Advances in Bioresearch

Adv. Biores., Vol 7 (5) September 2016: 32-36 ©2016 Society of Education, India Print ISSN 0976-4585; Online ISSN 2277-1573 Journal's URL:http://www.soeagra.com/abr.html CODEN: ABRDC3

CODEN: ABRDC3 ICV Value 8.21 [2014] Advances in Bioresearch

ORIGINAL ARTICLE

The Effectiveness of Rational - Behavioral - Emotional Therapeutic Approach Accretion Hope for Breast Cancer Patients

¹Farshad Bahari, ²Pegah Ebadi, ³ Maryam Javaherian, ⁴Parastoo Hajian, ⁵Hamidreza Mirzaei

- ¹Midwifery Counselor; Counseling Clinic, IVF Division, Bahman Hospital, Iran Zamin Street, Tehran, Iran ²Doctors Counselor, Faculty Member of Islamic Azad University Markazi Research Branch
- ²Midwifery Counselor; Counseling Clinic, IVF Division, Bahman Hospital, Iran Zamin Street, Tehran,Iran ³Health Psychology, Young Researchers and Elite Club, Central Tehran Branch, Islamic Azad University, Tehran, Iran
- ⁴ Cancer Research Center, Shohadae Tajrish Hospital, Department of Radiation Oncology, Shahid Beheshti University of Medical Sciences
- ⁵Cancer Research Center, Shohadae Tajrish Hospital, Department of Radiation Oncology, Shahid Beheshti University of Medical Sciences. Iran

Correspondence E-mail: mirzaei65@yahoo.com

ABSTRACT

According to the most recent statistics published daily in Iran, 100 people due to cancer lose their lives. Paying attention to the positive aspects of life, including life expectancy is one of the strategies that cause adjustment and recovery disease. This study aimed to evaluate the effectiveness of rational therapeutic rational - behavioral - emotional approach on life expectancy in women with breast cancer. In this study, 60 patients with breast cancer as a convenience sample selected that referred to the Research Center shahid Beheshti university hospital in Tehran. The results showed that treatment with a rational approach - behavioral - emotional effect on the patient's expectation of 38%. Patients' awareness of the negative effects on their mental health and emotional benefits of having a happy life, makes it to reduce negative emotions and increase hope, motivated and work. As a result of the above approach can be exploited in order to achieve these goals.

Keywords; Dengue fever, Dengue hemorrhagic fever, Encephalopathy, Intracerebral bleed, Intracranial hemorrhage

Received 28/04/2016 Accepted 01/07/2016

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How to cite this article:

Farshad B, Pegah E ,Maryam J, Parastoo H , Hamidreza M. The Effectiveness of Rational - Behavioral - Emotional Therapeutic Approach Accretion Hope for Breast Cancer Patients. Adv. Biores. Vol 7 [5] September 2016: 32-36. DOI: 10.15515/abr.0976-4585.7.5.3236

INTRODUCTION

Nowadays cancer is one of the most important health problems in the worldwide and if prevalence increased similarly, according to UN estimates 1 out of every 5 people certainly has a form of cancer. Statistics in Iranian cancer patients would follow the same rule. Cancer after cardiovascular disease is second leading cause of death in America and the third leading cause of death in Iran [1]. Breast cancer is about one-third of all cancers in women [2]. As breast cancer is the most common cancer among women and is mentioned the second leading cause of cancer death among women [3, 4].

Despite medical advances, cancer disease and especially breast cancer is growing dramatically in women [5]. Aware of cancer for each individual is a surprising and worrying experience [6]. In fact, the awareness of a life-threatening malignant disease, understanding of life will change for people [7]. As numerous studies have shown there is a close connection between cancer and psychological states [8].

Nowadays the positive effects of psychological interventions in improving chronic disease have been confirmed and with the development of health psychology, psychologists have a more active role in the treatment of these diseases. A cognitive behavioural approach is these approaches in psychology that has attracted researchers and psychologists in recent decades. This approach can help patients to minimize negative psychological impacts to their illness. Strong empirical support about the use of cognitive behavioural - emotional therapy for common mental health problems in physical illness, with new health

care and an emphasis on empirically supported treatment is perfectly synchronized. So far, the cognitive - behavioural – emotional models and its therapeutic protocols have been developed for many mental disorders and chronic medical diseases and many of them have been proven effective in clinical studies [9].

Cognitive -behavioural – emotional treatment has been used successfully for control of irritable bowel syndrome [10], chronic fatigue syndrome [11], chronic pains [12], AIDS patients [13] and reducing depression and anxiety in cancer patients [14].

On the other hand with assessing the research, it seems that cancer next to chronic illness has the most effect on hope and expectation and it's threatening these factors [15]. Hope predicts physical and mental health that with a variety of factors including self-reported health, positive response to medical interventions, mental health, positive mood, strong immunological, effective coping and health boosting behaviours which is marked [16]. Hope has been defined as a complex, multi-dimensional and potentially powerful element to effect in alleviating and adjustment of cancer patients [17]. Benzin and Berg believe hope, from physiological and emotional view is effective in efficient coping with disease crisis [18]. In other sources hope is considered as a factor in the prognosis of the serious disease [19]. As definitions, hope contains individual imaginations and attention to the future and with the assumption that positive results could be achieved, causes patient efforts [20]. Any conception of hope reflects its multi-dimensional characteristics, dynamism, and foresight and thinking process. Hence, in the present study examines the role of rational - behaviour - emotional on hope accretion in breast cancer patients in order that these interventions could take an effective step to improve the quality of life and health of breast cancer patients.

MATERIALS AND METHODS

In this study, independent variable were: treatment was done with rational - emotional - behavioural approach in 8 sessions and each session lasting 30 to 45 minutes on the second grade breast cancer patients in Shohada cancer researches centre of Tajrish. While the control group received no intervention counselling. The study population included 85 patients with breast cancer under certain conditions who referred to Shohada cancer researches centre of Tajrish. All the patient has been pretested by hope twelve items scale of Schneider and 60 patients which total score of hope scale in them was 24 or less were chosen and were randomly assigned in two research groups each 30 individual for intervention and 30 individual for control group.

The used Instrument is hope 12-items scale questionnaire of Schneider which is planned for 15 years old and more and includes two subscales bus and motivation [21].

In the study was conducted by Kermani, Khodapanahi and Heidari [22] to determine the psychometric properties of Schneider hope in the University of Shahid Beheshti on Bachelor students, constructer validity survey with using confirmatory factor analysis showed that scale includes two-factor structure of factor thinking and the paths. Concurrent validity survey of this scale correlation measuring with Suicidal Ideation Scale, perceived and meaning social support suggests a negative relationship between hope scale scores with suicidal ideation scale scores and positive relationship with perceived and meaning social support scales scores in the life. In the research which was to determine Schneider Hope Psychometric Properties by Kermani and Khodapanahi, reliability of this scale was obtained 0.86 with using Cronbach's alpha formula and was obtained 0.81 with retest and resulted into that Schneider hope scale for Iranian population has good reliability and validity and can be used in Iran psychological measurement and it can be used as a valid and appropriate tool in clinical and educational settings in order to assess patients and provide treatment and preventive programs.

RESULTS

To analyse the obtained data in this study, descriptive stat methods (e.g., calculating the mean and standard deviation, etc.) and also the method of inferential statistic (analysis of covariance) was used which above methods was performed using SPSS statistical software. To test this hypothesis which rational - emotional - behavioural approach is effective on breast cancer patient hope, according to Table 1 surveys were carried out.

Table 1: the experimental group scores that their treatment is based on rational - emotional - behavioural approach

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Criteria variable		Group	Average	Standard deviation	min	max		
Hope	pretest	experimental	21/33	2/58	16/0	24/0		
		Witness	20/33	2/74	16/0	24/0		
	posttest	experimental	23/06	3/08	18/0	28/0		
		Witness	19/46	3/15	14/0	24/0		

The data in Table 1 shows the experimental group scores that their treatment is based on rational - emotional - behavioural approach, in the test has remarkable increase.

Including the assumptions of covariance analysis implementing is normality, random and homogeneity assumptions which to test the last assumption, Levine's test was conducted that its results are given to the Table 2.

Table 2: Levine's test

	F value	Degree of freedom	Degree of freedom	F value
ĺ	0/08	28	1	3/40

Investigation showed that the same assumption of equality of variances observed variance.

Table 3: the effect of pre-test was statistically significant, in other words, post-test scores were under the influence of the pre-test scores

influence of the pre-test secres									
Criteria	Eta	Significance	F value	Squares'	Degree of	Total			
variable	coefficient	level		average	freedom	squares			
pretest	0/58	0/001	37/66	143/37	1	143/37			
group	0/38	0/001	16/89	64/30	1	64/30			
error				3/80	27	102/76			
total					30	13728/0			
General					29	329/46			
modified									

As specified in Table 3, the effect of pre-test was statistically significant, in other words, post-test scores were under the influence of the pre-test scores. To examine the effect of group or intervention (treatment of rational - behavioral - emotional approach) on dependent variable (the hope of breast cancer patients) effect of pre-test should be removed as a covariate. The results show that the effect of the intervention group by eliminating or abolishing the covariate is statistically significant. Therefore, we can conclude that rational - emotional - behavioral approach caused a significant change in performance of groups in post-test of breast cancer patients hope level. It means the treatment interventions with rational - emotional approach have practically an effect of 38% on the patient's hope.

DISCUSSION AND CONCLUSION

According to the article rational - behavioral - emotional therapies accretion hope for breast cancer patients. The findings of this study are consistent with previous research on the effectiveness of the therapy on cancer patients [27-23].

Also the results of other researchers indicated the effectiveness of psychosocial interventions in depression, anxiety and quality of life of patients with cancer. The quality of life of cancer patients in all three dimensions (physical, psychological and social) has limitations and the use of psychological interventions with medical therapy can be effective in improving quality of life [28].

In the other study it was shown that women with breast cancer who received cognitive-behavioral therapy than others, reducing physical symptoms and improvement in subjective quality of life [29]. According to the World Health Organization all cancer patients to appropriate care and psychosocial relief in accordance with their cultural needs. It is essential to Prevent of emotional disorders such as depression in cancer patients.

In order to explain the results it can be stated that the treatment of rational behavior - a person's emotional problems from three perspectives: cognitive, emotional and behavioral considered and attempts to create a good understanding of the positive effects of emotional, rational , and finally behavioral cause. Affect individual spending and have good behavior with regard to thoughts of fear of death and recurrence of cancer, stress and muscle aches, and in some cases loss of social support, this approach can help to make patients.

The limitations of this study are as following:

- 1. Due to changes in the condition of patients increasing of chemotherapy and skin inflammation caused by the side effects of radiation therapy, the treatment seemed to take on the post-test questionnaire response affects patients.
- 2. Different economic levels, causing some confusion in the cost of treatment in patients who were treated together.
- 3. Due to the sampling of the sample was available for this research.
- 4. Since the method is based on the patient's life expectancy is suggested that this method may also be used to other types of cancer and other chronic diseases.

5. On the other hand need more researches the method of sedation and relaxation, for art therapy and its impact on patients.

COMPLIANCE WITH ETHICAL STANDARDS

- •Funding: This study was funded by Pegah Ebadi. Midwifery counselor; MA.BSc. Address: Counseling clinic, IVF Division, Bahman Hospital, Iran Zamin Street, Tehran, Iran
- •Conflict of Interest: Farshad Bahari declares that he has no conflict of interest. Pegah Ebadi declares that she has no conflict of interest. Maryam Javaherian declares that she has no conflict of interest. Parastoo Hajian declares that she has no conflict of interest. Hamidreza Mirzaei declares that he has no conflict of interest.
- •In case humans were involved:

Ethical approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent was obtained from all individual participants included in the study.

REFERENCES

- 1. Sam, P (2004). Nursing women with breast cancer and genitourinary. Boshra publishinig. 151.
- 2. American Cancer Society, National cancer database (5 Year BC prognosis) (2009). Last accessed April 2011 at http://www.cancer.org/Cancer/BreastCancer/OverviewGuide/breast-canceroverviewsurvival- rates.
- 3. Andreoli ,TE., Carpenter, CCJ., Griggs, RC., Loscalzo, J. (2001). Cecil Essentials of Medicine. 5th ed. Trans. Ahmadi Araghi I. Tehran: Tabib and Teymourzadegan: 712-4.
- 4. Jemal, A., Siege, R., Ward, E., Hao, Y., Xu, J., Thun, MJ. (2009). Cancer statistics. CA: cancer Journal clinic; 59(4): 225-49.
- 5. National Comprehensive Cancer Network (NCCN). (2012). NCCN Clinical Practice Guidelines in Oncology. Breast Cancer. Version 1. 2012. Accessed at www.nccn.org on April 17..
- 6. Akyuz, A., Guvenc, G., Ustunsoz, A., Kaya, T. (2008). Living with gynecologic cancer: experience of women and their partners. Journal Nurse Scholarsh; 40(3): 241-7.
- 7. Hounsgaard, L., Petersen, LK., Pedersen, BD. (2007). Facing possible illness detected through screening experiences of healthy women with pathological cervical smears. European Journal Oncology Nurse; 11(5): 417-23
- 8. Luckman, J., Sorenssen, KC. (1996). Nurses: Perspective On the meaning of hope in patients with cancer. Coreprincipals & practice of medical surgical nursing, 14th edition, Philadelphia, W. B. Saunder co. Oncology Nursing Forum.
- 9. Mohman, J., Gorman , JM. (2005). The role of executive functioning in CBT: A pilot study with anxious older adults. Behavior Research Therapy; 43(4): 447-65.
- 10. Green, B., Blanchard, EB. (1994). Cognitive behavior therapy for irritable bowel syndrome. Journal Consult Clinical Psychological; 62(3): 576-82.
- 11. Price, JR., Couper, J. (2000). Cognitive behaviour therapy for adults with chronic fatigue syndrome. Cochrane Database System Review; (2): CD001027.
- 12. Morley , S., Eccleston, C., Williams, A. (1999). Systematic review and Meta analysis of randomized controlled trials of cognitive behavior therapy and behavior therapy for chronic pain in adults, excluding headache. Pain; 80(1-2): 1-10.
- 13. Lechner, SC., Antoni, MH., Lydston, D, et al. (2003). Cognitive-behavioral interventions improve quality of life in women with AIDS. Journal Psychosomatic Research. 54(3): 253-261.
- 14. Osborn, RL., Demoncada, AC., Feuerstein, M. (2006). Psychosocial intervention for depression, anxiety, anxiety and quality of life in cancer survivors: Meta-analyses. International Journal Psychiatry Medicine; 36(1):13-34.
- 15. Roleigh, E. (1992). Sources of hope in chronic illness. Oncology Nursing Forum; 3(16): 443-48.
- 16. Peterson, C. (2000). Optimistic explanatory style and health. International Journal. Gillham (ed.) The Science of Optimism and Hope. Philadelphia, PA: Templeton Foundation Press.
- 17. Herth, K. (2000). Enhancing hope in people with a first recurrence of cancer. Journal Advancer Nurse; 32(6): 1431-41.
- 18. Benzein, EG., Berg, AC. (2005). The level of and relation between hope, hopelessness and fatigue in patients and family members in palliative care. Palliate Medicine; 19(3): 234-40.
- 19. Herth, KA., Cutcliffe, JR. (2002). The concept of hope in nursing 3: hope and palliative care nursing. British Journal Nurse; 11(14): 977-83.
- 20. McClement, SE., Chochinov, HM. (2008). Hope in advanced cancer patients. European Journal Cancer; 44(8): 1169-74.
- 21. Snyder, C.R., Cheavens, J., & Sympson, S.C. (1997). Hope: an individual motive for social commerce. Group Dynamics Theory, Research, and Practice, 1, 107-118.
- 22. Kornami, Z., Khodapanahi, M., Heidari, M. 2011. Snyder Hope Scale psychometric properties. Journal of Applied Psychology. 5(3). 6-23

- 23. Pedram, M., Mohamadi, M., Naziri, GH., Ayinparast, N.(2010). The efficacy of CBT in the treatment of anxiety disorders and depression and create hope for breast cancer patients.
- 24. Terrace A. (2002), Efficacy of writing about a positive future, increasing optimism and health behavior in HIV infected women, Journal of personality and social psychology.
- 25. Grace, S.L., Abbey. S.E., Pinto R., Shnek, Z.M., Irvine, J., Stewart, D.E. (2003). Longitudinal course of depressive syptomatologs after a cardiac event: effects of gender and cardiac rehabilitation, psychosomatic medicine.67:52-58.
- 26. Bijari, H., ghanbari, H., Aghamohamadin, H., Homayi, F. (2009). Study group therapy -based approach) therapeutic hope (the life expectancy of women with breast cancer. Journal of Education and Psychology, Ferdowsi University of Mashhad. (10).
- 27. Fawzy, F. I., Cousins, N., Fawzi, N. W., Kemeny, M. E., Elashoff, R., &Morton, D. (2005). A structured psychiatric intervention for cancer patients: Changes over time in method of coping and affective disturbance. Archives of General Psychiatry, 47, 720-725.
- 28. Ransom, S., Jacobsen, PB, Schmidt, JE. Andrykowski, MA. (2008).Relationship of problem focused coping strategies to change in quality of life following treatment for early stage breast cancer. Journal Pain Symptom Management; 30(3): 243-253.
- 29. Hopko, DR., Bell, JL., Armento, M., et al. (2008). Cognitive behavior therapy for depressed cancer patients in a medical care setting. Behavior Therapy.; 39(2): 126-136.

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