THE EFFECTIVENESS OF POSITIVE PSYCHOTHERAPY (PPT) ON SELF EFFICACY AND PERCEIVED STRESSES IN BREAST CANCER PATIENTS

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ABSTRACT
Cancer puts patients at risk for variety of psychological stress and psychological interventions are effective in reducing the pressure. The purpose of this study is the effectiveness of positive psychotherapy (PPT) on self-efficacy and perceived stress in patients. For this purpose, a total of 30 women who were admitted to Shohada Hospital in Tehran were selected through available sampling method and were randomly divided into two experimental and control groups. Before and after training, both groups were tested with the Cohen’s perceived stress scale and Sherer self-efficacy scale. Then the experimental group received 8 sessions of positive psychotherapy (PPT), each lasted for 90 minutes, while the control group received no intervention. The results of the analysis of covariance showed that the positive psychotherapy (PPT) is effective on perceived stress and self-efficacy of patients undergoing training. Therefore it can be concluded that this treatment can be used as an effective method for the patients.

Keywords: Positive Psychotherapy, Perceived Stress, Self-Efficacy, Breast Cancer

INTRODUCTION
The growth of cancer in recent decades and its harmful effects on various physical, emotional, spiritual, social and economic aspects of human life has led to attract not only ordinary people’s attention but also professionals, who are focused more than ever on this disease as they see cancer to be a major health problem of the century. According to the latest statistics published from Cancer Research Center in ShahidBeheshti University of Medical Sciences, the risk of getting breast cancer in women is 27.5% per thousand (Akbari, 2008). That means every year, more than 8 million new cases of breast cancer are diagnosed that around 7778 cases are among women. This type of cancer involves all aged between 15 and 85 years but the most common age of onset is 45 to 55 years (Akbari, 2010). Studies have shown that cancer puts patients at risk in variety of psychological stress and studies have shown that 50 to 85 percent of cancer patients simultaneously suffer from a psychiatric disorder.

The pain and suffering from disease, concern of family member’s future, fear of death, complications of treatment, decreasing function, body image disorder and sexual problems are among the factors that impair mental health of patients with cancer. Cancer as crisis can cause imbalance and inconsistency in the mind, body and soul, but patients are mostly in the state of frustration and stress (Bernard, 2008). There is strong evidence that shows stress can lead to different negative consequences in people such as physical illness, mental disorder or exhaustion (Kabat-Zinn, 2002). On the other hand, recent perspectives on stress focuses on the role of the individual’s psychology in dealing with stressors instead of focusing on the nature of the stress because in this way, proper treatment can be provided to help the individual under pressure (from Masoudnia, 2007). Cancer may affect patients’ self-efficacy. Self-efficacy is one of
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the important components in the Bandura's social cognitive theory and means the individual's trust and belief in their abilities to control their thoughts, feelings, activities, and functions effectively in stressful situations. Therefore, it is effective on the actual driving performance of individuals, emotions, choices, inhibition of effective events, organizing and running courses of action required to achieve and fulfill performance levels, progress and eventually the amount of effort a person spends on an activity (Caprara et al., 2002; Regalia and Bandura, 2002). Self-efficacy as a personality variable plays an important role in confronting a person with issues of life (Brown and Anivy, 1978; Caprara et al., 2005; Schwarzer, 1995) and as a predictor of personality trait, can be an effective factor in educational and training situations (Salami and Ogundokun, 2009; Schneewind, 1995; Capara et al., 2005). Capara et al., (2001), have considered and argued that self-efficacy is a person’s belief in his ability to succeed in a specific area which the influence level of people and their activity levels are more on the basis of beliefs than on objective measures. Therefore, how people behave can often be predicted through their beliefs about their ability and of what they believe they are capable of doing (Caprara et al., 2001; Caprara et al., 2005, Scabini et al., 1999; Kuijer et al., 2003; Barbaranelli et al., 2003).

One of the innovations in psychological treatments, especially in the treatment of cancer, is positive psychotherapy (PPT). Positive psychotherapy believes that treatment achievements must be something more than "without a difficulty" or maintaining the current situation. In fact, positive Psychology uses techniques that lead to happiness, joy and prosperity. Also this method is emphasized on the importance of choosing a goal, focusing on the goal, the use of positive emotions, eliminating the vicious cycle of negative emotions, insisting on strategies for change, keeping the change, the use of the strengths, and the importance of attention to the superior aspect of human existence as the best solution to overcome the distress of human (Conoley, 2009).

In this method the assumption is that although negative emotions may be helpful in the short term (for example, in situations that are frightening, it activates fight-or-flight response and causes the person to be protected) but being angry, afraid, concerned, or in stress caused by negative emotions can be harmful in the long term (Conoley, 2009; Wilson, 2008; Frijda, 1986). In contrast, creating positive emotions are helpful in the long term because they expand the mental resources, cause flexibility and psychological well-being, delay the stimulated negative emotions and lead to emotional regulation (Fredrickson, 2004; Miller and Nickerson, 2007). Therefore with reference to the above cases in this study, we seek to answer the question on whether positive psychotherapy (PPT) is effective on self-efficacy and perceived stress in breast cancer patients?

MATERIALS AND METHODS

This study was a quasi-experimental design with pretest, posttest control group. In this way that among female patients with breast cancer in Shohada Hospital in Tehran, first, 24 patients were selected through available sampling method and randomly divided into two 12 groups of experimental and control. Both groups before and after training was tested with Cohen’s perceived stress scale and Sherer self-efficacy scale. The experimental group received 8 sessions of positive psychotherapy (PPT), each lasted for 90 minutes, while the control group did not receive any training.

Tool

Cohen's Perceived Stress Scale (PSS): This scale was developed in 1983 by Sheldon Cohen and has 3 versions of 10, 4 and 14 items that are used to measure general perceived stress during the last month. This form is measured through the study of responses related to thoughts and feelings about stressful life events, control and dominance; coping with stress and experienced stress. Also this scale has examined the risk factors of behavioral disorders and indicates the process of tense relations. The minimum score is zero and the maximum score is 56. Higher score indicates greater perceived stress. Cronbach's alpha for this scale in three studies was in the range of 0.84, 0.85 and 0.86 (Cohen, 1983).

Sherer et al., General Self-efficacy Scale (GSE): This questionnaire measures 3 major factors, tendency to startup behavior, willingness to complete treatment and insist on homework in case of failure. The original version of this test consists of 36 items that according to factor analysis it was dropped to 23
items. Of these 23 items, 17 of them measure general self-efficacy with mean of 57.99 and standard deviation of 12.08 (AliNia, 2003).

RESULTS AND DISCUSSION

Results

Table 1: Descriptive component scores of the experimental and control groups

<table>
<thead>
<tr>
<th></th>
<th>Experiment</th>
<th></th>
<th>Control</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>sd</td>
<td>M</td>
<td>sd</td>
</tr>
<tr>
<td>Perceived stress</td>
<td>Pretest</td>
<td>17.85</td>
<td>1.214</td>
<td>18.17</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>16.31</td>
<td>1.316</td>
<td>18.42</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>Pretest</td>
<td>4.33</td>
<td>0.985</td>
<td>4.92</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>5.25</td>
<td>0.622</td>
<td>4.92</td>
</tr>
</tbody>
</table>

Table 2: The summary of analysis of variance for the review of group effects on perceived stress and self-efficacy variables

<table>
<thead>
<tr>
<th>Resource</th>
<th>ss</th>
<th>Df</th>
<th>MS</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>Modified</td>
<td>36.197</td>
<td>2</td>
<td>18.098</td>
<td>11.977</td>
<td>0.001</td>
</tr>
<tr>
<td>Perceived Width</td>
<td>7.065</td>
<td>1</td>
<td>7.065</td>
<td>4.675</td>
<td>0.042</td>
<td>0.175</td>
</tr>
<tr>
<td>Perceived Pretest</td>
<td>8.443</td>
<td>1</td>
<td>8.433</td>
<td>5.587</td>
<td>0.027</td>
<td>0.203</td>
</tr>
<tr>
<td>Stress Group</td>
<td>23.226</td>
<td>1</td>
<td>23.226</td>
<td>15.371</td>
<td>0.001</td>
<td>0.411</td>
</tr>
<tr>
<td>Stress Error</td>
<td>33.243</td>
<td>22</td>
<td>1.511</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model Self-efficacy</td>
<td>Modified</td>
<td>5.269</td>
<td>2</td>
<td>2.634</td>
<td>4.447</td>
<td>0.024</td>
</tr>
<tr>
<td>Self-efficacy Pretest</td>
<td>14.811</td>
<td>1</td>
<td>14.811</td>
<td>25.172</td>
<td>0.001</td>
<td>0.545</td>
</tr>
<tr>
<td>Self-efficacy Group</td>
<td>0.544</td>
<td>1</td>
<td>0.544</td>
<td>0.924</td>
<td>0.347</td>
<td>0.042</td>
</tr>
<tr>
<td>Self-efficacy Error</td>
<td>12.356</td>
<td>21</td>
<td>0.588</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion

The purpose of this study was the effectiveness of positive psychotherapy (PPT) on self-efficacy and perceived stress in patients. The results of the analysis showed that this treatment is effective on self-efficacy and perceived stress.

The explanation for this finding could be said that this particular field of human psychology focuses on success while most other branches of psychology focus on other aspects. Positive psychotherapy (PPT) is focused on helping people become happier and more satisfying. In fact, instead of focusing on disabilities, Positive psychotherapy focuses on living happily, enjoyment, problem solving ability and optimism in daily life. In this method, it is assumed that although negative emotions may be helpful in the short term (for example, in situations that are frightening, it activates fight-or-flight response and causes the person to be protected) but being angry, afraid, concerned, or in stress caused by negative emotions can be harmful in the long term (Conoley, 2009; Wilson, 2008; Frijda, 1986). In contrast, creating positive emotions are helpful in the long term because it expands the mental sources, causes flexibility and psychological well-being, delays the stimulated negative emotions and causes emotional regulation (Fredrickson, 2004; Miller and Nickerson, 2007). So in this treatment cancer patients take the stress away and focus on their abilities through focusing on the positive things, which eventually leads them to an increased self-efficacy.

REFERENCES

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