Surveying Impulsivity, Anxiety, and Depression Using Hypnotism-Therapy Psychodynamics, and Cognitive-Behavioristic Therapy (Case Study: Women with Psychosomatic Disorder)

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Abstract

Introduction: psychodynamics disorders result in inabilities and abnormality of social and individual activities; which in fact lead to incoherency with the environment. In addition to physical symptoms, the disorders are featured with mental aspects that have great effects on personal life. Therefore, along with diagnosing and treating the disorders, a need to deal with the problems caused by the disorder through adopting proper treatments is felt. Methodology: the study was conducted by comparing the impact of hypnotism therapy, psychodynamics, and cognitive-behavioral treatments on some of the cognitive parameters such as anxiety and depression among women suffering from psychosomatic disorder (Migraine headache – vascular dilation). The study design was semi-experimental (pretest and posttest) with control group. Results: the results revealed that anxiety and depression level in the two treatment groups in posttest and follow up stages were significantly lower than those of the control group. In addition, in comparing the two treatment methods, hypnotism therapy psychodynamics led to more reduction in the psychological parameters after the treatments. Conclusion: both treatment methods led to reduction of depression and anxiety among women suffering from migraine headache. Moreover, hypnotism therapy psychodynamics were more influential in reducing the psychological parameters compared with cognitive-behavioral treatment. Results from follow up stage also uncovered that the two treatment methods had favored effects three months after the treatments.

Keywords: depression, anxiety, hypnotism therapy psychodynamics, cognitive-behavior treatment, Psychosomatics

1. Introduction

The psychological-physical medicine has been under attention in the psychotherapy and psychiatry science for over 71 years. It is, in fact, on the basis of two premises: there is an undeniable link between the spirit and body; and psychological factors should be taken into consideration in examining all conditions of patients. This type of medicine, in essence, refers to physical disorders which stem from psychological factors. Psychosomatic disorders, as one type this medicine; trigger both physical and mental problems, which, in turn, cause severe effects on the patient. Migraine headaches (vascular dilation) are one of the psychosomatic disorders. These types of disorders are likely to negatively affect the sufferer's social relationship and also to drop remarkably the general health level of patients in different mental aspects. Furthermore, as another problem that may arise in these patients is that they may not only tend to misuse

different drugs and medicine, but also face problems in their occupations and society. Therefore, it is necessary to recognize and treat these disorders and their problems by using suitable treating methods.

Accordingly, a set of studies have focused on the symptoms, treatments, and effective factors such as stress. Accordingly, there is a great body of studies dealing with the pathology, etiology, and treatment techniques such as hypnotism cognitive-behavioral, hypnotism therapy psychodynamics, macule relaxation, meditation, and cognitive-behavioral intervention. An effective treatment program is required to make changes in frequency, symptoms, and severity of migraine headache and to preserve personal and social performance and capabilities of the patient. Hypnotism therapy psychodynamics tries to search in patient's past to find the roots of current problems through age regression in hypnotic ecstasy mood. In this way, psychological reconstruction during hypnotic mood reduces the symptoms of the disease.

Additionally, in the cognitive-behavioral treatment, unfavored behavioral patterns are identified and the patient is explained as to how his/her cognitive assessments and beliefs in different situations might affect his/her emotional and behavioral responses. Afterward, the patient is assisted to manage their responses to stressful and critical situations and manage the stress and the symptoms by more optimistic and flexible assessments. One way to reduce and improve the symptoms and effects of psychosomatic disorders is to assess the symptoms and aid the patient through proper psychotherapeutic methods such as hypnotism therapy psychodynamics and behavioral-cognitive treatment. As a result of these treatments, the patient can enjoy more personal performance, self-control, and self-efficiency by reducing the limitations imposed by the disease on performing personal affairs and professional responsibilities and consequently there would be a great saving as to human force and costs. By determining the processes, unconscious motivations, and behavior developmental results (including childhood memories and events that have strong effect on the person's attitudes and behaviors in the future) using hypnotism therapy psychodynamics, the patient is helped to decrease anxiety, depression and other psychological symptoms. In the next stage, the suppressed feelings are managed by breaking the resistance and brining materials from unconscious state to conscious state (it is notable that Freud's purpose in removing the symptoms of disease was to bring unconscious materials into conscious level). Given that the main purpose of treating psychosomatics disorders is not only to remove the physical and psychosomatics symptoms, but preventing reemergence of the symptoms by extending the effects of treatment through creating insight and knowledge in the patient, it seems essential to employ cognitive-behavioral treatment to survey the fundamental psychological factors and give the psychosomatic patients (migraine headaches) insight toward the probable causes of the disorders.

All in all, the present study is, in fact, an attempt to survey and compare the effectiveness and outcomes of hypnotism therapy psychodynamics and cognitive- behavior therapy among psychosomatic women suffering from migraine headaches (vascular dilation). The research question that is, therefore, addressed is that which one of these two treatment techniques is more effective in attenuating depression and anxiety of the patients? In addition, it is asked whether the effects of the intervention are observable at follow up stage (three months after)?

Regarding the significance of the study, it can be contended that because psychosomatics disorders cause remarkable problems in the personal and social performance of patients, and also since if a physician who does not care much about mental issues ensures his/her client's that there is no serious problem, the patient is likely to be affected by more stress and desperation, the need for studying the psychological strands of the above-cited disorders and finding appropriate psychological methods is strongly felt.

2. Concepts and Literature Review

2.1 Concepts

It is been more than 75 years that psychosomatics medicine is one of the special fields of studies and its concepts have been effective in emergence of complementary medicine, alternative medicine, and holistic medicine as well. The concept of psychosomatics medicines have been effective on behavioral medicine, which is a mixture of behavioral sciences, bio-medicine approach to prevention, diagnosis, and treatment; they have been effective also on medical care approaches as well. Psychosomatic medicine is based on two assumptions; i) there is an undeniable unity between the mind and body; and ii) psychological factors must be taken into account as to all aspects of diseases (An introduction to psychology "behavioral sciences, clinical psychology", Benjamin James Saduk, Virgina Alkut Saduk, translated by: Nasrollah Pour Afkari, 2007).

Although, due to changes in the concept of psychosomatics it now has new name –physiological mental disorder-, the practitioners and the public still use the term psychosomatics (Health Psychology, Edward P. Sarafino, Translated by a group of translators under supervision of Dr. Elaheh Mirzaei, 2005). Physiological mental disorders refer to physical

symptoms and the diseases that are outcomes of mutual effect of mental, social, and physiological processes. DSM-IV-TR has an independent class for psychosomatic diseases and the concept of psychosomatic medicine is part of psychological or emotional factors. In addition, the term is used for psychological and emotional disorders rooted in benign physical problems (An introduction to psychology " behavioral sciences, clinical psychology", Benjamin James Saduk, Virginia Alkut Saduk, translated by: Nasrollah Pour Afkari, 2007).

Different approaches have been introduced by psychotherapists regarding diagnosis, pathology, and treatment of psychosomatic disorders; including:

3. Biomedicine Approach

The roots of psychosomatic diseases are diathesis. The approach is comprised of four elements including genetics, special limb vulnerability, evolutionary choice, and general adaptation symptoms (GAS).

4. Psychodynamic Approach

Hereditary diseases and biological factors play an important role in preparing the ground for development of psychosomatic disorders. There are, however, symptoms that personality and psychodynamics also have a role in. These factors support stress aspect of diathesis – stress.

Franz Alexander (1950) is the most notable theoretician of psychosomatic disorder psychoanalysis. His idea is to combine genetic vulnerability of body limb, personality factors, and life stress. A person with genetic vulnerability of specific limb encounters with specific psychodynamics conflicts. The disease emerges, when life's stress motivates psychodynamics conflicts and the individual is not capable of defending himself. Therefore, three factors - genetic vulnerability of lime, fundamental dynamic conflicts, and stressful live situation- lead to development of disease. In the case of an individual who will develop digestive system problem, conflicts lies with the dependencies and expression of an independent ego. Alexander assumes different conflicts for asthma, joint inflammation, and dermatological problems.

5. Cognitive-behavioral Approach

The theories rooted in cognitive-behavior approach argue that learning or cognition lead to psychosomatic disorders; these theories emphasize on stress aspect of stress-diathesis. Stress can be developed by developing habits, cognitions, or life events.

5.1 Literature review

Adams et al. (2011) surveyed effectiveness of hypnotism therapy to treat chronic impulsive headaches and reducing anxiety. Their results showed that the technique led to considerable reduction in number of days of experiencing headache (<0.05) and hours of experience headache (<0.05) and also severity of the pain. In addition, psychological assessments based on questionnaire showed notable reduction of anxiety point (< 0.01).

Richardson and Mc Great (2010) conducted a study to compare effectiveness of cognitive-behavioral treatment (in psychology clinic) and cognitive-behavior treatment (minimum contact with therapist approach). They studied 48 patients with migraine headache in two randomly designed groups. The intervention was a 4 week course and the subjects were tested afterward. Follow up tests (after 6 months) were also performed using multivariate variance analysis. The results showed that the both groups enjoyed considerable reduction in frequency, term, and severity of the headaches. However the group with minimum contact with therapist approach showed better results comparing with the clinical treatment group.

A study by Flamer (2008) showed considerable effects of hypnotism on improving psychosomatic disorders. Sanen and Jerald also reported on effectiveness of hypnotism therapy on different psychosomatic disorders.

A study in the UK titled "comparison of hypnotism therapy with Prochlorperazine on migraine headache patients" by Adnerson, Backer, and Dulton showed that among 23 patients only 3 showed improvement by medicine treatment while 10 patients showed improvement by hypnotism therapy.

S. Moshref Dehkordy in cooperation with Peter Pullan¹ and C. Smolenksi² conducted a study titled "the effect of

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² Neurologist from Dr. V. Ehrenwall Sche Clinic-Ahrweiler

hypnotism therapy on chronic headache of migraine patients" in Iran. They studied 48 patients with minimum 2 years record of the disease for 9 months. The subjects were placed in a special empathic mood by hypnotism and then hypnotism techniques were taught to them. Records of headache after the intervention showed considerable reduction in frequency, severity, and term of migraine headache in the experiment group comparing with the control group so that the control group experienced increase of severity, frequency, and term of the headaches.

Hajar Khodarahmi carried out a study on effectiveness of behavioral-cognitive treatment and medicine therapy on chronic migraine symptoms among women outgoing patients in Isfahan, Iran. The results of the study showed effectiveness of behavioral-cognitive treatment in improving independence of the subject as to pain, and daily record of headache both during posttest and follow up stages comparing with medicine therapy group. In addition, Yasaman Abedini performed a study on effectiveness the family of cognitive-behavioral therapy on treating psychosomatic patients. Her results showed high effectiveness of treatment in dealing with interpersonal conflicts and problems by training problem solving and communicating skills, effective resistance, and assertiveness.

6. Methodology

6.1 Research Design

The study design is semi-experimental (pretest and posttest) with control group that is appropriate for the study purpose. The subjects were selected through convenience method and grouped in hypnotism therapy psychodynamics, cognitive-behavioral treatment, and control group. Effectiveness of the two treatment techniques on anxiety and depression of women with migraine headache was compared. The study population consisted of the referrals to Dr. Ebrahim Vahed (Neurologist and electroencephalography) and Dr. Mohammad Reza Irannejad's clinic (neurologist).

In addition, as it was already mentioned, sampling was performed through convenience method; participation criteria were as follows:

1. Psychosomatic disorder women (migraine headaches "vascular dilation) interviewed by Dr. Mohammad Reza Irannejad and Dr. Ebrahim Vahed and diagnosed with the disorder and minimum record of migraine disorders of 3 years.
2. Receiving no psychological treatment.
3. High school diploma at least
4. Using no psychotropic medicines for at least last 3 months.

The sample groups (n =45) was classified in three groups (n = 15) randomly.

6.2 Data gathering method

The study is an attempt to survey effectiveness of hypnotism therapy psychodynamics and cognitive-behavioral treatment on some of psychological parameters of women suffering migraine headaches. Sample group was comprised of 45 referrals to Dr. Ebrahim Vahed (Neurologist and electroencephalography) and Dr. Mohammad Reza Irannejad's clinic (neurologist) who interviewed the candidate to confirm their psychosomatic disorders.

After a diagnostic interview (examining the patients' condition and their symptoms), the participants were interviewed concerning the objectives of the study, how to fill out the questionnaire and procedures. To increase the participants' cooperation in the study, the advantages of doing the study was explained to them. In other words, they were said that if they take part in the study and respond to items appropriately, they would be given information, in written or orally, about the nature of their disease, how to control the symptoms, how to improve interpersonal relationship, and how to have healthier life after the study.

Afterward, a semi-structured interview was carried out to examine nature of the disease and severity of the symptoms. In addition, the patients' family members were asked about term of the disease, psychological record, and so on.

Before starting the interventions, Beck's depression and anxiety inventory was filled out by the participants. The interventions were performed in 12 sessions and the participants were asked to fill out the same questionnaire in the last session.

In addition, the participant filled out the questionnaire at follow up stage (3 months after intervention).

6.3 Research tools

6.3.1 Beck's Anxiety Inventory (BAI)

The questionnaire, like BAI, comprised 21 items and measures the anxiety of the subjects. Each item in the questionnaire represented one of the symptoms of anxiety that patients clinically experience during anxiety-inducing situations.

The statements of the questionnaire were scored from 0 to 3 and maximum feasible point was 63. Internal validity of the questionnaire was reported 92% by Beck, Steer, and Garbin (1988). In addition, reliability of the questionnaire based on a one week replication was obtained 75%. Beck and Steer (cited by Salavati, 2002) confirmed content, simultaneous, and factor validity of the questionnaire.

6.3.2 Beck's depression inventory (BDI)

Depression is a status in which the individual experiences lack of dignity, incapability, negative assessments, and incapacity of oneself. To measure depression, BDI was used as one of the best tools for this purpose. The questionnaire consisted of 21 items to measure physical, behavioral, and cognitive symptoms of depression. Each item was a four-alternative question scored from 0 to 4. Maximum and minimum feasible points were 63 and 0. These 21 items were: sadness, pessimism, feeling of failure, dissatisfaction, regret, expecting punishment and self-hate, self-accusation, thinking about suicide and crying, anxiety, social isolation, inconsistency, feeling physical change, insomnia, fatigue, loss of appetite, loss of weight, mental involvements, and loss of sexual desires.

6.4 Hypotheses

1. Hypnotism therapy psychodynamic is more effective on anxiety of the patient with migraine headaches comparing with cognitive-behavior treatment.
2. Hypnotism therapy psychodynamic is more effective on depression of the patient with migraine headaches comparing with cognitive-behavior treatment.
3. Effectiveness of hypnotism therapy psychodynamic and cognitive-behavior treatment is evident on anxiety and depression of the patient with migraine headache at follow up stage (three months after treatment).

7. Findings

One variable Kolmogorov-Smirnov (KS) test was employed to test normal distribution of the variables. Besides, repeated measurement mixed was run to survey and compare hypnotism therapy psychodynamic and cognitive-behavior treatments' impacts on anxiety and depression of women suffering psychosomatic disorders.

Table 1 - mean variation range and standard deviation of anxiety

Group	Stage	Mean	Variation range	SD
Hypnotism Therapy Psychodynamic Treatment	Pretest	37.86	28	9.30
	Posttest	12.46	12	3.09
	Follow up	14.66	11	2.99
Cognitive-behavior treatment	Pretest	26.60	15	5.30
	Posttest	18.60	19	5.44
	Follow up	22.53	19	5.22
Control	Pretest	27.71	25	5.89
	Posttest	26.50	12	3.52
	Follow up	27.50	14	4.60

Table 1 lists the mean point of the variable "anxiety" at follow up stage for hypnotism therapy psychodynamic treatment (14.66), Cognitive-behavior treatment (22.53), and control group (27.50). In addition, standard deviation of this variable is listed for hypnotism therapy psychodynamic treatment (2.99), Cognitive-behavior treatment (5.22), and control group (4.60).

Given that mean anxiety point of anxiety at posttest stage for hypnotism therapy psychodynamic treatment and cognitive-behavior treatment were 12.46 and 18.60 respectively, one may conclude that the former treatment is more effective than the latter.

Table 2 - Table 1- mean variation range and standard deviation of depression

Group	Stage	Mean	Variation range	SD
Hypnotism Therapy Psychodynamic Treatment	Pretest	43.42	48	10.70
	Posttest	11.78	15	4.18
	Follow up	12.71	24	6.09
Cognitive-behavior treatment	Pretest	45.42	26	5.91
	Posttest	17.07	10	2.69
	Follow up	17.28	14	3.89
Control	Pretest	32.80	40	11.92
	Posttest	30.40	38	12.78
	Follow up	29.73	38	11.06

Table 2 lists the mean point of the variable "depression" at follow up stage for hypnotism therapy psychodynamic treatment (12.71), Cognitive-behavior treatment (17.28), and control group (29.73). In addition, standard deviation of this variable is listed for hypnotism therapy psychodynamic treatment (6.09), Cognitive-behavior treatment (3.89), and control group (11.06).

Given that mean depression point at posttest stage for hypnotism therapy psychodynamic treatment and cognitive-behavior treatment were 11.78 and 17.07 respectively, one may conclude that the former treatment is more effective than the latter.

Table 3- Descriptive statistics of effectiveness for hypnotism therapy psychodynamic treatment and cognitive-behavior treatments on anxiety

Group	Stages	Mean	SD
Pretest Posttest	hypnotism therapy psychodynamic treatment	37.86	2.40
	Cognitive-behavior treatment	26.60	0.79
	Control	26.71	0.77
Pretest Posttest	hypnotism therapy psychodynamic treatment	12.46	1.36
	Cognitive-behavior treatment	18.60	1.40
	Control	26.50	1.34
Pretest	hypnotism therapy psychodynamic treatment	14.66	1.52
	Cognitive-behavior treatment	22.53	0.91
	Control	27.50	1.223
Wilcoxon Lambda : F=44.78 P=0.001			

Given what is listed in Table 3 and the obtained mean points, the hypnotism therapy psychodynamic treatment group obtained highest anxiety point in pretest stage followed by posttest and follow up stages. In addition, based on the obtained mean points, Cognitive-behavior treatment group obtained the highest anxiety point in pretest stage followed by posttest and follow up stages.

Table 4 – intra-group effectiveness, comparison of effectiveness of hypnotism therapy psychodynamic treatment and Cognitive-behavior treatment on anxiety

Effectiveness	Sig.	F	Mean of roots	DF	Sum of roots	Source of change
0.61	0.001	66.28	2044.63	1.49	3063.79	Anxiety
-	-	-	30.84	61.43	1894.99	error

As listed in Table 4 and taking into account value of F for effectiveness of hypnotism therapy psychodynamic treatment

for three stages (pretest, posttest, and follow up), which is significant at $\alpha = 0.01$, one may conclude that there is a significant difference between anxiety level at three level and clearly highest anxiety level is observed in the control group followed by cognitive behavior treatment group and hypnotism therapy psychodynamic treatment group. In addition, based on effectiveness column (0.61), hypnotism therapy psychodynamic treatment was more effective than cognitive behavior treatment on anxiety. Given that value of F (66.28) is significant at $\alpha = 0.01$ and with effectiveness of 0.61, it can be concluded that hypnotism therapy psychodynamic treatment and cognitive behavior treatment were effective on anxiety of migraine headache patients.

Table 5 - Bonferroni post-hoc test comparison of effectiveness of hypnotism therapy psychodynamic treatment and Cognitive-behavior treatment on anxiety

Difference Sig.	Hypnotism Therapy Psychodynamic Treatment	Cognitive-behavior treatment	Control
Hypnotism Therapy Psychodynamic Treatment		-0.91	-5.23
Cognitive-behavior treatment	1		-4.32
Control	0.001	0.008	

Given what is listed in Table 5, there is a significant difference between the hypnotism therapy psychodynamic treatment group and Cognitive-behavior treatment group regarding mean anxiety point at follow up stage ($\alpha = 0.01$). In addition, hypnotism therapy psychodynamic treatment is more effective on anxiety comparing with cognitive-behavior treatment

Table 6 – inter-groups effectiveness, comparison of effectiveness of hypnotism therapy psychodynamic treatment and Cognitive-behavior treatment on anxiety

Source of change	Sum of roots	DF	Mean of roots	F	Sig.	Effectiveness
Anxiety	673.66	2	336.83	8.41	0.001	0.29
Error	1640.59	41	40.01			

As listed in Table 6 and taking into account value of F for effectiveness of hypnotism therapy psychodynamic treatment and Cognitive-behavior treatment on anxiety for three groups, which is significant at $\alpha = 0.01$, there is significant difference between the three groups regarding anxiety level.

Table 7 - Descriptive statistics of effectiveness for hypnotism therapy psychodynamic treatment and cognitive-behavior treatments on depression

Group	Stages	Mean	SD
Pretest Posttest	hypnotism therapy psychodynamic treatment	43.42	10.91
	Cognitive-behavior treatment	45.42	6.13
	Control	32.80	11.92
Pretest Posttest	hypnotism therapy psychodynamic treatment	11.78	4.15
	Cognitive-behavior treatment	17.07	2.78
	Control	30.40	12.78
Pretest	hypnotism therapy psychodynamic treatment	12.71	6.09
	Cognitive-behavior treatment	17.28	3.89
	Control	29.73	11.06
Wilcoxon Lambda : F=145.03 P=0.001			

Given what is listed in Table 7 and the obtained mean points, the hypnotism therapy psychodynamic treatment group obtained highest depression point in pretest stage followed by posttest and follow up stages. In addition, based on the obtained mean points, cognitive-behavior treatment group obtained the highest depression point in pretest stage followed by posttest and follow up stages.

Table 5 – intra-group effectiveness, comparison of effectiveness of hypnotism therapy psychodynamic treatment and Cognitive-behavior treatment on depression

Source of change	Sum of roots	DF	Mean of roots	F	Sig.	Effectiveness
Anxiety	12295.41	1.40	8775.76	241.71	0.001	0.85
Error	20.34.71	56.06	36.30			

As listed in Table 8 and taking into account value of F for effectiveness of hypnotism therapy psychodynamic treatment for three stages (pretest, posttest, and follow up), which is significant at $\alpha = 0.01$, one may conclude that there is a significant difference between depression level at three level and clearly highest depression level is observed in the control group followed by cognitive behavior treatment group and hypnotism therapy psychodynamic treatment group. In addition, based on effectiveness column (0.85), hypnotism therapy psychodynamic treatment is more effective than cognitive behavior treatment on depression. Given that value of F (241.71) is significant at $\alpha = 0.01$ and with effectiveness of 0.85, it can be concluded that hypnotism therapy psychodynamic treatment and cognitive behavior treatment were effective on depression of migraine headache patients.

Table 9 - Bonferroni post-hoc test comparison of effectiveness of hypnotism therapy psychodynamic treatment and Cognitive-behavior treatment on depression

Difference Sig	hypnotism therapy psychodynamic treatment	Cognitive-behavior treatment	Control
hypnotism therapy psychodynamic treatment		-3.95	-8.33
Cognitive-behavior treatment	0.536		-4.38
Control	0.016	0.391	

Given what is listed in Table 9 there is a significant difference between the hypnotism therapy psychodynamic treatment group and Cognitive-behavior treatment group regarding mean depression point at follow up stage ($\alpha = 0.05$). In addition, hypnotism therapy psychodynamic treatment was more effective on depression comparing with cognitive-behavior treatment

Table 10 – inter-groups effectiveness, comparison of effectiveness of hypnotism therapy psychodynamic treatment and Cognitive-behavior treatment on depression

Effectiveness	Sig.	F	Mean of roots	DF	Sum of roots	Source of change
0.69	0.020	4.32	756.42	2	1512.84	Anxiety
			175.01	40	7000.07	error

As listed in Table 10 and taking into account value of F for effectiveness of hypnotism therapy psychodynamic treatment and Cognitive-behavior treatment on depression for three groups, which is significant at $\alpha = 0.05$, there is significant difference between the three groups regarding depression level.

Table 11 - One-variant KS test to check normal distribution of depression and anxiety in three groups (hypnotism therapy psychodynamic treatment, cognitive-behavior treatment, and control group) at pretest stage

Sig.	KS	Upper limit	N	Variable	Group
0.147	1.14	0.29	15	Depression	hypnotism therapy psychodynamic treatment
0.922	0.55	0.14	15	Anxiety	
0.846	0.61	0.15	15	Depression	Cognitive-behavior treatment
0.474	0.84	0.21	15	Anxiety	
0.629	0.74	0.19	15	Depression	Control
0.948	0.52	0.13	15	Anxiety	

As indicated in Table 11 and based on the KS value of the variables for the three study groups, which is not significant at $\alpha = 0.05$, it can be concluded that there is no significant difference between theoretical and experimental distributions and thus, distribution of the variable (anxiety and depression) is not normal.

8. Discussion and Conclusion

Hypothesis one (hypnotism therapy psychodynamic is more effective on anxiety of the patient with migraine headaches compared with cognitive-behavior treatment) was supported with effectiveness of 0.61. Comparing the mean point of anxiety for the two experimental groups, hypnotism therapy psychodynamic treatment was more effective than cognitive-behavior treatment as far as anxiety was concerned. This result is consistent with other similar works in this area. In fact, hypnotism therapy psychodynamic treatment includes a progressive relaxation method that attenuates anxiety by asking the patient to close their eyes, normalize their respiration rate, and imaging a safe place. Dr. Beata Jeacks introduced several innovative respiration control techniques during hypnotism and showed that by using imagination along with empathies as uniform terms or works and proper respiration cycle controls, the best results regarding anxiety reduction were obtained by psychosomatic patients. In addition, hypnotism therapy psychodynamic treatment looks for unconscious ego to find the causes of the disease and the hierarchy of the effects that leads to anxiety and then helps the patients to overcome the sources of anxiety by focusing on the events or conditions.

It is notable, however, that Adams, Henry, Micheal, Fowler and Joan (2011) showed in their study on effectiveness of hypnotism on reducing chronic headaches and anxiety that the treatment was effective considerably on frequency, term, and severity of headache and anxiety. Consistently, our results also confirmed more effectiveness of hypnotism therapy psychodynamic treatment compared with cognitive-behavioral treatment on symptoms of anxiety. After few sessions, the hypnotism therapy psychodynamic treatment group showed more calmness and relaxation. Taking into account the results by other similar studies on effectiveness of hypnotism therapy on anxiety and given that destructive experiences that cause anxiety can be treated in hypnotic ecstasy and consequently attenuate physiological symptoms of anxiety, hypnotism therapy psychodynamic treatment can be more helpful, comparing with cognitive-behavioral treatment, in reducing anxiety.

Hypothesis two "hypnotism therapy psychodynamic is more effective on depression of the patient with migraine headaches comparing with cognitive-behavior treatment" was also supported with effectiveness of 0.85. Comparing the mean point of anxiety for the two experimental groups, hypnotism therapy psychodynamic treatment was more effective than cognitive-behavior treatment on depression. This result is consistent with other similar works in this field. Patients in hypnotism therapy psychodynamic treatment go into a deep relaxed mood and the patient's mind is highly open to accept hypnotic empathies to create cognitive-perceptual changes and reform the irrational and negative thoughts that are sources of depression. Reforming cognitive disorders (e.g. everything or nothing, over generalization, mental filter, reading mind, internal attribution, stigmatization, and catastrophing) are expected to be easier with hypnotism therapy psychodynamic treatment comparing with cognitive-behavioral treatment. An experimental study by Miller and Bovers (1996) to compare effectiveness of hypnotic numbness and pain killing technique and cognitive-behavioral treatment on migraine headache and depression showed that the former method, using cognitive strategies (e.g. mind distraction), was more effective in lessening headache and improving depression comparing with cognitive-behavioral treatment. Our results also showed that hypnotism therapy psychodynamic treatment group showed less severity of depression comparing with cognitive-behavioral treatment group. In addition, they showed higher self-dignity and optimistic expectation from treatment process.

Since one of the depression aspects is cognition (e.g. over self-criticizing) and inducing changes in thinking patterns is a treatment for depression and given that the patient's openness to empathy and follow the therapist in hypnotic ecstasy is higher than conscious mood, and that the results showed higher effectiveness of hypnotism therapy psychodynamic treatment on depression of migraine patients, it can be concluded that hypnotism therapy psychodynamic treatment is more effective in reducing depression and cognitive style of the patients comparing with cognitive-behavioral treatment.

Hypothesis three "effectiveness of hypnotism therapy psychodynamic and cognitive-behavior treatment is evident on anxiety and depression of the patient with migraine headache at follow up stage (three months after treatment)" was supported. This result is consistent with other similar works in this field. A study in Isfahan, Iran to compare effectiveness of cognitive-behavioral treatment and medicine therapy on the chronic migraine symptoms of female outgoing patients by H. Khodakarami et al., showed higher effectiveness of cognitive-behavioral therapy on increasing independence to deal with pain and reducing daily rate of headache in posttest and follow up stages.

Our results showed that the patients of the both experimental groups at follow up stage (three months after

invention) had more positive and optimistic attitudes, less anxiety, and were better in controlling temper comparing with pretest results. The participants reported higher efficiency and self-confidence and lower idealism, and competitiveness. They also reported their viewpoint to life events had been changed and they felt more happiness and self-satisfaction. They were also better in self-performance and empowerment. Furthermore, they experienced less frequent and less severe pain. Given the effects of hypnotism therapy in attenuating pain and anxiety – which was proved by the results- the treatment can be used along with other treatment techniques such as medicine therapy to attenuate psychosomatic pains such as migraine headaches, anxiety, depression, and other psychological problems associated with psychosomatic disorders. It is recommended also to carry out follow up surveys and several hypnotism therapy programs to prevent reemergence of psychosomatic pains.

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