行政院國家科學委員會專題研究計畫　成果報告

身心靈團體治療於憂鬱症患者成效之實證研究

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計畫主持人：蕭妃秀
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執行單位：台北醫學大學護理學系

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Abstract

Evidence based study on efficacy of body-mind-spirit group therapy for patients with depression

Background. Depression is a common mental disorder with high prevalence in the west as well as in Taiwan and is the second disease burden worldwide in 2002. Nevertheless, in Taiwan patients with depression are reluctant to seek for psychiatric help. The part of reasons may be because so far the psychosocial treatment models are mainly western.

Purposes. This research project aimed to develop an effective, acceptable and culturally-enriched therapeutic group for depression based on the understanding of traditional Chinese health wisdom. In addition, it aimed to understand the impact of this form of the group on reduction of symptoms of depression and improvement of body-mind-spirit holistic well-being.

Method. The current research was a randomized clinical trial design study. This study was conducted at the psychiatric outpatient clinic of the general hospital. Those who were diagnosed as depressive disorders by psychiatrists were invited to participate in this study. They were randomly assigned to an experimental group or a control group. Subjects in an experimental group received 2 months time body-mind-spirit group therapy. The outcome variables including the symptoms of depression, level of anxiety, body-mind-spirit holistic well-being and salivary cortisol were evaluated at baseline (pre-treatment), post treatment, and then 2 month after end of treatment for the maintenance effect.

Results. 20 patients with depressive disorders in experimental group and 19 patients in control group completed the study. To examine the effects of body-mind-spirit group therapy, the one-way analysis of variance with repeated measures revealed that there were significant differences in reducing scores of Beck depression inventory ($F=4.30$, $p=0.02$) and increasing scores of body-mind-spirit well-being inventory ($F=3.33$, $p=0.04$). To examine the effects of usual care, the one-way analysis of variance with repeated measures revealed that there was no significant difference in reducing scores of Beck depression inventory ($F=1.68$, $p=0.20$), state anxiety inventory ($F=0.54$, $p=0.58$), and hospital anxiety and depression inventory ($F=2.14$, $p=0.13$), and in increasing scores of body-mind-spirit well-being ($F=2.23$, $p=0.12$). Moreover, the result indicated that there was a significant increase in salivary cortisol concentration during four-month observation ($F=3.44$, $p=0.04$). Nevertheless, the results of two-way analysis of variance with repeated measures indicated that there was no significant difference in main effects on scores of Beck depression inventory ($F(1,35) =0.19$, $p=0.66$), state anxiety inventory ($F(1,35) =0.38$, $p=0.54$), hospital anxiety and depression inventory ($F(1,35)=0.57$, $p=0.45$), body-mind-spirit well-being ($F(1,35) =0.23$, $p =0.63$), and salivary cortisol ($F(1,34)=1.75$, $p=0.18$) between experimental group and control group after adjusting the baseline, respectively. The different severe degree of depression at baseline test and length of follow-up may influence the follow-up results.

Conclusion. The result suggested that body-mind-spirit group program could effectively improve symptoms of depression and body-mind-spirit well-being. Moreover, an increase of cortisol level was appeared in the patients who received usual care.

Keywords: body-mind-spirit group therapy, patients with depressive disorders, body-mind-spirit holistic well-being, salivary cortisol

身心靈團體治療於憂鬱症患者成效之實證研究

背景：雖然憂鬱症在台灣也和西方國家一樣有高的盛行率並且憂鬱症即將在二〇二〇年成為導致生活適應障礙的第二主要原因，但是台灣患有憂鬱症的民眾較不傾向求助於精神醫療的協助。目前社會心理治療是以西方模式為主，成為影響他們就醫意願的原因之一。

目的：本研究的目的是根據對傳統華人健康智慧的了解，發展一個具有文化內涵且易被華人憂鬱症患者所接受的團體治療，並且探討此種團體治療對減輕憂鬱症狀以及提升身心靈全人健康的影響。

方法：這是一個臨床實驗(Randomized clinical trial design)的研究計劃。此項研究將在一所精神科醫院的門診進行，精神料醫生所診斷為憂鬱症的患者參與本研究計劃。她們將經由隨機選擇的方式分別至實驗組及控制組，實驗組將接受兩個月的身心靈團體治療，控制組將不接受任何團體治療。結果將測試憂鬱症狀、焦慮程度、身心靈全人健康及唾液可體松的程度。測試時間將於治療前、治療後以及治療後兩個月進行。

結果：二十位憂鬱症個案於實驗組和十九位憂鬱症個案於控制組完成參與本研究計劃。One-way analysis of variance with repeated measures 測試結果發現身心靈團體治療能減輕憂鬱症狀(F=4.30, p=0.02)和提升身心靈全人健康(F=3.33, p=0.04)。One-way analysis of variance with repeated measures 測試結果發現門診的例行治療對減輕憂鬱症狀(F=1.68, p=0.20)，焦慮狀態(F=0.54, p=0.58)，憂鬱及焦慮(F=2.14, p=0.13)以及提升身心靈全人健康(F=2.23, p=0.12)，並且發現可體松濃度增加的情形(F=3.44, p=0.04)。以two-way analysis of variance with repeated measures 測試比較身心靈團體治療及門診的例行治療效果的差異結果，發現在減輕憂鬱症狀(F(1,35) =0.19, p=0.66)，焦慮狀態(F(1,35) =0.38, p=0.54)，憂鬱及焦慮(F(1,35)=0.57, p=0.45)，提升身心靈全人健康(F(1,35) =0.23, p =0.63)以及可體松濃度(F(1,34)=1.75, p=0.18)未達統計上的差異。實驗組和控制組兩組在前測憂鬱嚴重程度不同和追蹤的時間或許影響後測結果。

結論：本研究結果建議身心靈團體治療合併藥物治療對於減輕憂鬱症狀和提升身心靈全人健康是有影響。僅接受門診藥物治療的個案期可體松濃度有增加的傾向。

關鍵字：身心靈團體治療、憂鬱症病患、身心靈全人健康、唾液可體松

Introduction

The cross-national epidemiological survey (Weissman *et al.* 1996) found that the lifetime prevalence of major depression was 15%. The Global Burden of Disease study (Murray & Lopez 1996) states that depression is a leading cause of disability and will account for 15% of the disease burden worldwide by the year 2020. As a result, management of depression is emphasized in mental health services. Despite the availability of psychiatric treatments, most patients with depression do not receive psychiatric professional help. The studies (Cheung, Lau & Waldmann, 1981; Cheung & Lau, 1982; Kleinman, 1977; Kleinman, 1980; Kleinman & Kleinman, 1985) found that Chinese people in Taiwan, Hong Kong, China, America and Canada dealing with non-psychotic illness was similar to dealing with a physical illness. Moreover, in Taipei, the biggest city of Taiwan, almost 30% patients with depression only received outpatient treatment once in two years (National Health Insurance 2004). Therefore, it is a need to develop an intervention model that is more effective and acceptable for Chinese depression patients. Moreover, group approach is preferred to individual approach for cost-effectiveness consideration.

Purposes

The purpose of this study was to develop a cultural-enriched psychotherapy which is both effective and acceptable for persons with depression. This study aimed to explore the impacts of follow-up on reducing symptoms of anxiety and depression, decreasing level of salivary cortisol and improving well-being.

Literature Review

The body-mind-spirit therapy developed by Chan (2001) connects and balances body-mind-spirit to achieve well-being. This therapy integrated concepts and practices from Western medicine (e.g., positive psychology and forgiveness therapy), traditional Chinese medicine and the Eastern philosophies of Buddhism, Taoism and Confucianism. Seligman and Csikszentmihalyi (2000) thought that positive psychology emphasized a person's positive features, which include hope, wisdom, creativity, future-mindedness, courage, spirituality, responsibility and perseverance. Moreover, identifying and amplifying a person's strengths could help her/him to buffer against suffering caused either by weak self-concept or by traumatic life events. The theory of positive psychology may help patients with depression to use their strengths to solve their own problems and thus facilitate their sense of self-achievement and control. Body-mind-spirit therapy integrates Western forgiveness therapy and Confucian thought about forgiveness. Maltby et al. (2000) found that psychological problems were related to a person's difficulty in forgiving others. Forgiveness therapeutic skills such as letting go, changing negative thoughts, and living for the moment help clients to transform the energy of negative emotions and to increase their confidence and sense of hopefulness (Humphrey, 1999). *"Shu"* (Chinese word: 恕, meaning forgiveness), a core of Confucian thought, is regarded as highly moral behaviour and a way of resolving interpersonal conflict. The Chinese word *"shu"* consists of two Chinese words: success and heart. This word illustrates that through practicing *"shu"* (forgiveness), a person can be released from prison and achieve peace of mind. In body-mind-spirit therapy, Chan (2001) guided clients to practice forgiveness, *"shu"*, to reduce disturbed emotions and behaviours. Included forgiveness in body-mind-spirit therapy may reduce depression patient's anger toward both others and self, and subsequently may improve interpersonal relationship and increase positive views of life. Chan (2001) incorporated traditional Chinese medicine in body-mind-spirit therapy and developed "one-second techniques" including breathing exercises, acupressure and *qi-gong* exercises. Physical activities may effectively help Chinese depression patients to facilitate emotional expression and thus to restore the balance of body and mind. In body-mind-spirit therapy, the body work includes lecturing on body-mind connection, and teaching breathing exercises, body movement, guided imagery, massage and hugging in order to guide clients to touch, understand and control their bodies. In relation to mind restructuring, positive

self-affirmation, songs, role models and journal writing are included to help clients to establish a positive view of self and others. Spiritual work includes learning transformation through pain, practicing self-love, appreciating life and others and striving to make sacrifice for others, all as routes to discovering peace of mind. Through a comprehensive body-mind-spirit intervention program, depression patients' well-being may be achieved.

Chan, Chan and Lou (2002) conducted an experimental study to evaluate the efficacy of body-mind-spirit empowerment group for sixty-seven divorced Chinese women. The five-week group therapy included physical activities along with exercises for expression of emotions, mutual support, self-love and discovery of life meanings. The results indicated that the body-mind-spirit group effectively helped divorced women to reduce their perceived level of stress, to increase their sense of empowerment, to be confident in their mother's role and to establish support networks. Chan, Law and Leung's study（2000）examined the effects of a body-mind-spirit group for sixty-four female patients with breast cancer. The four-week group therapy, called "Cancer Fighters' Training Courses" included psychoeducation on nutrition, traditional Chinese medicine and acupuncture, *qi-gong*, acupressure, meditation, self-love, forgiveness, and mutual support. The results indicated that the group could effectively reduce patients' perceived emotional and physical distress, establish positive self-concepts, increase capacity to cope with stress and increase their quality of life. The results of effectiveness of body-mind-spirit group therapy obtained through clients' subjective report of their improvement of physical and psychological distress and quality of life. The objective measurement has not been used for examining its efficacy. Salivary cortisol test is a widely-used test in psychosocial immunology. It indicates the immunological functioning in response to anxiety. Salivary cortisol test had been conducted to examine the impacts of psychotherapy on the endocrine and psychological responses to stressful stimuli (Antoni et al., 2000; Cruess et al., 2000; Gaab, Blattler, Menzi, Pabst, Stoyer & Ehlert, 2003; Herman & Cullinan, 1997). These studies examined the effectiveness of group-based cognitive-behavioral stress management in term of cortisol levels among HIV-positive gay men, women with breast cancer, and healthy subjects. Their studies indicated that the group-based cognitive-behavioral stress management reduced the cortisol response to stress. This result suggested that the group-based cognitive-behavioral stress management diminished the endocrine and psychological responses to stressful stimuli (Herman & Cullinan, 1997).

The efficacy of body-mind-spirit therapy for patients with depression has not been studied. It is noted that patients with depression appear to have the problem with hypersecretion of cortisol. Nevertheless, the study of efficacy of body-mind-spirit therapy has not explored the impacts of body-mind-spirit group therapy on reduction in neuroendocrine response to stress.

Method

The design of this research adopts the randomized controlled trial (RCT). The subjects were randomly assigned into experimental and control groups. Subjects in experimental group received 8-week body-mind-spirit group therapy. Subjects in control group received psychiatrist's usual care. Measurement time-points include pre, post intervention, and then 2 month after end of intervention for the maintenance effect.

Results

Characteristics of subjects

A total of 65 patients were willing to participate in this study. The participants were assigned to two groups: 38 were in experimental group and 27 were in control group. Nevertheless, 18 patients in experimental group did not complete the intervention program. For patients in control group, 8 dropped out from the study. Finally, 20 patients in experimental group and 19 patients in control group completed the study and they were included in the data analysis. Their demographic characteristics were presented in Table 1. Independent t-test and x^2-test were conducted to examine the differences in demographic characteristics and results of pre-test measurements of psychosocial inventories and salivary cortisol concentration between

experimental and control groups. As indicated in Table 1, there were significant differences in the scores of Beck depression inventory and of hospital anxiety and depression inventory between two groups. Patients in experimental group appeared to have higher scores on Beck depression inventory and of hospital anxiety and depression inventory than patients in control group did. According to Beck's depression severity scores, average mean score of 30.50 among patients in experimental group was classified as severe depression while average mean score of 20.75 among patients in control group was classified as moderate depression. The results suggested that the condition of depressive disorders among patients in experimental group was more severe than patients in control group. Although this study adopted random sampling process to allow patients to have equal opportunity to be assigned into two groups, the unbalance conditions occurred in two groups. The impact of significant difference in severity of depression between two groups on comparing effects of intervention program and usual care will be discussed later.

Table 1 *Demographic characteristics of the participants in the study*

	Experimental group (n = 20)	Control group (n = 19)	x^2 or t test	p-Value
Ages	44.25(11.55)	41.40(12.69)	0.74	0.46
Gender			1.03	0.31
Male	5	8		
Female	15	12		
Marital status			2.15	0.71
Single	4	5		
Married	16	15		
Educational levels			3.16	0.53
Elementary school	2	2		
High school	6	10		
College	12	8		
Occupational status			6.44	0.48
employed	19	19		
unemployed	1	1		
Illness history			15.91	0.53
<1	2	0		
1-3years	7	12		
4-9years	3	3		
>10years	5	3		
>20years	3	0		
Not sure		1		
Family history of mental illness			0.00	1.00
yes	7	7		
no	13	13		
SAI	59.05(9.23)	52.80(12.06)	1.84	0.73
BDI	30.50(14.89)	20.75(12.99)	2.21	0.03*
HAD	23.20(8.21)	17.05(8.02)	2.40	0.02*
BMS	251.15(77.16)	281.65(89.73)	1.15	0.26
Cortisol[a]	-2.22(0.53)	-2.54(0.96)	-1.25	0.22

Note. SAI= state anxiety inventory; BDI= Beck depression inventory; HAD= hospital anxiety and depression; BMS = body-mind-spirit well-being; Cortisol= Salivary cortisol concentration. Independent t-test were used for age, SAI, BDI, HAD, BMS and Cortisol. The rest was analyzed using x^2-test. *p<0.05

[a] Three cortisol samples were lost in the subjects in experimental group. Therefore, cortisol test was based on 17 subjects for experimental group and 19 subjects for control group.

The effects of body-mind-spirit group program

Table 2 presents the results of means and standard deviation of the rated depression, anxiety, salivary cortisol concentration, and body-mind-spirit well-being scores for before, after and 2-month after body-mind-spirit group program. As noted in Table 2, average mean scores of Beck depression inventory decreased from 30.5 to 21.25. Body-mind-spirit well-being constantly increased from 251.15 to 294.70. The one-way analysis of variance with repeated measures revealed that there were significant differences in reducing scores of Beck depression inventory (F=4.30, p=0.02) and increasing scores of body-mind-spirit well-being inventory (F=3.33, p=0.04). The results provided an evidence that group program was effective in reducing symptoms of depression and improving body-mind-spirit well-being. Nevertheless, there was no significant effect of group program on reduction of scores of state anxiety inventory (F=1.88, p=0.16), hospital anxiety and depression inventory (F=2.54, p=0.09) and salivary cortisol concentration (F=0.36, p=0.69). The result suggested that body-mind-spirit group program could effectively improve symptoms of depression and body-mind-spirit well-being.

Table 2

The results of repeated measures analysis of variance for comparison of effects of before, after and 2-month after group program (N=20)

	Effects of body-mind-spirit program				
Variables	Pre test	Post test	Post2 test	F	P
SAI	59.05(9.23)	57.90(12.18)	54.25(12.86)	1.88	0.16
BDI	30.50(14.89)	25.55(16.25)	21.25(17.68)	4.30	0.02*
HAD	23.20(8.21)	23.05(10.71)	19.30(10.16)	2.54	0.09
BMS	251.15(77.16)	260.85(106.22)	294.70(97.07)	3.33	0.04*
Cortisol [a]	-2.22(0.53)	-2.12(0.35)	-2.25(0.59)	0.36	0.69

Note. SAI= state anxiety inventory; BDI= Beck depression inventory; HAD= hospital anxiety and depression; BMS = body-mind-spirit well-being; Cortisol= Salivary cortisol concentration.
*p<0.05

a Three cortisol samples were lost in the subjects in experimental group. Therefore, cortisol test was based on 17 subjects for experimental group.

The effects of usual care program

Table 3 presents the results of means and standard deviation of the rated depression, anxiety, body-mind-spirit well-being, and salivary cortisol concentration sores for before, after, and 2-month after usual care program. As noted in Table 3, average mean scores of Beck depression inventory slightly decreased from 20.75 to 18.05. Average mean scores of body-mind-spirit well-being and state anxiety inventory graduate increased from 281.65 to 311.36; from 52.80 to 51.05. Nevertheless, the one-way analysis of variance with repeated measures revealed that there was no significant difference in reducing scores of Beck depression inventory (F=1.68, p=0.20), state anxiety inventory (F=0.54, p=0.58), and hospital anxiety and depression inventory (F=2.14, p=0.13), and in increasing scores of body-mind-spirit well-being (F=2.23, p=0.12). The salivary cortisol concentration persistently increased from before, after usual care, and then 2 month after usual care. To confirm this increase, the one-way analysis of variance with repeated measures was conducted. The result indicated that there was a significant increase in salivary cortisol concentration during four-month observation. The results suggested that an increase of salivary cortisol concentration was appeared in the patients who received usual care.

Table 3 *The result of repeated measures analysis of variance for comparison of effects of before, after and 2-month after usual care program (N=19)*

	Effects of usual care program				
Variables	Pre test	Post test	Post2 test	F	P
SAI	52.80(12.06)	52.40(10.09)	51.05(11.26)	0.54	0.58
BDI	20.75(12.99)	19.75(13.71)	18.05(13.58)	1.68	0.20
HAD	17.05(8.02)	18.45(7.84)	16.47(8.92)	2.14	0.13
BMS	281.65(89.73)	298.00(99.38)	311.36(108.42)	2.23	0.12
Cortisol	-2.545(0.96)	-2.37(0.41)	-2.02 (0.53)	3.44	0.04*

Note. SAI= state anxiety inventory; BDI= Beck depression inventory; HAD= hospital anxiety and depression; BMS = body-mind-spirit well-being; Cortisol= Salivary cortisol concentration.
*p<0.05

The comparison of effects of group program and usual care program

Table 4 presents the results of means and standard deviation of the rated depression, anxiety, body-mind-spirit well-being, and salivary cortisol concentration sores for before, after, and 2-month after group program and usual care program. As noted in Table 4, the positive changes of the scores on the four psychosocial inventories were higher in experimental group than in control group. Nevertheless, the results of two-way analysis of variance with repeated measures indicated that there was no significant difference in main effects on scores of Beck depression inventory ($F(1,35) = 0.19$, $p=0.66$), state anxiety inventory ($F(1,35) = 0.38$, $p=0.54$), hospital anxiety and depression inventory ($F(1,35)=0.57$, $p=0.45$), body-mind-spirit well-being ($F(1,35) = 0.23$, $p = 0.63$), and salivary cortisol ($F(1,34)=1.75$, $p=0.18$) between experimental group and control group after adjusting the baseline, respectively. The results suggested that as compared with usual care program, the 8-week group program could not make significant difference in reducing symptoms of depression and anxiety, and decreasing salivary cortisol concentration, and improving body-mind-spirit well-being during the 4-month observation. The impacts of different severe degree of depression at baseline test and length of follow-up on the results will be discussed in the discussion section.

Table 4 The result of one-way analysis of covariance for comparison of effects of group and usual care programs between experimental group (n=20) and control group (n=19)

Variables	Comparing effects of group and usual care programs Pre test	Post test	Post2 test	Main effect p-value	Interaction effect p-value
SAI				0.53	0.34
E	59.05(9.23)	57.90(12.18)	54.25(12.86)		
C	52.80(12.06)	52.40(10.09)	51.05(11.26)		
BDI				0.11	0.74
E	30.50(14.89)	25.55(16.25)	21.25(17.68)		
C	20.75(12.99)	19.75(13.71)	18.05(13.58)		
				0.15	0.42
HAD	23.20(8.21)	23.05(10.71)	19.30(10.16)		
E	17.05(8.02)	18.45(7.84)	16.47(8.92)		
C					
BMS				0.30	0.77
E	251.15(77.16)	260.85(106.22)	294.70(97.07)		
C	281.65(89.73)	298.00(99.38)	311.36(108.42)		
Cortisol				0.18	0.07
a	-2.22(0.53)	-2.12(0.35)	-2.25(0.59)		
E	-2.545(0.96)	-2.37(0.41)	-2.02 (0.53)		
C					

Note. E=experimental group; C=control group, SAI= state anxiety inventory; BDI= Beck depression inventory; HAD= hospital anxiety and depression; BMS = body-mind-spirit well-being; Cortisol= Salivary cortisol concentration.
a Three cortisol samples were lost in the subjects in experimental group. Therefore, cortisol test was based on 17 subjects for experimental group and 19 subjects for control group.

Conclusion and suggestions

This study demonstrated that body-mind-spirit group therapy was effective treatment to improve symptoms of depression and body-mind-spirit well-being for Chinese outpatients with depression. Receiving psychiatric medication only is likely to increase cortisol level. The results suggested that combination of medication and body-mind-spirit group therapy was a better treatment form than medication only.

In conclusion, when patients received body-mind-spirit group therapy, they were guided to accept depression in their lives, appreciate the beauty of emotions, express appreciation for the contributions of the body, learn self-love, and forgive and let go. Through practicing these empowerment strategies, they found the inner strength in their minds which helped them to be in control of their health and relieve their sense of helplessness. They also worked through their sense of hatred and understood the meaning of suffering and the existence of life. Their acceptance of depression as a life challenge and efforts to solve problems arising from misfortune contributed to their ability to gain from loss and transform their suffering into a process of growth.

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計畫成果

本研究的主要貢獻是說明身心靈團體治療的成效，本研究結果建議身心靈團體治療合併藥物治療對於減輕憂鬱症狀和提升身心靈全人健康是有影響。僅接受門診藥物治療的個案期可體松濃度有增加的傾向。結果說明護理人員對門診憂鬱症個案提供身心靈團體治療能增進門診護理照護的品質，此外因為本研究的身心靈團體治療綜合西方心理治療和中醫及與華人相關的東方哲學所發展具有文化內涵的團體治療，所以較易被台灣憂鬱症患者所接受。推行具有文化內涵的身心靈團體治療可促進精神科護理人員提供適合台灣民眾文化需求之心理治療模式。