there was an effect of hypnotherapy towards depression level. There was a decrease of depression level in PLWH during the post test in the intervention group.

### **2. The effect of hypnotherapy on anxiety level in PLWH**

Table 7 showed that there was an effect of hypnotherapy on anxiety during the post test. It showed that PLWH who were given hypnotherapy had a decrease of anxiety level compared to PLWH who were not given hypnotherapy. This is in line with the study conducted by Lu and Lu (2013) which stated that hypnotherapy could decrease the anxiety level and increase the calmness on patient. Two groups of students had a high score on the anxiety test questionnaires that were treated by desensitization under hypnosis or desensitization after relaxation training with biofeedback. Both groups showed a significant decrease in anxiety after treatment compared to the noncontact control group ( $p > 0.05$ ) (Spies, 2011).

It was concluded that there was an effect of hypnotherapy towards anxiety level. There was a decrease of depression level in PLWH during the post test in the intervention group.

### **3. The effect of hypnotherapy on stress level in PLWH**

Table 7 showed that there was an effect of hypnotherapy towards stress level during the post test. It showed that PLWH who were given hypnotherapy had a decrease of stress level which more significant than those who were not given hypnotherapy.

Relaxation with hypnotherapy makes the immune system better. When the mind is relaxed and positive, it will make the positive hormones level, high enzymes, and normal blood pressure. Relaxation can deliver impulses along the pressure path to make someone feel good. Many studies have linked relaxation with longevity and show that there are lost of health benefits in relaxation. It is not only to find peace in daily routine, but also to keep planning activities for the future (Rafael, 2015).

Disimpulkan bahwa terdapat pengaruh hipnoterapi terhadap tingkat stres. Pada kelompok intervensi saat dilakukan *post test* ODHA mempunyai penurunan tingkat stres.

The clinical hypnotherapy application is able to decrease post-traumatic stress disorder and overcome dissociative experiences during and after trauma (Gunawan, 2014). According to Kingsbury (2011), hypnosis can decrease posttraumatic stress disorder (PTSD).

It was concluded that there was an effect of hypnotherapy on stress. There was a decrease of depression level in PLWH during the post test in the intervention group.

### **4. The effect of hypnotherapy on the changes in depression, anxiety, and stress in PLWH**

Table 7 showed that there was an effect of hypnotherapy on depression, anxiety, and stress during the post test. It showed that PLWH who were given hypnotherapy had a decrease of depression, anxiety, and stress level which was significant compared to PLWH who were not given hypnotherapy.

Hypnotherapy is one of the therapies to decrease depression, anxiety and stress level through a calm system in the human brain; so, when the brain receives a positive response, the hypothalamus will secrete endorphins and enkephalin as painkillers

and control of CRF secretion. When CRF secretion decreases, ACTH secretion is also stable and controlled. In addition, a decrease of ACTH will stimulate a decrease in cortisol and catecholamine production which increase the immune response (Djauzi and Djoerban, 2011). The time needed for the hypnosis result is immediately after hypnosis until the environment affects again; if the environment has a positive synergy, the results of hypnosis can last longer (Rafael, 2015).

There is an effect of hypnotherapy on depression level in PLWH during pre-test and post-test in "Friendship Plus" Peer Supporting Group in Kediri ( $p < 0.001$ ). There is an effect of hypnotherapy towards anxiety in PLWH during pre-test and post-test in "Friendship Plus" Peer Supporting Group in Kediri ( $p < 0.001$ ). There is an effect of hypnotherapy towards stress level in PLWH during pre-test and post-test in "Friendship Plus" Peer Supporting Group in Kediri ( $p < 0.001$ ).

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