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# The effectiveness of Gestalt therapy and cognitive therapy to improve the quality of life of patients with Hypertension

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**ABSTRACT: Background:** Hypertension is one of the factors affecting the quality of life and the third leading cause of death in the world. This study compared the effectiveness of Gestalt therapy and cognitive therapy to improve the quality of life in patients with Hypertension was. **Methods:** This randomized clinical trial was conducted in 2015. The study population consisted of patients with a hospital Hypertension Millad Tehran. Using random sampling, quality of life questionnaire was conducted among 150 people. After scoring, randomized 15 patients in the experimental group and 15 patients were enrolled in the intervention group. 8 sessions of group counseling group practices Gestalt therapy and cognitive therapy were consolidated and the control group received no treatment. Data were analyzed using analysis of covariance. **Results:** The results showed that the quality of life, including physical health, mental health, the environment and social relations in the intervention group compared with the control group there was a significant difference (p <0.001). **Conclusion:** This study showed that the combination of group counseling practices Gestalt therapy to improve and enhance the quality of life of patients with hypertension in terms of physical health, mental health, the environment and social relations are effective.

Keywords: Gestalt therapy, cognitive treatment, quality of life, Hypertension.

### INTRODUCTION

High blood pressure is one of the most common chronic diseases in developing countries has increased dramatically. In Iran, the prevalence of high blood pressure among adults aged 35 to 65, 23.2% reported that the rate for men is 25.1% and 21.5% in women (Samavat & ]Etal, 2000). Hypertension is a common disease, asymptomatic silent killer known as chronic illnesses, lifestyle, mental health and guality of life are closely and if not controlled timely and appropriate to unpleasant side effects Leads (Chobanian & etal, 2003; Kusek & etal, 2007). The findings suggest that psychological factors such as blood pressure and control the impact of lifestyle on signs Transition. Today, due to the high cost of health care, the need for change in therapeutic approach to disease prevention approach is emphasized. The World Health Organization as a pioneer organization in recent years paid special attention to the quality of life of patients (Omranifard, 2007). Hypertension, as if other chronic diseases, mental health and quality of life are closely related and otherwise control timely and appropriate, leads to unpleasant side effects. The disease causes various diseases, disabilities size, and reduced productivity and ultimately reduces people's quality of life (Beto, 1994; Deyo, 1991; Izzo, 2003). Some researchers consider quality of life as synonymous with the concept of health. According to the researchers, the quality of life in the constellation of conditions that people in their lives and the two concepts is the existence of conditions for lives a good life and practice for the good of (Babapour, 2008). The results show the quality of life of patients with high blood pressure is often lower than expected (Christensen, 1991; Rilli, 2001). For example, anxiety and anger associated with high blood pressure and thereby affect the quality of life (Weit, 2006). The results of some studies suggest that a mental disorder in these patients is high and the quality of life of those affected. Research Lowe (2004), has shown that 35% of patients with high blood pressure suffer from psychiatric disorders, and consequently have a low quality of life. The psychological

interventions, particularly Gestalt therapy is awareness and with it more choice. Awareness includes knowing the environment, their recognition, acceptance, and be able to make a call. They learn that their ability to face the denial of their minds, accept it and fully experience. They can be integrated completely and move in certain directions. The main goal of cognitive therapy, remove bias or distortions of human thought to work better. In cognitive therapy process information in ways that emotions and maladaptive behaviors of their clients to maintain attention. Cognitive therapists distorted clients are questioned discussed testing and to emotions, behaviors and their patients make more positive thinking (Firouz Bakht, 2009).

Therefore, the research on the role of drug therapy focuses on the quality of life in patients with high blood pressure, trying to find new ways to improve the quality of life of these patients is essential. The study aimed to assess the efficacy of a combination of group counseling Gestalt therapy and cognitive therapy approach to improve the quality of life in patients with blood pressure.

### Analysis method

This clinical trial in 2015 on 150 patients with high blood pressure was referring to Millad Hospital. Tools for data collection in this study were interviews and questionnaires, so that the preliminary randomized 150 patients were interviewed. Of the 62 subjects who received, lower scores. 30 were selected. Of these 30 patients, 15 were randomized to the intervention group and 15 in the control group. Data collection by the World Health Organization Quality of Life Questionnaire-Short Form was the guestionnaire by the World Health Organization Quality of Life Scale Manufacturers Group 15 International Centre for the organization and standardization of design and contains 25 questions. The scale of the study 4 domains of quality of life of those deals that include physical health, mental health, the environment and social relations. The validity of the research Nejat 2006 with the ability to differentiate between healthy and diseased tool based on linear regression was assessed and reported favorable (Nejat, 2006). The Cronbach's alpha coefficients were between 0.73 to 0.89. In the present study, Cronbach's alpha reliability coefficient of 0.84 was obtained. Inclusion criteria were: having essential hypertension, having a diagnosis of high blood pressure equal to or more than 14 scale mercury, aged between 30 and 60 years, high school, higher education and the lack of psychiatric diseases, acute disorder, chronic physical disorders such as diabetes and lack of serious medical disease and kidney disease. In addition to the drug treatment groups by themselves under Gestalt therapy and cognitive interventions were. The control group did not receive medical treatment and psychological intervention. For the study attended the Milad hospital In Tehran, while explaining the nature and purpose of the study and the consent of the patient, the questionnaire survey was used as a test of both groups. Assessment questionnaires three times before and after the intervention and 2 months after intervention as follow-up were carried out. Meetings intervention patients in the experimental group for 8 sessions were conducted weekly one and a half hours. Gestalt therapy methods, practice, magnified and exaggerated design, layout or theme work unfinished, empty chair technique, daydreaming technique, technique, expression of thoughts, awareness, awareness statements and questions, the emotional drain and staving focused on the present was used (Shafie Abadi, 2007).

Although this practice cannot be pre-determined pattern, Gestalt therapist holds a treasure trove of exercises that can be used at any time to raise awareness of them. Theoretically, a variety of exercises depend only on the creative therapist, but in practice, most therapists practicing Perlz them at all as the old ones. Levistsky & Perlz (1970) is the most common practice or games Gestalt have identified, that the above methods, such exercises are part of (Sayed mohammadi, 2007). In cognitive therapy techniques, educational lectures, thinking and feeling, saint, guided imagery relaxation exercise, anxiety, identify automatic thoughts, core beliefs negative - negative cognitive triangle, see Schema or negative core beliefs and common logical errors Help people to Shnakhtdh main error or logical error of familiarity with vertical arrow, network allegory lamps, a list of the main beliefs of the negative emotion, and continued analysis of the changes were beneficial (Mohammadi, 2005).

It should be noted that the above two methods are combined in this research was conducted. In the third stage of the intervention and control groups after the test was taken. The collected data using statistical software and Analysis of Co-Variance Were analyzed.

44.6 Average age of participants in the intervention group and the control group was 45.49 years. Education levels between the two groups showed that the majority of patients in the intervention and control groups had a high school diploma and minimum of a bachelor's degree. The number of primary school was moderate. The results show that in terms of demographic characteristics, intervention and control groups were matched. Check the pre-test and post-test scores in groups showed that quality of life in terms of physical health, mental health, environment and social relations in the intervention group compared with the control group there was a significant difference (p <0.001).

 Group
 Intervention
 Control

Variable	pre-exam	After the test	pre-exam	After the test
physical health	11.33 ± 2.09	16.54 ± 3.09	10.93 ± 1.98	10.53 ± 1.85
mental health	9.8 ± 2.78	17.47 ± 4.40	9.73 ± 2.40	9.87 ± 2.22
Living environment	12.93 ± 3.01	17.67 ± 3.60	15.13 ± 2.44	15.33 ± 2.22
Community Relations	2.93 ± 1.62	17.47 ± 4.40	3 ± 0.92	9.87 ± 2.32
Total	38.5.82	58 ± 7.02	38.80 ± 5.02	38.53 ± 5.38
	P>0.05		P<0.01	

#### Discuss

The aim of this study was to evaluate the efficacy of a combination of group counseling Gestalt therapy and cognitive therapy approach to improve the quality of life in patients with high blood pressure. The study showed that in terms of quality of life are significant differences between the intervention and control group existed, this suggests that a combination of group counseling is on the scales. Significant differences between the two groups is different and it shows the likely performance of the consolidated group counseling in a way gestalt, and cognitive therapy for this are different. In a study of 12 sessions can be proved to be multi-faceted treatment of psychological disorders associated with chronic diseases such as stress, health, and the scale of it (depression, anxiety, social dysfunction and somatic symptoms) to significantly reduce the (Khazrai Vijeh far, 2009) that are consistent with the results of this study (Ka rami, 2006; Ghasemi, 2008)

This therapy treatment appears to help seekers to how to reach out to elements of their environment to study and raise their awareness and awareness, and to the duality of reconcile into the reintegration all go its aspects. Conflicts also had time to take his life and his struggles actually experience as they discover new aspects about the life of their decision. We can say that this treatment is to help people to be healthier and satisfying life has strong and effective law (Sayed Mohammadi, 2008).

On the other hand, it can be said that part of the treatment was related to cognitive therapy through learning and applying the methods of managing and replacing inflexible thinking, logical thinking, and the lives of them reported feeling experienced pleasant more. Behavioural tasks at home are important. It seems that during treatment with repeat these exercises learned how to fight in real situations with irrational thoughts payment (Shafie abadi, 2007).

#### CONCLUSION

It can be concluded that the implementation of the consolidated group counseling Gestalt therapy and cognitive therapy methods to improve and enhance the quality of life in physical health, mental health, the environment and social relations is effective. Thus, the methods and skills to deal with emotions, behavioral strategies and techniques to overcome the pain and physical weakness modification irrational thoughts in the people are strengthened. As well as opportunities for learning through interaction with other people is provided. On the other hand, has reviewed their ethical values to their morale, increase their energy efficiency, and can increase their mental health.

#### REFERENCES

- Beto JA and Bansal VK. 1994. Quality of life in treatment of hypertension. A met analysis of clinical trials. Am J Hypertens; 7: 286-7
- Babapour khairadin J. 2008. Effectiveness of communication skills training on the students problem solving style. J psychology Univ Tabriz; 713: 10. (Persian)
- Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Rizzo JL Jr. 2003. National Heart, Lung, and Blood Institute Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure; NationalHighBlood Pressure Education Program Coordinating Committee. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: The JNC 7 report. JAMA; 289: 2560-72. 3.

Christensen BI, KockRow ED. 1999. Adult health nursing. Missouri: St. Louis. Mosby; 19.

Deyo RA. 1991. The quality of life and research and care. Ann Int Med 1991; 114(8): 69

- Firouz Bakht M. 2009. Translation: Psych o t h era py t h e ori e s a n d co u n s elin g , s h arf rich ard a s. 5 t h e d. Tehran: Rasa Cultural Services; 323-56.
- Ghasem Zadeh M, Modirian E, Sorush M, Lorestani F. 2008. Impact of mental health skills teaching on the veteran's satisfaction in Veterans Administration staffs in south west of Tehran. Veteran Me dici n e Jo urn al; 1(1): 1
- Izzo JL, Black HR. 2003. Council for High Blood Pressure Research (American Heart Association). Hypertension primer: the essentials of high blood pressure : basic science, population science, and clinical management. Philadelphia, PA: Lippincott Williams & Wilkins.
- KHazrai vijeh far A, Janbozorgi M. 2009. The effect of multidimensional treatment on decreasing depression and increasing the health indexes in veterans with steomyelitis. Veteran Medicine; 6(2):39.

- Karami Gh, Amiri M, Ameli J, Kachoie H, Ghodosi K, Saadat A.2006. Evaluation of mental health of chemical veterans due to mustard gas. Military Medicine Journal; 8 (1): 1-7.
- Kusek JW, Lee JY, Smith DE, Milligan S, Faulkner M, Cornell CE. 2007. Effect of blood pressure control and hypertensive drug regimen on quality of life and lifestyle. Controlled clinical trials; 17: 40-6
- Lowe B, Grafek U, Kroenke K, Grunig E, Herzog E, Borst MM.2004. Anxiety andepression inpatients with pulmonary hypertension. Psychosomatic medicine; 66: 831-6.
- Mohammadi M and Farnam R. 2005. Translation: practical guide for group cognitive therapy, Ferry Michael. 1 sted. Tehran: Roshd Publication;17 250.
- Nejat S. Holakouie Naieni K, Mohammad K, Majd, Zadeh S. 2006. Standardization of qualifications questionnaire of world health organization. Health Faculty Journal and Health Researches Institute; 4(4): 1-12.
- Nejat S. Holakouie N, Mohammad K, Majd K, Zadeh S. 2006. Standardization of qualifications questionnaire of world health organization. Health Faculty Journal and Health Researches Institute; 4: 1-12
- Omranifard V, Afshar H, Mehrabi T, Asadolahi G. 2007. Different domains quality of life in schizophrenia. medical behavior science research center. J Esfahan Univ med Sci; (5)27-31. (Persian)
- Rilli J L. 2001. Assessing and managing chronic heart failure. Prof Nurse; 16: 1112-5. 20.
- SHafie Abadi A, Naseri GH. 2007. Theorys of counseling and psychotherapy. 3th ed. Tehran: Academic Publication Center; 34:18
- Sayed Mohammadi Y. 2007. Translation: Systems of psych o t h era py proch a ska Ja m e s N o orcera s Jo h n. 1 s t e d. T e hra n : Ravan publication; 223 30.
- Sayed Mohammadi Y. 2008. Translation: Psychotherapy theory and application, corey J. 2 nd e d. Tehran: Arasbaran Publication; 245-7.
- Shafie abadi A. Hosseini B. 2007. Translation : case Approach to counseling and psychotherapy, corey Gerald. 2 nd ed. Tehran : Jungle Publication; 337 7.
- Samvat T, Hodjatzadeh A, Naderi AZ. 2000. Guide to diagnosis, evaluation & treatment of hypertension for doctors. Tehran: Seda Publication.
- WeiT M. 2006. Wang Anxiety and anger symptoms in patients with hypertension: a community based studying. J psychiatry med; 36: 315-22.