

Cognitive-Existential Group Therapy for Parents of Children with Cancer

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Objectives: This study used a quasi-experimental method in the pretest-posttest to evaluate the efficacy of cognitive-existential group therapy on hopefulness in parents of children with cancer.

Method: Thirty parents (24 to 54 years old) of children with cancer were divided randomly into experimental and control groups. Both groups were assessed with Miller Hope Scale (1988), as pre-test. The experimental group received cognitive-existential group therapy in 12 sessions, each lasting 90 minutes (2 sessions per week), but no psychological intervention was applied to the control group. At the end of the intervention, both groups were reassessed through post-test. Data were analyzed by SPSS through analysis of covariance.

Results: Significant differences in hopefulness between the two groups ($p < 0.01$) were observed in favor of the experimental group.

Conclusion: Cognitive-existential group therapy can be effective in increasing hopefulness in parents of children with cancer.

Keywords: cognitive-existential group therapy, hopefulness, parents of children with cancer

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Introduction

Any type of chronic disease may cause serious psychological or social irritation to the patient and her/his family. Evidence shows that psychological complications of cancer, including depression, anxiety, and anger affects family life for a long time even after the active treatment period (1). Almost all existing indications point to the fact that diagnosis of cancer in a family member can be a serious crisis for other members of the family (2).

In many cases, when facing cancer in a member of the family, in addition to the psychological impact arising from the probability of death of a beloved one, the family undergoes new and worrisome experiences pertaining to the patient's treatment, such as constant presence in the hospital, nursing the

patient at home, witnessing pain and suffering endured by the patient and his/her ward-mates, and the exhaustion resulting from derangement in lifestyle or assumption of new responsibilities. Initially, these may be out of the family members' control. Although losing a loved is very painful for close relatives, when the problem is related to the loss of a child, it can be even more difficult for the parents (3).

The threatening nature of cancer is associated with a lot of stress for the sufferer's family. Encountering various fears, such as the phobia of death, the phobia of the unknown and of the undiscovered, and the phobia of one's own inabilities and limitations are inevitable. Persons involved will be driven into making considerable changes in their daily lives.

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The family, when facing such an emerging reality (diagnosis of cancer in an offspring), will be forced to make changes in the roles of each and every member of the family (4).

A multitude of research evidence collected in the last decade points to the fact that being aware of a child suffering from cancer and becoming entangled in the ups and downs of the child's treatment will lead to depression in the parents and reduce their life expectancy. Research findings suggest that the emotional irritation parents go through after having been informed of the affliction of their child with cancer is even severer than that often experienced by the patients themselves. Hope is one of the necessary elements of cancer patients and their families' lives, and has substantial impact on their adaptation to the circumstances, especially during the times of pain and deprivation. 'Hope' plays a significant role in the quality of life of the patient and his/her family and affects different stages of the disease (5). Having studied the efficacy of existential group psychotherapy on treatment interventions in cancer patients, Breitbart stated that groups in which individuals are involved in chronic diseases will lose their meaning of life and hope with the passage of time, and will become depressed. Therefore, for such patients existential psychotherapy is one of the most suitable treatments for reducing depression and enhancing life expectancy (6).

The Cognitive-Existential Group Therapy (CEGT) was introduced by Kissane D. (1997) for the purpose of taking advantage of the combined aspects of the two approaches of Beck's cognitive psychotherapy (1975) and Yalom's existential psychotherapy (1980) in the framework of group counseling, which appeared to have the highest impact on reducing the degree of depression and enhancing special hope in cancer patients (7).

Kissane D. (2002) considers existential contents such as concerns about death, loss of meaning, grief, loneliness, loss of freedom and loss of worthiness as existential key challenges for the patients with incurable diseases, who are expected to die soon. Moreover, he considers that the patients may, as a result of experiencing negative excitements related to existential contents, suffer from intense loss of spirits or what is termed by him as "existential harm", and experience a feeling of inadequacy (8).

A study previously conducted by the research team, titled 'Cognitive-Existential Group Therapy and Cognitive-Instructional Therapy in Breast Cancer Patients', showed that the participants accepted more

responsibility toward changing themselves in the CEGT group. Regarding reduction of depression in patients, it appears that presence in the group, seeing, and modeling from others who had been active in similar situations, sharing similar sorrows, sufferings and having difficulties with others can be an effective way to boost hope, which can reduce feelings of loneliness and victimization that will decrease morbid anxieties (9).

Given that the parents were to encounter imminent death of their child and the sense of loss and emptiness arising from it, the present study was conducted to find an answer to the question of whether or not CEGT was effective in creating hope in cancer patients' parents. Finding an answer to this question, and identifying the most effective intervention methods in reducing psychological harm subsequent to cancer in patients and their families can help to save time, energy and seek better healthcare facilities. Furthermore, the rights of patients and families need to be respected.

Methods

Participants and Study Design - The participants were selected from parents of children being treated for cancer in "MAHAK" Hospital (In 2012). 24 parents were participated in the study and selected non-randomly for each group, with the following exclusion criteria: The children did not have brain cancer and were not threatened by impending death. The inclusion criteria were:

1. The children's parents or other family members were not suffering from any other severe disease.
2. The children's parents or other family members had no history of severe psychiatric disorder.
3. The child's diagnosis had been made less than a month before.
4. The children were not older than 18 at the time of diagnosis.

It is worth noting that in order to prevent negative impact of possible withdrawal by certain participants, 30 samples were selected until they could be replaced if necessary. This quasi-experimental study was conducted using Groups of non-equivalent pretest-posttest and a control group.

Miller Hope Scale - The Miller Hope Scale (MHS) is a diagnostic scale. This scale consists of 48 states of hope and distress, the materials stipulated in which were selected on the basis of overt or covert demonstrations in hopeful or hopeless individuals. In

front of each item, which represents a behavioral symptom, the following options are written: 1 (*Strongly disagree*) to 5 (*Strongly agree*). The total scores obtained represent hope or lack of hope. The MHS scores can vary in range of 40 to 200. an individual who earns 40 points is considered completely hopeless. Score of 200 represents the greatest degree of hope. Miller believes that hope creates mental health and the one who is hopeful will have a true meaning in life (10).

Salimi Bajestani (2009) reported an internal consistency of 92%, based on Cronbach's Alpha 92% (11). Abdi and Asadi (2011) believed that the MHS is the best test to predict hope in a group of patients whose self-respect, social support and academic support are damaged (12).

Two sessions were held for the participants. In the first session the group therapy process was explained to the participants and their conditions were

generally assessed. In the second session, Miller's hope scale questionnaires were distributed among the participants and were collected after they were completed. Then the individuals were randomly divided into two experimental and control groups. Twelve 90 minute sessions were held for two weeks. a 15 minute intermission was given between each session. In light of professional ethics, the control group was invited to attend the CEGT course after the posttest was done.

Results

The statistical description of pretest and post-test hope scores under study is set forth in Table (1). It shows that the average hope score and standard deviation in the experimental group at the pretest stage was 139.33 and 23.58, respectively; and in the posttest it had increased to 165.5 with the standard deviation of 18.54.

Table 1. Statistical description of pretest and posttest scores of hope among the individuals under study

Hope	Descriptive Statistics			Central Indices		Dispersion Indices			
	Number	Minimum	Maximum	Average	Mean	Scope of Changes	Variance	Standard Deviation	
Experimental Group	Pretest	12	95	178	143	139.33	83	556.42	23.58
	Posttest	12	132	196	164	165.5	64	243.09	18.54
Control Group	Pretest	12	101	170	144.5	140.75	69	456.20	21.35
	Posttest	12	109	185	138	138.92	76	542.26	23.28

Levene's Test was used to study homogeneity of variances. The results show that the homogeneity of variance in the 'hope' scores of the two groups in 95% ($0.05/\alpha$) was not significant. In other words, given that the null hypothesis was confirmed by means of an insignificant Levene's test, it can be concluded with 95% confidence that the variance in the 'hope' scores of the experimental and control groups was identical. The results of the identicalness of the 'hope' regression line -as a presupposition of covariance analysis- have been reviewed. The level of significance of the contrariety effect is larger than 0.05: $A = 0.05$. Thus, the hypothesis concerning consistency of regression line gradient is accepted; and it may be concluded that covariance analysis

may be applied, given the results of Levene's Test and the identicalness of regression line gradient.

Based on the results mentioned in table (2), the value of F (17.81), as calculated with the degrees of freedom of 1 and 21, is larger than the Table F. Based on the results listed in Table 1, the mean post-test scores of the experimental group dropped in comparison to the control group, which was significant. The index of the effect obtained suggests that the 45% increase in hope among the experimental group could be attributed to the CEGT. Therefore, the null hypothesis is rejected; and the hypothesis that CEGT increases hope among the parents of the children with cancer is confirmed by a degree of certainty of 99%.

Table 2. Pre-test and post-test results of covariance analysis between the two groups

Sources of Changes	Total of Square Roots	Degrees of Freedom	Mean of Square Roots	F Ratio	Significance Level	Effect size
Pretest	4417.55	1	4417.55	17.39	0	0.45
Groups (Independent)	4524.52	1	4524.52	17.81	0	0.45
Error Variance	5332.36	21	253.92	--	--	--
Total	570007	24	--			

Discussion

The findings suggest that cognitive-existential group therapy is effective in increasing hope among cancer patients' parents. The groups' mean hope scores as well as their hope confirm the hypothesis that there is no significant difference between the groups' means, and establishes the prerequisite of group consistency. Accordingly, we may consider with certainty the review and discussion of the results obtained from the tests of hypotheses. Kissane D. (2011) believes that 'meaning' and 'hope' diminish over time and that feelings of depression intensify in individuals who deal with chronic diseases. Therefore, existential therapies with a combination of cognitive strategies are the most suitable treatment methods for reducing depression and raising hope among this group of patients. (13). How could we explain the difference in the effectiveness of CEGT observed in these two groups? Given the confirmation of consistency in the groups, the answer to this question resides in the contents and methods of operation of this treatment approach.

It appears that the elements of the treatment protocol were able to create positive and significant changes in raising hope in the experimental group. It ought to be noted that the atmosphere of treatment in special CEGT intervention is founded on an active group interaction, which by itself is one of the reasons for the usefulness of this approach. The most important

concerns of the parents of patients with cancer are their fear of death, loneliness, uncertainty about the future, and loss of meaning. These individuals may lose spirits as a result of the fear of encountering the foregoing anxieties, and feelings of indisposition and depression. Gradual induction of hope is one of the therapeutic factors in this mode of therapy. Visiting other persons who have been in similar situations has significant impact on the impression the individual gets from the circumstances. According to Kissane D. (2002), only a sort of interventional method is useful that deals with those fears in an expeditious way and with sufficient expression, and that has the capability of reducing psychological harm and increasing hope. This said, teachings have been placed at the disposal of individuals to learn about cognitive errors; and members help each other in this respect, too (14).

A study conducted by Kissane D. et al. (1997) on patients with breast cancer showed that by applying this type of therapy one would be able to reduce sorrow and grief in patients, increase their capability to solve problems and create cognitive strategies in them (7). The fact that the CEGT intervention raises hope indicates that it is relevant to the needs of parents of patients with cancer, including therapy-resultant tension, the probability of loss of an offspring and the emergence of existential anxieties.

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