

**Research Article**

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

**Sepideh Raeisi Nasehi<sup>1</sup>, Simindokht Rezakhani<sup>2</sup>, \*Salva Shamseddini Lory<sup>3</sup>, Somayeh Abbasi<sup>3</sup>,  
Gohar Sour<sup>4</sup> and Zahra Gholami GharehShiran<sup>5</sup>**

<sup>1</sup>Department of Clinical Psychology, Islamic Azad University, Roudehen Branch, Roudehen, Iran

<sup>2</sup>Department of Counseling, Islamic Azad University, Roudehen Branch, Roudehen, Iran

<sup>3</sup>Department of Counseling, Islamic Azad University, Roudehen Branch,  
Young Researchers Club, Roudehen, Iran

<sup>4</sup>Department of Counseling, Allamatabatabai University, Tehran, Iran

<sup>5</sup>Department of Counseling, Khouzestan Science and Research Branch,  
Islamic Azad University, Ahvaz, Iran

*\*Author for Correspondence*

### **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 impairs 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

## **Research Article**

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

## Research Article

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**

		Experiment		Control	
		M	sd	M	sd
Perceived stress	Pretest	17.85	1.214	18.17	1.193
	Posttest	16.31	1.316	18.42	1.379
Self-efficacy	Pretest	4.33	0.985	4.92	0.289
	Posttest	5.25	0.622	4.92	0.669

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

Resource		ss	Df	MS	F	Sig.	Partial Eta
Model	Modified	36.197	2	18.098	11.977	0.001	0.521
Perceived	Width	7.065	1	7.065	4.675	0.042	0.175
	Pretest	8.443	1	8.433	5.587	0.027	0.203
Stress	Group	23.226	1	23.226	15.371	0.001	0.411
	Error	33.243	22	1.511			
Model	Modified	5.269	2	2.634	4.447	0.024	0.299
Self-	Width	14.811	1	14.811	25.172	0.001	0.545
	Pretest	3.227	1	3.227	5.485	0.029	0.207
efficacy	Group	0.544	1	0.544	0.924	0.347	0.042
	Error	12.356	21	0.588			

### 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

**Akbari ME (2008).** Cancer and Emotion: The Scope of Psycho-Socio-Oncology. *Iranian Journal of Cancer Prevention* 3(2) (Persian).

## **Research Article**

**Akbari ME, Asadilari M, Akbari A, Mousavi R and Mousavi M (2010).** Spiritual Care, Neglected Aspect of Health in Cancer Management, Palliative medicine in the 21st century, 14-17 Sep. Adelaide. Australia (Persian).

**Bandura A, Barbaranelli C, Caprara GV, Pastorelli C and Regalia C (2002).** Sociocognitive: Self-regulatory mechanisms governing transgresses behavior. *Journal of Personality and Social Psychology* **80** 125-135.

**Barbaranelli C, Gerbino M and Pastorelli C (2003).** Role of affective self-regulatory efficacy on diverse spheres of psychosocial functioning. *Child Development* **74** 769-782.

**Brown C and Anivy R (2005).** Self-efficacy beliefs as determinants of prosocial behavior conducive to life satisfaction across ages. *Journal of Social and Clinical Psychology* **24** 191-217.

**Burnard P, Edwards D, Bennett K, Thaibah H, Tothova V and Baldacchino D et al., (2008).** A comparative, longitudinal study of stress in student nurses in five countries: Albania, Brunei, the Czech Republic, Malta and Wales. *Nurse Education Today* **26** 134-45.

**Caprara GV, DelleFratte A and Steca P (2002).** Determinantipersonali Del benessere in adolescenza: Indicatori e predittori (Personal determinants of adolescents' well-being: indicators and predictors). *Psicologia Clinica dello Sviluppo* **2** 203-223.

**Caprara GV, Pastorelli C, Regalia C, Scabini E and Bandura A (2005).** Impact of adolescents' filial self-efficacy on quality of family functioning and satisfaction. *Journal of Research on Adolescence* **15** 71-97.

**Caprara GV, Regalia C and Scabini E (2001).** Autoefficacia familiar (Familiar self-efficacy). In: *La Valutazione dell'Autoefficacia (Self-Efficacy Assessment)*, edited by Caprara GV (Edizioni Erickson: Trento) 63-86.

**Conoley CW and Conoley JC (2009).** *Positive Psychology and Family Therapy* (New Jersey: Wiley) ISBN.

**Fredrick S and Lowenstein G (1999).** Hedonic adaptation. In: *Well-Being: The Foundations of Hedonic Psychology*, edited by Kahneman Diener E and Schwartz N (New York: Russell Sage Foundation) 302-29.

**Fredrickson BL (2004).** The broaden and build theory of positive emotions. *Philosophical Transactions: Biological Sciences* **359**(1449).

**Frijda NH (1986).** *The Emotions* (Cambridge, England: Cambridge University Press).

**Kabat-Zinn J (2005).** *Coming to Our Senses: Healing Ourselves and the World Through Mindfulness* (New York: Hyperion).

**Kuijer RG and De Ridder D (2003).** Discrepancy in illness-related goals and quality of life in chronically ill patients: the role of self-efficacy. *Journal of Psychology and Health* **18** 313-330.

**Miller DN and Nickerson A (2007).** Changing the past, present and future: potential applications of positive psychology in school – based psychotherapy with children and youth. *Journal of Applied School Psychology* **24**(1) 61-147.

**Regalia C and Bandura A (2002).** Longitudinal impact of perceived self-regulatory efficacy on violent conduct. *European Psychologist* **7** 63-69.

**Saeediyani S (2006).** Relationship between happiness and self-efficacy amongst the employees of Isfahan University (Unpublished master's thesis, Isfahan University) (Persian).

**Salami SO and Ogundokun MO (2009).** Emotional intelligence and self-efficacy as predictors of academic performance. *Perspectives in Education* **25**(3) 175-185.

**Scabini E, Barbaranelli C, Pastorelli C, Regalia C and Bandura A (1999).** Autoefficaciapercepitaemotiva e interpersonale e buonfunzionamentosociale (Affective and interpersonal perceived self-efficacy and positive social functioning). *GiornaleItaliano di Psicologia* **4** 769-789.

**Schneewind KA (1995).** Impact of family processes on control beliefs. In: *Self-Efficacy in Changing Societies*, edited by Bandura A (University of Cambridge Press: New York) 114-148.

**Research Article**

**Schwarzer R and Jerusalem M (1995).** Generalized Self-Efficacy Scale. In: *Measures in Health Psychology: A User's Portfolio, Causal and Control Beliefs*, edited by Weiman J, Wright S and Johnston M, Winderser, UKNFER-NELSON 35-37.

**Specia M, Carlson LE, Goodey E and Angen M (2000).** A randomized, wait-list controlled clinical trial: The effect of a mindfulness meditation-based stress reduction program on mood and symptoms of stress in cancer outpatients. *Psychosomatic Medicine* **62**(5) 613–622.

**Wilson AL (2008).** Word's worth: A biblio/ poetry therapy guide for teens and their caregivers. Capston paper for master of liberal studies, Denver University.