

The Effect of Intervention Emotion Focused Group in the Depression and Anxiety for Breast Cancer Woman Tehran City

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ABSTRACT: The aim of this research was to study the effect of the effect of intervention emotion focused group in the depression and anxiety for breast cancer woman. The sample include 30 person (15 group control and 15 group experimental) breast cancer woman were selected randomly and voluntary and were requested to answer depression Beck scale and anxiety Speilberger questionnaire. This design of the study is pretest, post-test control group. For analyzing the results we used covariance (MANCOVA). The results of data analysis showed that intervention emotion focused group caused the decrease of depression and anxiety of experimental group of breast cancer woman in comparison to the witness groups.

Keywords: Intervention Emotion Focused Group, Depression, Anxiety.

INTRODUCTION

The cancer is considered as one of the major diseases of the present century and the second leading cause of death after cardiovascular diseases. This disease is characterized by abnormal cell deformation and loss of cell differentiation. It is as a crippling and incurable disease seen in society and subsequently one scimmages anxiety and depression caused by an unrealistic fear of death and loss of social energy so that frequent necessity and persistent concerns for the patients and their families lead the individual towards mental disorders (Atarshoushtary & Shafai, 2012). Breast cancer is the most common type of cancer among women that is considered as the most common cause of death in women aged from 40 to 44 years old. The psychological disorders in breast cancer patients involved in a variety of psychological, physical, cognitive and social-emotional problems, when continued, produce maladaptive coping strategies such as the preservation that the disorders would overshadow the patient's self-esteem and provoke the negative information about them and face with several problems (Wells, 2009). In these patients, the chronic pain creates different problems. The patients with chronic pain would be often suffering from the depression, confusion in interpersonal relationships, sleep disturbances, fatigue and decreased physical function and psychological requirements. Gasma reported in 1990 that a significant part of the population

suffering from chronic pain would engage in depression, conflicts, social stress and family environment. In general, the people with chronic cancer pain unusually increased

psychological distress (Mirzamani et al., 2008). Because the patients with breast cancer encounter the cognitive, emotional and socio-economic problems, are often involved in depression and anxiety modes. The

medical condition can often lead to depression further. When depression is abnormal, a depressive episode is beyond his/her capacity and excessive of which could be reversible and recoverable for most people (Jamal, 2012). Sadness and dejection are the most emotional prominent signs of depression. Depressed person behaves in sorrow and disappointed way, often would cry and may fall to thoughts of suicide. Loss of pleasure or happiness of the life is as equal as common for him/her. Activities that were previously satisfied him/her are now boring and non-pleasant (Frank et al., 2012). On the other hand, the patients as well as depression are facing some problems like anxiety for death. Unhealthy factors originated from the anxiety include irritability and anxiety causing the concern and the anxiety is also a key factor and the foundation of all mental illness. Freud believed that the anxiety can be of compromise nature and if someone fails, it results in the disorder and illness (Yon & Joung, 2013).

The anxiety often suggests that there is an unacceptable incentive that the patients try to reject it, such as anger or fear of something that represents a special occasion but not the reality, the root of the anxiety is often predicted to be the fear (Chan et al., 2011). But to control the problem for the breast cancer patients, non-drug treatments can have a significant impact on the problems levels. One of these methods is of emotion- focused group intervention. Recent studies have shown that the type of coping strategies used by individual is affected not only psychological well-being but also physical well-being (Piko, 2001). The basis for emotion- focused therapy is considered as self-improvement and personal development and balance for oneself is the main goal of treatment (Johnson, 2004). Khezel (2013) in a study on 200 cancer patients examined the coping methods' effectiveness on the mental health and rumination and reported that problem-focused and emotion-focused coping methods would reduce the anxiety and depression among the patients, and will make mental health increased.

Asghari Moghaddam and Golak (2012) conducted a study on 40 patients with breast cancer to examine the emotion-focused coping methods' impact on the degree of adaptation with the chronic pain and mental health dimensions. The results showed that emotion-focused strategies increase compatibility with pain and social function and decrease depression and anxiety for the patients with breast cancer. Sarvghad et al. (2008) examined the cognitive therapy group's effect on the pain and anxiety of death in women with breast cancer to heal, based on the emotion and the data showed that the patients of the experimental group after 12 sessions of therapy showed higher improved pain and lower anxiety of death and the findings were stable after three months follow-up. Grossman et al. (2014) investigate the effects of emotion-focused therapy on quality of life, anxiety and depression were examined and concluded that this method is effective higher quality of life and reduce anxiety and depression. Mar et al (2014) reported that emotion-focused therapy practices have impact on reducing depression and anxiety in women with breast cancer.

Identifying effective ways of coping in relation to stress and disease are put at forefront of research in this area. Some studies have shown that emotion-focused coping styles promote psychological health level (besharat et al., 2008). It should be stated that given the prevalence of breast cancer and physical and psychological problems, active and medical intervention appropriate to mitigate the problems can be very valuable. The emotion-focused therapy can play a decisive role in sustaining mental health and reducing the burden on the individual, incidence of the appropriate emotion and therefore have a healthier and higher quality life. Therefore, the aim of this study is to consider whether the emotion-focused group therapy intervention is effective on the depression and anxiety in women with breast cancer.

MATERIALS AND METHODS

In this study, quasi-experimental study (pretest - posttest control group) was used. The statistical population under study included all the patients with breast cancer from January 2016 to April 2016, hospitalized in Tehran. The sample consisted of 30 patients with breast cancer using available and voluntarily sampling among women with breast cancer who were referred to hospitals and it randomly divided into two experimental groups (15) and control group (15). Research tools include:

A) Beck Depression Scale (13-Beak): One of the most popular tools for measuring depression is Beck Depression Scale. This questionnaire was first developed in 1961 by Beck et al. Revised form was published in 1971 and contained 21 questions. This questionnaire was translated by Ganji (1987). Short form 13-question questionnaire was designed such that scored each of the inquiries from 0 to 3. Maximum and minimum scores from the questionnaire were 62 and 0, respectively (Saatchi et al., 2011). Beck et al (1988) obtained the validity of questionnaire equal to 0.73 correlated with the Hamilton Psychiatric questionnaire and 0.76, with the long form questionnaire at 0.001 level and reliability coefficient of the questionnaire was reported 0.81 with split-half and

Spearman-Brown method (Saatchi et al., 2011). In a research, using Cronbach's alpha, the reliability coefficient was 0.87.

B) Spielberger Depression Trait Questionnaire: The questionnaire was developed in 1970 by Spielberger. The questionnaire consisted of 40 articles whose purpose is to measure the intensity of anxiety. Participants expressed their feelings in a 4 degrees ranging from 0 (not at all) to 4 (very much) (Fathi Ashtiani, 2010). Mahram (1994, quoting Fathi Ashtiani, 2010) analyzed the validity of questionnaire and the results showed that the correlation coefficient is 0.54 that was significant in 0.0001 and demonstrated the high validity of the questionnaire. The reliability of 0.91 was also reported, using Cronbach's alpha. In the research, using Cronbach's alpha, the reliability coefficient was 0.87.

The emotion-focused group intervention therapy sessions: the emotion-focused group intervention was held during the eighth 90-minute sessions and based on the book, different emotion-focused schemas were produced and included: first session: pre-test, to establish a therapeutic relationship with patients and de-disease crisis; second session: identification of the patients' problems and emotions unexpressed; Third session: reconstruction of patient communication patterns; fourth session: identification of emotions and pathological negative emotions; Fifth session: identification of the characteristics of people in expressing emotions and functionally emotion expression training; Sixth meeting: the ability to make a good communication of emotions in the social and individual life and appropriate coping; Seventh session: strengthening and integrating the emotions; Eighth session: summing up, concluding and implementing offers and post-test surveys.

RESULTS

Table 1. Mean and standard deviation of depression and anxiety scores, in experimental and control groups in pre-test and post-test.

Variable	Stage	Statistics indicator		Mean	SD	Number
		Group				
Depression	Pre-test	Experimental		23.13	0.83	15
		Control		33	1.64	15
	Post-test	Experimental		21.86	1.59	15
		Control		32.33	2.87	15
Anxiety	Pre-test	Experimental		144.46	1.54	15
		Control		145.47	1.53	15
	Post-test	Experimental		120.17	3.20	15
		Control		144.07	1.53	15

Table 2. Results of the Kolmogorov-Smirnov test of H₀ on normal distribution of anxiety and depression scores.

Normal distribution of scores	Groups	Kolmogorov-Smirnov		Groups	Kolmogorov-Smirnov	
		Statistics	Sig.		Statistics	Sig.
Depression	Experimental	0.18	0.20	Control	0.18	0.20
Anxiety	Experimental	0.17	0.20	Control	0.17	0.20

As seen in Table 2, H₀ on the normal distribution of scores in depression and anxiety was confirmed for both groups. H₀ on the normal distribution of scores in pre-test and in both experimental and control groups was confirmed.

Table 3. Results of Levine's test of H₀ on equality of variances of the variables between the two groups.

Variable	F	df1	Df2	Sig.
Depression	1.57	1	28	0.22
Anxiety	1.09	1	28	0.46

As seen in Table 3, Levine test was not significant for the variables depression and anxiety. Therefore the variance between experimental and control groups was not significant in depression and anxiety, as a result, the hypothesis on the homogeneity of variances was confirmed and H_0 on the variances' equality of the two groups is confirmed in all variables. H_0 on the equality of variances of scores was confirmed in both experimental and control groups.

Table 4. Results of MANCOVA on mean of scores of post-test for the depression and anxiety in experimental and control groups with pre-test control.

Test	Value	Hypothesis df	Error df	F	P	Effect size	Statistical power
Test of Pygmalion effects	0.97	5	19	100.50	0.001	0.96	1
Wilks Lambda test	0.02	5	19	100.50	0.001	0.96	1
Hotelling trace test	11.06	2	25	100.50	0.001	0.96	1
The biggest root test	11.06	2	25	100.50	0.001	0.96	1

As Table 4 shows, by pre-test controlling of significance levels in all the tests, that there is significant difference between women with breast cancer in experimental and control groups at least in one of the dependent variables (depression and anxiety) ($F= 100.50$ and $p<0.001$). To realize the fact that in terms of what variables there are differences between the two groups, five one-way analyses of covariance was conducted in the context MANCOVA the results are presented in Table 5. The effect amount or difference is equal to 0.96. In other words, %93 of individual differences seen in pre-test scores of depression and anxiety in women with cancer is related to the effect of emotion-focused group therapy intervention. Statistical power is equal to 1, in other words, there is no the possibility of a Type II error.

Table 5. Results of one-way analysis of covariance MANCOVA on mean of scores of depression and anxiety in the experimental and control groups with pre-test control.

Variable	SS	df	MS	F	P	Effect size	Statistical power
Depression	382.99	1	382.99	64.25	0.001	0.73	1
Anxiety	3953	1	3953.04	295.445	0.001	0.92	1

As is clear in Table 5, there is significant difference between women with breast cancer of experimental and the control groups in terms of depression, in pre-test control ($p<0.001$ and $F=64.25$). In other words, the emotion-focused intervention group therapy reduced the depression among the control group; according to the average depression in women with breast cancer of experimental group compared the control. The effect size or difference is equal to 0.73. In other words, 73% of individual differences in the post-test scores of depression would be related to the impact of the emotion-focused group intervention. Also, as specified in Table 5, under the pre-test control, there is a significant difference between the women with breast cancer from control and experimental groups in terms of anxiety ($p<0.001$ and $F=45.295$). In other words, the emotion-focused group intervention therapy reduced the anxiety levels in the experimental group, given the level of anxiety of women with breast cancer in the experimental group compared to the control group. The effect size or difference is equal to 0.92. In other words, 92% of individual differences in post-test scores of anxiety is related to the effect of emotion-focused group intervention therapy.

DISCUSSION AND CONCLUSION

The study aimed to determine the effectiveness of emotion-focused group intervention therapy on the depression and anxiety in women with breast cancer. According to the results of table (5), it was determined that

under pre-test control, there is a significant difference among women with breast cancer from the experimental and control groups in terms of depression. In other words, the emotion-focused group intervention therapy made a decrease in depression, according to the average depression in women with breast cancer of the experimental group compared to the control. The results are consistent with the research by Grossman et al (2014) concluded emotion-focused intervention had effect on the higher quality life and decrease in the anxiety and the depression and Mar et al (2011) reported that emotion-focused therapeutic practices would play important role in reducing the depression and anxiety in women with breast cancer.

In explaining the results, it can be reported that for the women with breast cancer due to their disease and physical chronic pain and condition in the hospital, their mental and physical capacities are affected under it, and it led away from the family environment, the mental health conditions are of precarious status and often depressed. As expressed in social theory, there are challenges and stress causing the depression in people. But the results obtained show the emotion-focused group intervention therapy is to reduce the depression in patients with breast cancer. It should be said that creating emotional guidance, role playing, modeling emotionally, feedback, practice and review for visual and objective manner, the emotion-focused intervention produces assertiveness and the positive emotions for the patients in expressing wants and the patients with learning of behavioral exciting and excited coping and protecting themselves reduced the frustration and defeat against the disease. The emotion-focused group intervention led the patients to become more familiar with the emotional feelings and to express ideas, beliefs, excited feelings and emotions, opinions and interests easily and without fear when expressing feelings, attitudes and aspirations; and enjoy more personal, social life, take less likely to express sadness and the emotion-focused intervention therapy was performed in a group way and the patients saw their problems to be common and there is this type of treatment in which the members have a role that makes difficult from them and through the implementation of the role, reinforcing feedback and providing appropriate practices, they surmount their problems, it caused to patients who had depression experienced less sadness, grief, worry and lack of interest and lack of pleasure, and ultimately reduced the amount of depression they suffered from. Consequently, it must be stated that the emotion-focused group intervention approach trained to the patients would decrease feelings of helplessness, self-reproachful desire, decreased self-confidence, and physical symptoms of depression said by them and reduce despair, impatience, cynicism and feelings of worthlessness against the challenges of the disease. So the emotion-focused group intervention therapy is effective in reducing depression in patients with breast cancer.

According to the results of table (5), it is determined that by pre-test controlling there are significant differences in terms of anxiety between the women with breast cancer from the experimental group and control group. In other words, considering the average anxiety level among the women with breast cancer of experimental group compared the control, the emotion-focused group intervention therapy reduces the anxiety in the experimental group. The results are consistent with the research by Grossman et al. (2014) concluded the emotion-focused group intervention is effective on the higher quality life and reduced anxiety and depression of the patients and Mar et al. (2011) reported that the emotion-focused group intervention had a significant impact in reducing the depression and anxiety in women with breast cancer. Based on the results, it should be said that due to cancer-kind disease, the patients would involve in many physical and mental problems and become anxious due to the deaths in effect of the disease. Social theories suggest that felt lack of controlling the situation and the negative attitude would be causing the anxiety in people.

It can be said in cancer patients due to a negative perception to the disease and also physical problem level and mortality among cancer patients, there is a high ability to predict death and thus, these patients have a perception of high anxiety. But the study found that the emotion-focused group intervention therapy will reduce the anxiety in women with breast cancer. It can be said the emotion-focused intervention led the women with breast cancer provide more control over their own emotions and feelings like anger or despair for these patients get reduced. The emotion-focused strategies with stressful situations of the disease nature and the personality characteristics caused the patients to predict stressful situations and to adopt solutions. Suitable emotion-focused coping strategies led to some reduced anxiety, avoidance and distress and fear of negative evaluation and less anxious against the disease and realistic view power and increased interaction with others as well as reduced feeling tense or inability to tensions, unrest and agitation, common communications avoidance and excessive preoccupation. In fact, the emotion-focused group intervention therapy because of feedback and exciting consequences and evacuation stress training and providing increased confidence of the patients caused the women with breast cancer in dealing with the problems with self-maintenance exhibited reduced problems of anxiety, irritability, fear, impatience, a sense of danger, irritability, fear, inability to maintain peace and difficult concentration.

As a result, the emotion-focused group intervention therapy is effective by making lifestyle changes and creating emotion patterns in treating most severe physical diseases and by varying response patterns for the patients, it reduces the anxiety. So it can be said that the emotion-focused group intervention therapy is effective in reducing

the anxiety in women with breast cancer. Limitations of the study include: the implementation of the therapy sessions once a week for three consecutive weeks, due to coordination meeting of doctors and nurses as well as physical health problems of four patient groups, the sessions were held about two months. In the end, it is suggested that the hospitals employ the specialized psychologists to accomplish the treatment of psychological problems occurred for the breast cancer patients and provide administrative facilities for the treatment group and it is recommended by providing high quality video and audio training CDs of therapy sessions by the researchers and practitioners were prepared with the support of universities and hospitals and given to the professionals and their families as a training package that the families and doctors to pay more attention to what recommended during the treatment process.

Conflict of interest

The authors declare no conflict of interest.

REFERENCES

- Asghari Moghaddam, M. A., & Golak, N. (2012). The impact of emotion-focused coping strategies for adaptation level to chronic pain and mental health of breast cancer patients in Kermanshah. *Journal of Behavior*, 12(10), 23-34.
- Atarshoushtary, S., & Shafai, M. (2012). The relationship between death anxiety and mental health of cancer patients in Ahvaz. MSc Thesis. Shahid Chamran of Ahvaz University, Iran.
- Besharat, M. A., Pourang, P., Pourtabatabaei, A. S., & Pour Naghashi Tehrani, S. (2008). The relationship between coping styles with the stress and psychological adaptation level with the cardiovascular patients in the recovery process. *Faculty of Tehran University of Medical Sciences*, 66(8), 573-579.
- Chan, H., Roussis, P., Far, J., & Danson, S. (2011). The effect of cognitive-behavioral group therapy on the Marital Satisfaction and depression in cancer. *Journal of Clinical Psychology and Psychotherapy*, 12, 55-76.
- Fathi Ashtiani, A. (2010). *Psychological test. (Fifth Edition)*. Beesat. Tehran.
- Frank, M., Zamara, S., Desham, J., & Viliams, V. (2012). The effect of problem solving skill over quality of life and Locus of control: A Guide for patients. *Behavioural Brain Research*, 196, 1-10.
- Grossman, I., Holohan, C. J., Moos, R. H., Holohan, C. K., & Bernab, P. L. (2014). The effect of intervention emotion focused group in the pain. quality of life, Depression and anxiety for breast cancer. *Journal Health Psychology*, 14, 152-63.
- Jamal, M. (2012). The relationship between Meta Cognitive Belifs and mental health in patients with leukemia. *Journal of Applied Psychology*, 86, 499-512.
- Johnson, S. (2004). *The practice of emotionally focused couple therapy. (2nd ed.)*. New York: Brunner- Routledge.
- Khezeli, B. (2013). The effectiveness of coping strategies on mental health level and rumination of cancer patients. MSc thesis, University of Karaj research, Iran.
- Mar, H., Franken, I. H. A., Muris, P., & Georgieva, I. (2011). The effect of Emotion Focused Group in the depression and anxiety in breast cancer patient. *Journal of educational administration*, 44(1), 53-70.
- Mirzamani, M., Safari, A., Hellisaz, M. T., & Sadidi, A. (2008). Validation of Haven and Yale multidimensional pain scale of patients with chronic pain. *Qom University School of Medicine*, 1.
- Piko, B. (2001). Gender differences and similarities in adolescent's ways of coping. *Psychology Rec*, 223-36.
- Saatchi, M., Kamkari, K., & Askarian, M. (2011). *Psychological tests. (Second edition)*. Virayesh, Tehran, Iran.
- Sarvghad, S., Zalky, H., Ahmadi, N., & Hosseini, S. (2008). The effects of cognitive therapy group on improving the pain and anxiety of death in women with breast cancer, based on the excitement. *Journal of Medical Sciences of Kermanshah, Third Edition*, 8, 27-34.
- Wells, D. A. (2009). *Depressive rumination: Nature, theory, and treatment*. New York. Wiley, 107-124.
- Yon, C. S. L., & Joung, S. D. (2013). The effects of rumination and negative cognitive styles on depression: A mediation analysis. *Behavior Res Therapy*, 46, 487-495.