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Research Article

THE EXPERIENCE OF IRRATIONAL BELIEFS AMONG INDIAN AND IRANIAN CANCER PATIENTS

***Foroogh Mahigir[1], Venkatesh Kumar G[2] and Ayatollah Karimi[1]**
[1]Farhangeyan University, Imam Sadegh Branch, Khouzestan, Iran
[2]Department of Psychology, University of Mysore, Mysore, India
**Author for Correspondence*

ABSTRACT
Regarding to previous studies, cultural factors has been found to be effective in Irrational beliefs experience and this paper reports a study to find out the effect of cultural factors (country and socio economic level) on Irrational beliefs experience among cancer patients in India and Iran. A descriptive study was carried out with a sample of 120 cancer patients, aged 22–66 years, whom refer to the Bharath Hospital and Institute of Oncology in India and Shahidzade hospital in Iran. Irrational beliefs was measured with the Mc Gill Irrational beliefs questionnaire - MPQ (1975) and socio economic level measured using 21 item questionnaire developed by the researches. Concerning to the hypothesis of the study, two ways ANOVA is used to analyze the data. A propos to the results, has shown that the Irrational beliefs experience in Indian patients is statistically more than Iranian patients [f (1, 116) = 4.55, p<005]. More over there are significant differences between high and low socioeconomic groups [f (1, 116) = 52.25, p<001]. Hospital employments and nurses should be aware of cultural factors that may have influence on irrational beliefs and they have to use of appropriate ways in working with cancer patients.

Key Words: *Cancer, Irrational Beliefs, Cultural Factors*

INTRODUCTION
People are cultural beings, and we are greatly influenced by each of the cultural groups, such as religious, geographic, socioeconomic, and so on. Each of these groups influences the way we think and act by instilling in us both general and specific expectations of how the world works and how we should interact with it (Green, 2003).

Culture can be defined in terms of individual's sense of ethnicity, religion, historical roots and general value systems. Cross cultural differences are evident in many aspects or human behavior and certainly in prevalence of illness and in healthcare usage. The global population is in a pattern of migration, never seen before in history.

The healthcare practitioner, especially in urban areas, regularly comes into contact with people from other countries and cultures which may not speak the language of the host nation. In Europe there is a stereotypical view of stoical northern Europeans and more emotionally expressive southern Europeans, in reaction to Irrational beliefs , but it is not clear whether differences in Irrational beliefs expression are a product of different believes about Irrational beliefs and injury or differing acceptability of types of expression regardless of the Irrational beliefs believes. Recently there has been concern that people who are ethnically different from a host nation are at a disadvantage with respect to treatment for irrational beliefs condition.

Specifically, Lasch (2000) posits that cultural factors may influence the expression of Irrational beliefs, the language used to describe Irrational beliefs , the context of Irrational beliefs related suffering, social roles and expectations, holistic treatments for Irrational beliefs , and perceptions of the health care system. Despite the obvious potential importance of cultural factors on the Irrational beliefs experience related to cancer there is little mention of them in the cancer research focusing on adults.

In conclusion, several studies have been carried out to highlight the importance of ethnicity and race in individual's irrational beliefs expressions and experiences. However, no earlier research was found focusing on cultural factors (Leininger, 1991) influencing cancer patients.

Additionally, there is a need to study how culture influences e.g. care associated with irrational beliefs. It is essential to understand the cultural context from which the meanings, behaviors and expressions of irrational beliefs can be understood (Villaruel, 1995). Therefore, it is important to identify cultural factors that may have influence on cancer patients.

Ellis identified 12 irrational ideas which can trigger and prolong neurosis. These 12 irrational ideas were developed and defined by Albert Ellis and are contributing factors to individuals who exhibit neurotic behaviors. Ellis maintained that irrational and illogical beliefs of individuals stem from the fact that they need to achieve a sense of perfection. For example, they believe they need to have a perfect life filled with love and fulfillment. This idea of perfection is unrealistic and is the basis for the irrational thoughts people have.

Irrational beliefs refer to irrational ideas developed and defined by Albert Ellis and are contributing factors to individuals who exhibit neurotic behaviors. These beliefs will be assessed through shortened General Attitude and Belief Scale (SGAB). Following are some of the irrational beliefs in cancer patients that are caused by the event of cancer illness.Some of these beliefs are:

- I want to die as soon as possible.
- Everything is over(no life in future)
- I should commit suicide and end my life.
- There is no relief from the irrational beliefs.
- I can't continue to tolerate the irrational beliefs.
- I can't face society; people are keeping distance from me.
- Depression will kill me

Cancer is a group of more than 200 different diseases. Cancer can be generally described as an uncontrolled growth and spread of abnormal cells in the body. Cells are basic units of life. All organisms are composed of one or more cells. Cancer is a general term applied to tumors or growths. The incidence of cancer is increasing possibly due to one's lifestyle and the increasing age of the population (Gabriel, 2004). There are 1:250 men and 1: 300 women diagnosed as suffering from cancer every year (Souhami and Tobias, 2003). As the elderly population grows and as more people with cancer live longer due to better treatment, there are increasing numbers of people with residual dysfunction and disabilities who require occupational therapy (Wood house *et al.*, 1999).

There is a need to help cancer patients who have developed irrational beliefs towards their life events (Bond, 2002). In another study by Edelman and others (1999), 124 women cancer patients with breast cancer received REBT therapy.

Despite the many reports on the relationships between variety of variables and Adjustment, there is scarce if any documentation of the relationships between Adjustment problems and irrational beliefs in cancer patients. Secondly, there is need for studies which will address gender differences in the levels of Adjustment in relation to their irrational beliefs in cancer patients. This presents study therefore focuses on these issues.

Society and Culture

While many diseases (such as cardiac failures) may have a worse prognosis than most cases of cancer, it is the subject of widespread fear and taboos. Euphemisms, once "a long illness", and now informally as "the big C", provide distance and soothe superstitions (Ehrenreich and Barbara, 2001). This deep belief that cancer is necessarily a difficult and usually deadly disease is reflected in the systems chosen by society to compile cancer statistics: the most common form of cancer-non-melanoma skin cancers, accounting for about one-third of all cancer cases worldwide, but very few deaths are excluded from cancer statistics specifically because they are easily treated and almost always cured, often in a single, short, outpatient procedure (McCulley, 2007). Cancer is regarded as a disease that must be "fought" to end the "civil insurrection"; a War on Cancer has been declared. Military metaphors are particularly common in descriptions of cancer's human effects, and they emphasize both the parlous state of the affected individual's health and the need for the individual to take immediate, decisive actions himself,

rather than to delay, to ignore, or to rely entirely on others caring for him. The military metaphors also help rationalize radical, destructive treatments (Gwyn, 1999).

In the 1970s, a relatively popular alternative cancer treatment was a specialized form of talk therapy, based on the idea that cancer was caused by a bad attitude. People with a "cancer personality"- depressed, repressed, self-loathing, and afraid to express their emotions- were believed to have manifested cancer through subconscious desire. Some psychotherapists said that treatment to change the patient's outlook on life would cure the cancer (Olson, 2002). Among other effects, this belief allows society to blame the victim for having caused the cancer (by "wanting" it) or having prevented its cure (by not becoming a sufficiently happy, fearless, and loving person) (Ehrenreich, 2009). It also increases patient's anxiety, as they incorrectly believe that natural emotions of sadness, anger or fear shorten their lives. The idea was excoriated by the notoriously outspoken Susan Sontag, who published Illness as Metaphor while recovering from treatment for breast cancer in 1978 (Olson and Stuart, 2002). Although the original idea is now generally regarded as nonsense, the idea partly persists in a reduced form with a widespread, but incorrect, belief that deliberately cultivating a habit of positive thinking will increase survival. This notion is particularly strong in breast cancer culture (Ehrenreich, 2009).

Cultural Factors in Cancer Patients

Culture is the learned and shared beliefs, values, and life ways of a designated or particular group that are generally transmitted inter generationally and influence one's thinking and action modes (Kemp, 2005). A great deal can be learned from understanding cultures that exist throughout the world. In order to provide culturally competent care, health care organizations, abilities and personnel must be cognizant of this matter. Culture has the ability to shape attitudes and beliefs about health and illness. More specifically, it affects one's openness to receiving support through healthcare services in addition to one's health seeking behaviors (Lovering, 2006).

People of different cultures respond differently to irrational beliefs. People from cultures that value stoicism tends to avoid vocalizing with moans or screams when they are in irrational beliefs. They may strive to keep their faces "masked," trying not to show their irrational beliefs even by grimacing. They may feel that they'll be perceived as weak if they admit to or show irrational beliefs, and they may deny having irrational beliefs when asked. They may prefer to be left alone to bear their irrational beliefs without bothering others and may have learned to cope without seeking attention or care (Lasch *et al.*, 1996). Although the wishes of patients with these beliefs must be respected, nurses still need to provide them with information that will allow them to choose whether or not to accept treatment for their irrational beliefs.

Cancer is a general term applied to tumors or growths. The terms oncology, anaplasia, neoplasm's may all be used as an alternative to the word 'cancer'. Body cells normally regenerate and die continually so the number of cells remains constant. Cancer can develop in people of all ages, but it is more common in people over 60 years old. The incidence of cancer is increasing possibly due to lifestyle and the increasing age of the population (Gabriel, 2004). Gurung (2006) stated, "The experience of illness is shaped by cultural factors that influence how it is perceived, labeled, and explained and how the experience is valued". Since cancer is a chronic medical condition that affects primarily a minority group (i.e., African Americans or those of African descent), examining cultural variables is important (Kaslow *et al.*, 2000) and unfortunately has been overlooked in most of the current body of pediatric psychology research.

A number of studies have been carried out to find out the effect of cultural factors on irrational beliefs experiences. Sakauye (2005) noted, "Culture is known to influence the psychological appraisal and expression of irrational beliefs and illness and folk beliefs about acceptable treatments". In the other study, it has noted that the manner in which the patients express their irrational beliefs reflecting cultural variations are not always appreciated by hospital staff (Rupp and Delaney, 2004).

Specifically, Lasch (2000) posits that cultural factors may influence the expression of Irrational beliefs, the language used to describe Irrational beliefs , the context of Irrational beliefs related suffering, social roles and expectations, holistic treatments for Irrational beliefs , and perceptions of the health care system.

It has been suggested that "people in Eastern cultures have higher Irrational beliefs tolerance than those in the West" (Nayak *et al.,* 2000; Khalaf and Callister, 1997). In dominant cultures living in the United States, it is postulated that the willingness to verbalize Irrational beliefs may "be due to the belief that Irrational beliefs is bad, need not be endured, and should be quickly eliminated" (Nayak *et al.,* 2000). Black and Hispanic patients with longbone fractures were less likely than white patients to be treated for irrational beliefs (Todd *et al.,* 2000). Irrational beliefs perceptions and behavior are heavily influenced by culture and by the socio economic context of clients (Rollman, 1998) and the level of acculturation and family support are other considerations (Flaskerud and Uman, 1996).

MATERIALS AND METHODS

The sample of the study contains of 120 patients of two countries (India= 60 and Iran=60) that randomly selected (By the age range of 22 – 66 years). Shortened General Attitude and Belief Scale(Lindner *et al.,* 1999) are used to measure irrational beliefs. This is a brief scale for assessment of multidimensional aspects of irrational thinking with 26 items to be answered on a five-point scale from Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4) to strongly agree (5). Higher score indicates higher irrational thinking .The subscales include self-downing, need for achievement, need for approval, need for comfort, demand for fairness, and other downing. The authors reported that test-retest reliability was .65 to. 87.
The study was carried out in 3 phases: In the first phase (literature review about the study), researchers studied the previous works in this area, in the second phase, McGill Irrational beliefs Questionnaire (MPQ) and socioeconomic questionnaire administered to find out the level of Irrational beliefs and point of socioeconomic of patients in sample groups and in the last phase the data has given to analysis and interpretation.

RESULTS AND DISCUSSION

Regarding to the hypothesis of the present study, two ways ANOVA is used to analyze the data. In this design, two independent variables are [country (India and Iran) and socioeconomic level (high, medium and low) are between Subjects], and the scores of Irrational beliefs are dependent variable. Descriptive statistics and analysis have shown in the following tables and figures.

Table 1: Mean and S.D of pre and post-test of total Irrational beliefs scores

country	groups	Mean	Std. Deviation
India	low	71.70	4.99
	Medium	69.70	5.12
	High	62.70	4.18
	Total	68.03	6.10
Iran	low	69.30	3.09
	Medium	69.50	5.15
	High	60.20	3.05
	Total	66.33	5.81

As it has shown above, in India the mean and S.D is 68.03– 6.10, for low Level person in Socioeconomic Level is 71.70– 4.99, for medium Level Socioeconomic is 69.70– 5.12 and for high Level person in Socioeconomic Level is 62.70– 4.18. In Iran also the mean and S.D is 66.33– 5.81, for low Level person in Socioeconomic Level is 69.30– 3.09, for medium Level Socioeconomic is 69.50– 5.15 and for high Level person in Socioeconomic Level is 60.20– 3.05.

Table 2: Results of two ways ANOVA for irrational beliefs scores

Source	df	Mean Square	F	Sig.	Partial Eta Squared
Country	1	86.700	4.55	.035*	.04
Socioeconomic	2	994.233	52.25	.000**	.47
Country * socioeconomic	2	16.900	.88	.414	.015

**. The mean difference is significant at the .05 level*
***. The mean difference is significant at the .01 level*

As it is shown in table 2, with respect to between- Subjects Effects, there is a significant difference between Indians and Iranians in irrational beliefs [F (1, 112) = 4.557, P<05]. Moreover, there is a significant difference between high and low socioeconomic groups [F (2, 114) = 52.25, P<001]. But, the interaction between country and socioeconomic is not significant [F (2, 114) = .88, P>05]. The results of Multiple Comparisons have shown in table below.

Table 3: Results of Multiple Comparisons by Tukey test between three levels of socioeconomic groups

Socioeconomic groups	sig
Low and Medium	.62
Low and High	.00**
Medium and High	.00**

*** The mean difference is significant at the .01 level*

The results of Multiple Comparisons-post hoc by Tukey test revealed that differences between low and high groups are significant (P<01), differences between Medium and high groups are also significant (P<01), but the differences between low and Medium groups are not significant.

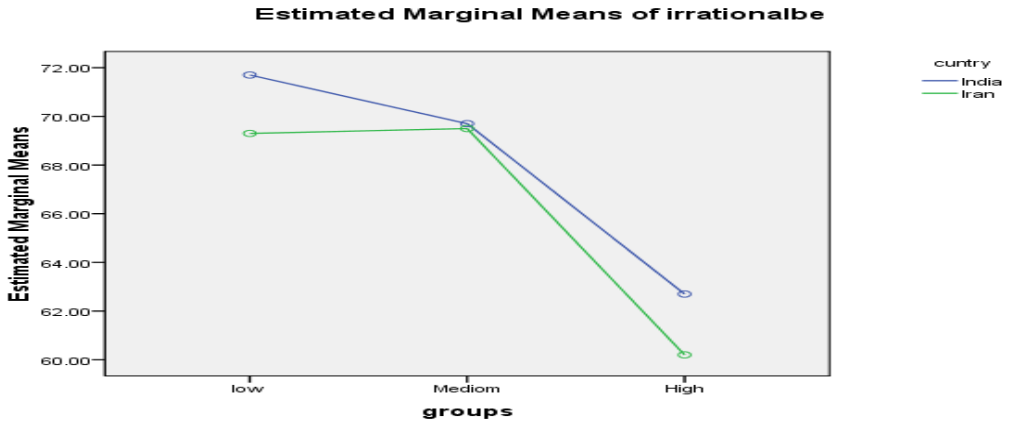

Figure 1: Results of two ways ANOVA for irrational beliefs scores between three levels of socioeconomic groups

The objective of the study was to explore the effect of Cultural factors on irrational beliefs among cancer patients. The findings of this literature analysis showed that Cultural factors (country and socio economic level) have a significant effect on irrational beliefs in cancer patients. The results of this study confirmed

the current hypothesis and are in agreement with previous studies. These findings confirm previous studies which have considered the effect of Cultural factors on irrational beliefs among cancer patients (Sakauye, 2005).

It is also in agreement with Rollman (1998), Lasch (2000) and Flaskerud and Uman (1996). According to the above mentioned results, Cultural factors (country and socio economic level) are highly effective in irrational beliefs among cancer patients. With regard to mentioned results, it is recommended that these groups of patients should be prepared in different ways in working with cancer patients. From this perspective, the obtained results are important.

Conclusion

Irrational beliefs, although universally acknowledged, is experienced in ways that vary with ethnicity, gender, age, class, and condition. However, there is little mention of cultural factors as they relate to irrational beliefs in patients with cancer in the current literature. Thus, it is unclear what role cultural factors may play in the expression of both acute and chronic irrational beliefs in this group of patients. It is imperative that those seeking help for irrational beliefs be managed in a timely and appropriate manner. Every patient has the right to be treated for their irrational beliefs and there is no valid reason that one should have to suffer. Ultimately Irrational beliefs is a subjective matter and must be believed by the healthcare professional when the patient states it is occurring or shows signs of physical discomfort. Nurses must remain open-minded and creative when providing irrational beliefs management to the patient. Regardless of the methods used to reduce one's irrational beliefs it is essential to evaluate the effectiveness and make modifications as needed.

Throughout this paper, two different cultures and three socioeconomic levels were examined to provide readers with information to better understand the beliefs and attitudes about irrational beliefs. Culture can influence and be influenced by other cultures which may make it difficult to generalize findings. Nurses need to recognize individuals often embrace more than one culture. Therefore, nurses need to acknowledge each person as an individual who experiences different input and life experience.

Recommendation and Suggestions for Further Research

There are several cultural factors that are related to cancer irrational beliefs in different settings. Many of these factors are culturally valued and could be difficult to modify. More research is needed to understand specific cultural influences that maintain traditions and practices leading to children's suffering from irrational beliefs.

There is a need for researchers to begin to include cultural variables in pediatric research and this study is one of the first to attempt to do so. The findings of this study provided challenges for further research:

1) More cultural research is needed to understand ethno-history influencing tradition in the context of irrational beliefs in different cultures.

2) Research is needed to identify those irrational beliefs management interventions that can be utilized to enable the most effective irrational beliefs relief in cancer patients.

3) Further research should be conducted by using cultural research methodology.

4) Most cultural researches are necessary to find out the effect of other aspects of culture (religion, education, political and…) in Irrational beliefs experience among cancer patients.

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