

## The Effectiveness of Group Therapy on Rescuing Patients with Cancer

Hossein Malekzadeh Fini <sup>a\*</sup>, Hassan Heydari <sup>b</sup>, Seyyed Ali Al Yassin <sup>c</sup>

<sup>a</sup> MSc Clinical Psychology, , Islamic Azad University, Khomein, Iran

<sup>b</sup> Associate Professor, Department of Consultation, Islamic Azad University, Khomein, Iran

<sup>c</sup> Assistant Professor, Department of Clinical Psychology, Islamic Azad University, Khomein, Iran

### Abstract

Recent studies show that the cancer has several negative results. The anxiety, depression and disappointment are more common than the others. Hopefully thinking and cancer in two ways are related together. First the hopeful people use The problem-focused coping strategies more than the others and show less anxious and more agreement to diagnosis and treatment of cancer. So the goal of this survey is the effect of group hope therapy on resiliency of cancer patients. In this survey the Quasi-experiment and pre-test and pro test with control group is used. The society are all of the cancer patients who are coming to Kashan Imam Hassan institution and 16 of them are chose by available sampling and randomly put in two trial and control group. The trial group participated in nine group consultation sessions and the control group had no education. For toleration testing the Conroy Davidson questionnaire 2003 is used. Data are analysed by co variance analysis. The results show that the group hope therapy had a meaning full effect on toleration and the idea of personal competency, negative affection tolerance and acceptance of positive changing and spiritual control and affection s are affected the scales. Hope let people to have no stress and enable them to try to reach to their goals, the hope therapy try to enable people to have a view beyond the current situation and pain and suffering. So the toleration is not more than tolerance of the difficult situations and every things that make better the situation of cancer patients will increase the toreciliency.

### Keywords:

Hope Therapy;  
Resiliency;  
Cancer.

### Article History:

**Received:** 16 July 2017

**Accepted:** 04 September 2017

## 1- Introduction

Today, with social and industrial changes, the pattern of disease has changed, as a result of chronic diseases, are the most important health and psychological problems of societies, which are considered as the main sources of stress and impose high economic costs on society. . These diseases have several types. One of the most important diseases is cancer. Cancer disease is one of the major health problems in the world, which, with the threat of health and active life of people of different ages, creates many personal, familial and social damages in physical, mental and spiritual dimensions [1].

Exposure to cancer itself can, as a stressful incident, endanger the various aspects of individual health, including physical, psychological and family health. Patients with various types of cancer have high degrees of psychiatric disorders that range from depression, anxiety, incompatibility with disease and reduced self-esteem to emotional distress and fear of recurrence of disease and death [2, 3].

Some of the things that are needed to cope with cancer are resilient. Resilience means the ability to cope with difficult situations and flexible responses to daily stresses. In other words, resilience does not limit tension, it does not eliminate the problems of life, but empowers people to face up to the challenges of a healthy coping, overcome difficulties, and move on with life. Swinging is a capacity to withstand tension. Psychologists have always tried to increase this human ability to adapt and overcome danger and hardship. People can rebuild their lives even after devastating calamities [4]. Resilient person is an active contributor to the perimeter environment. In general, this ability is one's ability to balance biological, psychological, and spiritual against hazardous conditions [5].

\* **CONTACT:** H.malekzadeh1984@gmail.com

© This is an open access article under the CC-BY license (<https://creativecommons.org/licenses/by/4.0/>).

On the other hand, life-threatening situations, losers or changes in life can affect the level of hope. Cancer is one of these stressful situations that has a greater effect on hope than other chronic diseases [6]. Life expectancy is defined as an inner force that can enrich the lives of patients and enable patients to look beyond their present and disadvantaged background and experience suffering. The lack of life expectancy and non-targeting of life leads to a reduction in its quality and to creating lucid beliefs [7].

Among psychosocial treatments, Snyder's hope therapy is the only treatment that considers hope as the main goal of treatment. Snyder, the founder of Hope theory and its treatment, has defined hope as a construct of two concepts of the ability to design passages to desirable goals in spite of the existing barriers and the agent or motivation necessary to use these passages [8].

The results of Snyder's studies on psychosocial patients show that many of these diseases occur in response to loss of hope. Health hope can improve general health and patients' quality of life [9]. Other studies also The effectiveness of amiotomy in diseases has been confirmed [4, 9-21], as well as research showed that psychosocial intervention of hope therapy can promote life expectancy in cancer patients. The results of the study by Snyder et al. Indicated that hope-taking interventions could increase general health and reduce the symptoms of psychiatric pathology [8]. The aim of this study was to determine the effect of group therapy on the self-reflection of patients with cancer.

In this research, a pseudo-experimental design, pre-test and post-test with control group was used. The research community included all patients referring to Imam Hassan Mojtaba Hospital in Kashan in 1396. Sample collection is available. Samples were selected from among 16 patients who were volunteers and 8 subjects in the experimental group and 8 in the control group were replaced. To assess the resilience of the Connor and Davidson Resonance Questionnaire (2003), the scoring options on this scale are as follows: totally false = 0 rarely = 1 sometimes true = 2 often true = 3 always true = 4.

So the range of test scores is between 0 and 100. The higher scores reflect the resilience of the factor analysis. This test has five factors: the notion of individual competence, trust in individual instincts / negative affective tolerance, positive acceptance of change and safe relationships, control, and spiritual influences.

Conor and Davidson reported the Alpha Kronbach Alpha 89%. Also, the reliability coefficient of the test method was 87% in a 4-week interval. This scale has been standardized by Mohammadi (2005). The Cronbach Alpha method has been used to determine the reliability of the Connor-Widowsson resiliency scale and represents a 89% reliability coefficient.

Correlation scores of Connor and Davidson were significant correlations between Kobasa's hardiness scale and scores of perceived stress scale and vulnerability scales with Shihang's stress, which results in simultaneous validity of this scale. Correlation scores of Connor and Davidson did not have a significant correlation with the scores of the Arizona sexual experience scale at the start of the test and at the end of the year. This is an indication of the differential validity of the test.

To determine the validity of this first scale, the correlation of each statement with the total score was calculated and then the factor analysis was used. Correlation of each score with the total score, except for the 3, showed coefficients between 41% and 64%. Then, the scale phrases were subjected to factor analysis by factor analysis. Before the extraction of the factors based on correlation matrix, the KMO index and the Bartlett sprite test were calculated. The KMO value was 87% and the Xi value in the Bartlett test was 5556.28, both the evidence of the adequacy index was used to perform factor analysis (22).

Training sessions for the experimental group received a medication therapy every week for two hours in 8 sessions. The content of the sessions was summarized as follows:

**Table 1. Description of training sessions**

1	Familiarity of the members of the group with each other and with the researcher and the rules and framework of the group and public expectations
2	Familiarity with the concept of resilience and the characteristics of resilient people
3	Familiarity with some internal support factors
4	Familiarity with some external support, social support system, individual responsibility and acceptance of meaningful roles
5	Understanding ways to create resilience, establish and maintain relationships with others, frameworks for stresses, accept changes
6	Continue to create ways to create resilience, purpose and hope for the future

- 7 Continuing ways to create resilience, self-awareness, self-esteem
- 8 Continuing ways to create resilience, cultivate optimism, self-care
- 9 Conclusion and conclusion of the post-test

\* Covariance analysis was used to analyze the data.

## 2- Findings

**Table 2. The mean and standard deviation of scores of resiliency of patients with cancer in both experimental and control groups**

Maximum score	Minimum score	SD	M	N	Groups	
73	29	17.61	54.62	8	examination group	before training
85	42	16.36	63.75	8	Control group	
89	60	10.40	76.37	8	examination group	after training
83	44	14.70	63.87	8	Control group	

Table 1 and Figure 1 show the mean and standard deviation of the resiliency scores of patients with cancer in both the experimental and control groups before and after training. As the table above shows, the average scores of resiliency of the patients before and after the training in the two groups of the test and the test were 54.62 and 63.75, respectively. The mean post-training resiliency in the experimental group was 76.77 and in the control group 87.63. Hypothesis 1: Group hope therapy is effective in rescuing patients with cancer.

**Table 2. Levine test results on the assumption of equality of variances in cancer patients' test groups**

The significance level	df2	df1	F	Dependent variable
0.15	14	1	2.28	The average of the scores of the experimental and control group

As Table 2 shows, the assumption of equality of scores variances in two groups of patients and patients with cancer was confirmed ( $p = 0.15$ ).

**Table 3. Summary of the results of covariance analysis on the effects of group hope therapy on the resilience of cancer patients**

Statistical power	Effect level	The significance level	F	Average squares	Degrees of freedom	Sum of squares	The changes
0.99	0.69	0.000	29.69	983.986	2	983.986	The remainder
1.000	0.81	0.000	55.51	898.1839	1	898.1839	Post test
1.000	0.74	0.000	38.79	1285.833	1	1285.833	Testing and Testing Group

As Table 3 shows, the difference in mean scores of resiliency of patients with cancer in the experimental and control groups is significant ( $p = 0.000$ ) and this result means that the observed differences in the resilience scores in the experimental group And the evidence is meaningful. It can be concluded that group hope is effective in rescuing cancer patients. This effect is 0.74. The statistical power is 1.000. Therefore, the first hypothesis of the research is confirmed.

Second hypothesis: Group hope therapy is effective in conceiving the individual competence of patients with cancer.

**Table 4. Summary of the results of covariance analysis on the effect of group hope therapy on the perceived individual competence of patients with**

Statistical power	Effect level	The significance level	F	Average squares	Degrees of freedom	Sum of squares	The changes
0.88	0.47	0.004	11.85	20.41	1	20.41	The remainder
1.000	0.82	0.000	61.25	105.48	1	105.48	Post test
0.99	0.64	0.000	23.06	39.72	1	39.72	Testing and Testing Group

As Table 4 shows, the difference in the mean scores of imagination from the individual competence of patients with cancer is significant in the experimental and control groups ( $p = 0.000$ ), and this result means that the observed differences in resilience scores in the group Test and evidence are meaningful. Therefore, it can be concluded that group hope therapy is effective in conceiving the individual competence of cancer patients. Therefore, the second hypothesis of the research is accepted. This effect is 0.64. Statistical power is 0.99. Therefore, the first hypothesis of the research is confirmed.

Hypothesis 3: Group hope therapy is effective in tolerating negative emotions in patients with cancer.

**Table 5. Summary of the results of covariance analysis on the effect of group hope therapy on negative affective tolerance of cancer patients**

Statistical power	Effect level	The significance level	F	Average squares	Degrees of freedom	Sum of squares	The changes
0.99	0.69	0.000	28.96	63.27	1	63.27	The remainder
1.000	0.83	0.000	63.89	139.59	1	139.59	Post test
1.000	0.77	0.000	45.73	99.91	1	99.91	Testing and Testing Group

As Table 5 shows, the difference between the mean score of negative affective tolerance of cancer patients in the test and control groups is significant ( $p = 0.000$ ) and this result means that the observed differences in negative affective tolerance scores The experimental and test group is meaningful. Therefore, it can be concluded that group hope is effective in tolerating negative emotions in patients with cancer. The rate of this effect is 0.77. The statistical power is 1.000. Therefore, the third hypothesis of the research is confirmed.

Hypothesis 4: Group hope is effective in the positive acceptance of patients with cancer

**Table 6. Summary of the results of covariance analysis on the effects of group hope therapy on positive changes in patients with cancer**

Statistical power	Effect level	The significance level	F	Average squares	Degrees of freedom	Sum of squares	The changes
0.99	0.64	0.000	23.24	44.18	1	44.18	The remainder
1.000	0.77	0.000	44.73	85.03	1	85.03	Post test
0.99	0.64	0.000	44.08	45.78	1	45.78	Testing and Testing Group

As Table 6 shows, the difference in mean scores for positive changes in patients with cancer in the test and control groups is significant ( $p = 0.000$ ) and this result means that the observed differences in the positive acceptance scores of the change in The experimental and test group is meaningful. Therefore, it can be concluded that group hope therapy has had a positive effect on the change in the incidence of cancer patients. This effect is 0.64. Statistical power is 0.99. Therefore, the fourth hypothesis of the research is confirmed.

Fifth hypothesis: Group therapy is effective in controlling patients with cancer.

**Table 7. Summary of the results of covariance analysis on the effects of group hope therapy on control of cancer patients**

Statistical power	Effect level	The significance level	F	Average squares	Degrees of freedom	Sum of squares	The changes
0.99	0.62	0.000	21.86	41.27	1	41.27	The remainder
1.000	0.85	0.000	75.93	143.33	1	143.33	Post test
0.99	0.66	0.000	26.10	49.27	1	49.27	Testing and Testing Group

As Table 7 shows, the difference between the mean scores of control of patients with cancer in the test and control groups is significant ( $p = 0.00$ ) and this result means that the observed differences in the control scores in the experimental and control groups Meaningful. Therefore, it can be concluded that group hope therapy is effective in controlling patients with cancer. This effect is 0.66. Statistical power is 0.99. Therefore, the fifth hypothesis of the research is confirmed.

Hypothesis 6: Group therapy hope is effective on the spiritual effects of patients with cancer.

**Table 8. Summary of the results of covariance analysis on the effects of group hope therapy on the spiritual effects of cancer patients**

Statistical power	Effect level	The significance level	F	Average squares	Degrees of freedom	Sum of squares	The changes
0.99	0.70	0.000	31.07	68.55	1	68.55	The remainder
1.000	0.78	0.000	48.53	107.07	1	107.07	Post test
0.98	0.59	0.000	19.37	42.74	1	42.74	Testing and Testing Group

As Table 8 shows, the difference in average scores of spiritual effects of cancer patients in the test and control groups is significant ( $p = 0.001$ ) and this result means that the observed differences in the scores of spiritual effects in the experimental group And the evidence is meaningful. Therefore, it can be concluded that group hope is effective on the spiritual effects of cancer patients. This effect is 0.59. The statistical power is 0.98. Therefore, the sixth hypothesis of the research is accepted.

### 3- Discussion and Conclusion

The purpose of this research is to investigate the efficacy of group therapy for treating patients with cancer. The results showed that group hope therapy is effective in resuscitation of cancer patients. This finding is in agreement with the findings of Bagheri Zanjani 's original research and Anthar - Afumeni (1395), Movahedi et al. (1394), Farhadi et al. (1393), Kamali (2012), Khosravi (2010), Abdi et al (2009) Neshat Dost and Kalantari (2009), Alauddini (2008), Outsey et al. (2008), Strauss et al. (2007), Nelson et al. (2004).

In explaining these findings, one can say that hope allows humans to overcome stressful situations and enable him to make a steady effort to achieve his goals. Those who are more hopeful will spend their efforts on achieving goals. They gain more goals and more accurately assess their goals with more difficult goals. Hope therapy tries to enable people to see beyond their present and disadvantaged backgrounds and suffering. And these factors have led to increased resilience, because resiliency is nothing but tolerance, and any factor that improves the difficult conditions for cancer patients will increase their resilience.

- Hypothesis 1: Group hope therapy is effective in conceiving the individual competence of patients with cancer.

Hope By creating positive and perceptible beliefs about the future and the individual's ability, at least the individual feels valued and takes a passive position. In the hope of healing, in fact, people should try to create stories for themselves, in which stories have a more satisfying life, then they asked people to think for something they needed to get to life from the story of the story they wrote. This technique It helps people to pay attention to their attitudes or at least imagine their abilities and competencies.

- Hypothesis 2: Group hope therapy is effective in tolerating negative emotions in patients with cancer.

The findings showed that group hope therapy was effective in affecting negative emotions. Cancer patients are faced with the progressive nature of their own illness with different feelings such as fear, feeling guilty, shocked, confused, frustrated, tattooed, insecure, uncertain, and so on. Both tolerate and manage this kind of emotion, the school Omid therapy believes that a person who hopes for his life will make sense and whoever makes sense for his life will make it hard to make it appear to be effective in tolerating the negative affect of patients as a result of giving such insights to hopeful participants.

- Hypothesis 3: Group hope therapy is effective in accepting positive changes in patients with cancer.

The present result is in line with the results of Groupman (2005) and Snyder (2006) studies. Findings have shown that positive beliefs and positive expectations can have beneficial effects on the central nervous system, which is why patients who hope for health and recovery because of belief and the expectations and positive reception of the outcome of treatment have improved more rapidly. Here, hope therapy has been able to help cancer patients who accept the illness and the difficult conditions in a positive way, in fact they were taught that positive admission is negatively different. In positive admission, there is no negative feeling and the individual The disease and the situation in which it is not harassed is, in fact, the positive admission of the gear is a breakthrough to accept the unchanging status of the present, which causes a relative relative feeling of tiredness. Creating such a vision has led to an increase in the patient's positive reception.

- Hypothesis 4: Group therapy is effective in controlling patients with cancer.

In explaining this finding, it can be said that empathy therapy, targeting individual beliefs, influences its attitude in the coping process and helps the person to look at the negative events in a different way and to create a stronger sense of control. In fact, the third part of hope is a promising force in thinking hopefully. In fact, it is the force that leads the person to the target, and comes up with positive self-assertion, such as "I can do this", "I'm ready", "I have things". That is why hope therapy has been effective in controlling cancer patients.

- Hypothesis 5: Group hope therapy is effective on the spiritual effects of cancer patients.

The findings of this study were compared by Fallah et al. (2011), which showed that hope and spirituality are mutually supportive. One of the things that is emphasized in hope therapy is a positive view of affairs and a goal. Spiritual influences, through the positive impact of interpreting events, equip one with some psychological potentials such as happiness and optimism that provide incentives to achieve Goals are effective. On the other hand, spirituality can bring new goals to the growth, flourishing and spiritual uplift of altruism, as well as various ways such as prayer and meditation to achieve these goals. In fact, patients with cancer have a strong coping strategy in place to overcome the advent of their illness and find that they need to be connected to a huge and powerful source of resources. Therefore, it seems to be a continuation of the spiritual issues with Omid therapy positions have been able to increase the spiritual effects of patients.

#### 4- References

- [1] Ali Pour, A. "An Introduction to health psychology." Tehran: Payam Noor University (2011): 120-88.
- [2] Mardani Hamula, M. And Shahrakiani unit, AS. "Investigating the Relationship between Mental Health and Quality of Life in Cancer Patients." Scientific Journal of Hamadan University of Medical Sciences & Health Services, Volume 2, (2009): 40-33.
- [3] Lee, Stephanie J., Diane Fairclough, Susan K. Parsons, Robert J. Soiffer, David C. Fisher, Robert L. Schlossman, Joseph H. Antin, and Jane C. Weeks. "Recovery after stem-cell transplantation for hematologic diseases." Journal of Clinical Oncology 19, no. 1 (2001): 242-252.
- [4] Abdie N. And sanctification, m. And Cash, S. "The Effectiveness of Omid Therapy on Cancer Patient, A Case Study." Armaghan Danesh Journal, 14 (3), (2009): 13-21.
- [5] Affleck, Glenn, and Howard Tennen. "Construing benefits from adversity: Adaptational significance and dispositional underpinnings." Journal of personality 64, no. 4 (1996): 899-922.
- [6] Nowotny, M. L. "Assessment of hope in patients with cancer: development of an instrument." In Oncology nursing forum, vol. 16, no. 1, (1989): 57-61.
- [7] Anthony, J., "Health Psychology", Routledge, 1999.
- [8] Snyder, Charles Richard, ed. Coping: The psychology of what works. Clarendon Press, 1999.
- [9] The main principle, n. Neshat's friend, h. And Keyantari, M., "The Relationship between Hope Power and Quality of Life in Patients with Hypertension in Isfahan", A National Significance Conference on Life, (2009).
- [10] Bagheri Zanjani Asl Monfared, L., and Gh Entesar Foumany. "The effectiveness of group based hope-therapy on increasing resilience and hope in life expectancy in patients with breast cancer." Journal of Health Promotion Management 5, no. 4 (2016): 56-62.
- [11] Sometimes, M. And somebody, u. Vergadi, A., "The Impact of Group Therapeutic Therapy on the Life Expectancy and General Health of Cancer Patients", Journal of Nursing and Midwifery Journal of Nursing, No. 76, (2010): 84-92.
- [12] Farhadi, AS. And Movahedi and Movahedi, M., :The Effectiveness of Group Therapy on Quality of Life and Mental Health and Hope in Cancer Patients", Lorestan University, 16 (1), (2014): 32-42.
- [13] Kallali, F, "The effect of hope therapy on patient resiliency", Master thesis, Allameh Tabatabaei University, (2012).

- [14] Khosrowi Zadeh, B., "Investigating the Relationship Between Hope and Quality of Life on HIV-positive people", Master thesis of Rehabilitation counselling, University of Social Welfare and Rehabilitation Sciences, Tehran, (2010).
- [15] Ali al-Dini, Z., "The Effect of Therapeutic Hope on Depression in Isfahan University Students", Master's Degree in Psychology, Isfahan University, (2008).
- [16] Utsey, Shawn O., Joshua N. Hook, Nicole Fischer, and Benita Belvet. "Cultural orientation, ego resilience, and optimism as predictors of subjective well-being in African Americans." *The Journal of Positive Psychology* 3, no. 3 (2008): 202-210.
- [17] Strauss, Bernhard, Christina Brix, Sebastian Fischer, Karena Leppert, Jürgen Füller, Bernd Roehrig, Christine Schleussner, and Thomas G. Wendt. "The influence of resilience on fatigue in cancer patients undergoing radiation therapy (RT)." *Journal of cancer research and clinical oncology* 133, no. 8 (2007): 511-518.
- [18] Nelson, Audrey E., Joan Haase, Mary Jo Kupst, Laura Clarke-Steffen, and Jill Brace-O'Neill. "Consensus statements: Interventions to enhance resilience and quality of life in adolescents with cancer." *Journal of Pediatric Oncology Nursing* 21, no. 5 (2004): 305-307.
- [19] Groopman, Jerome. *The anatomy of hope: How people prevail in the face of illness*. Random House Trade Paperbacks, 2005: 14(2): 79-91.
- [20] Fallah, R And Gozzari, M. And the story, M. And Zahir al-Din, AS. And Mousavi, M. And Akbari, MA, "The Effectiveness of Group-Based Spiritual Intervention on Promoting Hope and Mental Health in Cancer Women", *Thoughts and Behavior*, Volume 5, Issue 19, (2011).
- [21] Connor, Kathryn M., and Jonathan RT Davidson. "Development of a new resilience scale: The Connor - Davidson resilience scale (CD - RISC)." *Depression and anxiety* 18, no. 2 (2003): 76-82.