

The Effectiveness of Cognitive –Behavioral Group Training, on Life Expectancy and Self-Efficacy of Women with Breast Cancer

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Received: March 12, 2014

Accepted: August 7, 2014

ABSTRACT

The main objective of the present study is the effect cognitive – behavioral group training, on life expectancy and self-efficacy of women with breast cancer.

Method: the present study is an experimental test with pre and post test plan with control group, and the data base of consist of all women with breast cancer that refer to part of therapy in outpatient Razi Hospital confinement in Rasht to treat in 1392. Finally about 30 cases among samples whose self-efficacy questionnaires and hope are lower than community randomly substitute into two groups of 15 people. to execute this research after doing sample and replace them in a test group and a control group of each group pre test implemented and then experiment group has been thought cognitive behavioral group training in 8 sessions around 60 minutes and each week a meeting was taught. In order to collect data Schwartz and Jersalm self –efficacy questionnaires and Schneider hope were used that was completed based on reporting method in previous stage and after intervention. Data using descriptive and inferential statistics (Mankova) were included in the statistical analysis and all calculations were performed using SPSS version 20.

Results: The results showed that cognitive – behavioral group training was effective on life expectancy and self-efficacy of women with breast cancer ($p < 0/01$). The result of Results of covariance analysis showed that cognitive – behavioral group training was effective on increasing efficacy with $38/85 = (1, 22) F (p < 0/01)$. The results showed that cognitive – behavioral group training, was effective on increasing efficacy with $18/45 = (1, 22) F (p < 0/01)$.

Conclusion: according the results can say that cognitive – behavioral group training was effective on life expectancy and self-efficacy.

KEY WORDS: cognitive –behavioral training, self-efficacy, life expectancy, breast cancer.

INTRODUCTION

Cancer is the second leading cause of death. Patients coping with the disease over time to understand the various aspects of the illness, finding a sense to overcome the disease and maintaining self-confidence may change. Experience of chronic illness requires adjustment in multiple domains of life. In today's complex society, stress and anxiety are part of life. Self-efficacy is an element of self-knowing and consists of expectations and believes that is related to individual needs. Self-efficacy is the perception that a person thinks can successfully take the necessary actions to create a desire and pleasant outcome (Bandura, 1986). Life expectancy simply could be defined as amount of years a person is expected to live in a country. Recent studies have proved already in the world, women live longer than men, due to fewer deaths of girls at birth. The World Health Organization declared that the average "life expectancy" in Japan in 2004, is 82 years which considered the highest in the world (Blair, 2011, p 333). Breast disease, particularly cancer, the most common diseases related to the woman's. Scientists' new discoveries in the field and prominent advancement of diagnostics and treatment of breast cancer change the incurable disease to curable disease, with a bright future. Today a long time before a breast lump can be felt; earliest signs and warnings of illness detected and restrain the illness from the beginning. Pain is one of the signs of breast cancer, several factors have been proposed for the cause, but the cause is still not clear properly. Most researchers believe that hormonal changes in the body can cause breast pain (Razavi, 2001, p 470). The most common symptom and mammary complaints that refers a woman to medical consultant is a feeling of mass in breast, nipple discharge or bleeding and pain breast, any of these symptoms could be sign of breast cancer, if a woman sees these symptoms and unreasonable changes should be call the doctor, although many of these cases were not cancerous. Most of the women in the third and fourth part of their lives experience changes in their breast such as pain, change breast size and breast lump that is associated with the menstrual cycle, hormonal changes, they also can be sensitive when they are touched and typically these changes appear some days before period and with the onset of menstruation recover, such complaints at the time of puberty can also come into existence but is common in adult women.

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Many breast cancers initially through finding mass in breast by woman itself, wife or doctor discovered. Existence of lumps in 80% to 90% of cases is the first symptom of breast cancer, but all Breast lumps are not cancerous, and 80% are benign, which is Fibrinandom or cysts (accumulation of fluid filled with soft - hardened- circle surface) . Although most breast cancers occur after age 40, but nevertheless in the event of mass in the breast should not be waived in the case of it and should not wait for it to be cleaned by itself. But also we should do the correct actions about it. Get (Baum & colleague, translated by GhaemMaghami, 1998, p 169). The most significant issue of Psychological reaction toward cancer is suffering from the disease. Most patients and families state cancer as a deadly disease that is inevitably associated with pain and disability. The natural responses to such fear are grief and sorrow and loss experienced or unforeseen by the patient. Loss can include lack of health, lack of normal sensation and loss of self-image, social relationships, sexual activity and intimate friends. (Asgari&GhazviniNezhad, 2010, p. 524). Recognition breast cancer can be very uncomfortable and daunting. At various times and in various stages of diagnosis and treatment, emotional issues such as anxiety, anger, denial, feel guilty may appear in patient. These feelings are common and normal. Each person responds differently to the disease, and get along with it by its own way. Many people find that by gathering more information about their treatment, they can have more control over the situation and circumstances. Some people through consultation with doctor and find people who have similar situations in the past feel more secure and relax. (Razavi, 2001, p 470). Cancer creates a lot of mental and emotional problems by his own cancer; breast cancer especially has great effect on community and sexual relations and even creates physical and structural changes in women. Psychological aspects caused by breast cancer in all women who have been diagnosed the disease in them, especially those who have the disease has progressed in them is obvious and in the case of those who are at the end stage of the disease to take over the brand (Baom&colleagues, translated by GhaemMaghami, 1998, p 169). Many women after being diagnosed with breast cancer become sensitive in an abnormal way and searching for a good way to address this issue. The fact is that there is no certain mental and emotional attitude to the patients. People's reaction to the cancer itself, such as a wide range of human emotions, strange, concern, uncertainty, frustration, depression, loneliness and sometimes even takes the guilt, guilt that I have cancer or I'd go to a doctor sooner. Negation of cancer and refuse to accept is a natural reaction about natural persons of persons with cancer are considered. This response is necessary to the extent that patient maintain his/her mental and physical entities and may participate in the activities of daily living. But if it is prevented from pursuing treatment and actively participating in it, other than pass its natural limits (Olioto& colleagues 1998, translated by Ahmadzade Far, 2002). Self-efficacy of social cognitive theory of Albert Bandura's (1997) famous psychologist is derived that refers to the individual's beliefs or judgments of his or her abilities to perform the duties and responsibilities. Social cognitive theory is based on a tripartite model of behavior, the environment and the individual. This models which mention to mutual relationship between behavior, environmental effects and personal factors (cognitive, emotional, and biological), emphasis to the perception of psychological functions to describe affirms. According to this theory, people in a causality tripartite system effect on their motivation and behavior. Humans have a self-regulation and self-control system, and by that system, control their emotions and behavior and have positive effect on their destinies. Thus, human behaviors don't only control by environment but cognitive processes have an important role in human behavior. Human learning and performance trends are influenced by cognitive, emotional, emotions, expectations, beliefs, and values. human being is an active creature and affect the events of his/ her lives. Humans are affected by psychological factors and actively influence motivations and behavior. According to "Bandura" People are not driven by internal forces, nor environmental stimuli encourage them to do something, but psychological functions, define function, behavior, environment and its stimulant. Self-efficacy means person perceived ability to adapt to specific positions and judge people about their ability to do a job or conformity with the particular position. Self-efficacy refers to feelings of self-esteem, self-worth, a sense of efficiency dealing with life. (Bandura, 1997). People who find themselves at the top level of effectiveness attribute their failure to insufficient efforts on the contrary those who doubt about their abilities, decrease their efforts and quickly choose lower levels of solutions.

(Bandura, 1991.1986, quoted by DalirAbdinia, 2010, p 69). Researchers have shown that self-efficacy believe is an important determinant of motivation, emotion, thought or action of any person. People, who have low performance, feel helpless and powerless to control over life events. Every attempt they make is futile. When they encounter obstacles, if their initial efforts with problems were futile lose their hope soon. People who have very little personal performance will not even attempt to overcome problems, because they have been convinced that anything they do it is futile and does not cause a change in the situation. Low self-efficacy can destroy motivation, decrease expectations, interfere with cognitive abilities and affect physical health adversely. People who have high self-efficacy believe that they can effectively deal with the events and conditions that are encountered. Since they have expected successfully overcome problems, endurance in homework and often operate at a high level. These people are more confidence about their abilities toward people who have low self-efficacy, and have low doubt about themselves. They see problems as challenges rather than threats and proactively seek new opportunities. High self-efficacy, decrease fear of failure, raises aspirations and abilities of problem solving and analytical thinking (Schultz, translated by SeyedMohammadi, 2004). Hope movement, the origin and source of life and survival. Life expectancy is a result of hope and despair has no fruit except death.

Hope eases any difficulty and frustration, and despair makes difficult any ease (Rezaei, 2006, p 70). Having "a kind of waiting for something more" apparently at the heart of every person is a sign of recovery. This sentiment suggests that though we cannot always see the future, but it is possible to expect something good. Hope makes its troops in despair. It is adoptive force, hope comes from despair and probably would not exist otherwise. In fact pure reality, an underlying cause for despair, he never gave us a reason to hope. (Vnynga, translated Larvdy, 2007).

Hope with the penetrating force stimulate activity system till the system can acquire new experiences and create new forces in organism and thus human may try and work and, compelled him to try a high level of mental performance. And hope is a sign of mental health (Amini, 2009, p 20). Based on Schnaider, despair is a shocking state combined with sense of the impossibility, a feeling of helplessness and apathy life becomes apparent. Frustration is a sign of despair and become disable to determine his different position and decide. (Islami Nasab, 1994, quoted by Gholami & colleague, 2011, p 25). Cognitive-behavioral therapy is a mental training. The main activity of this type of treatment is learning new skills and applies these skills in training sessions and at home as homework, and in real life. Cognitive skills, concentrated on thoughts and desires which are elasticity involved, while behavioral techniques, focus on actions which is interacting with cognitive processes (Beck & colleague, 2000, quoted by Goudarzi, 2001, pp. 252). Cognitive-behavioral therapy acts as a compensatory skill for coping with emotions and negative thoughts (Sornedik & colleague, 2006). Cognitive-behavioral therapy because provides better compatibility with the needs of specific patients considers as an individualized treatment. Usually when patients have the opportunity to communicate with a particular therapist's activities during the period of treatment, receive more attention thus they participate in the treatment and activity more (Caddon, 2001). The therapeutic approach focuses on relation between thoughts, emotions, physical symptoms, behavior and environment and emphasis on the central role of thinking process and its associated stresses (Kindon, Dimich, 2008, p. 394). Tabari (2007) in his study assess quality of life in newly diagnosed cancer patients and concluded that the quality of life in the physical, social-economic and mentally in our society is desirable. Hezarvarehi (2008) in his study compare the effects of drug medication and therapy-cognitive for depression in women with breast cancer. Reach to conclusion that recognition therapy produced a significant decrease in depression scores in the intervention group. Gerfamy and colleagues (2009), in their study refer to effect of therapeutic in group approach on reducing symptoms of mental health problems in women with breast cancer in Rasoul Akram Hospital. for this purpose 24 patients who received chemotherapy, style sampling were selected and divided into two experimental and control groups, experimental group received 10 sessions of 90-minute group counseling. Comparison of pre-test and post-test scores (invoice R_90_SCL), showed that meaning treatment as a group lead to decrease mental disorders, including physical complaint, interpersonal sensitivity, depression, anxiety, aggression, and fear. Falah & colleague (2011), in his study refer to effect of health intervention in group approach to promote hope and mental health in women with breast cancer. To this end, 60 women were randomly divided into experimental and control groups were. Data collection tools for spiritual experiences, Goldberg health & Schneider hope. The experimental group received 8 sessions of psychiatry-training spirituality participated based on some psychological-Intellectual interventions. The results showed that the level of hope and mental health in the experimental group toward control group was significantly enhanced. Pedram & colleague (2011), in his study refer to the effect of group cognitive-behavioral therapy on anxiety disorders, depression and creating hope in women diagnosed with breast cancer in Ahwaz hospital. the sample of study were 20 patients who selected in sampling methods, research tools were Beck anxiety & depression questionnaire and Miller's life expectancy the result was that group therapy sessions had a positive effect on the reduction of depression, anxiety and increase hope in the experimental group compared to the control group.

Bahmani & colleagues (2011), in their study compare two cognitive interference therapy of training and training-based and group therapy methods in improve psychological problems in depressed women with breast cancer. Sample of 40 women aged 20 to 65 who were depressed with the disease, divided into two experimental and one control group. Each of three group answer to Beck Depression revised Inventory (1996), life expectancy Miller (1988), self-esteem (Pope and Mack-Hill, 1988) and quality of life (Arnsion and others, 1993) before and after the therapy was conducted in 12 sessions of 90 minutes, respectively. The results of multivariate covariance analysis showed that the mean depression in group therapy of cognitive-objectivity is lower & hopefully mean is significantly higher than the average of cognitive therapy training based. Between the mean self-esteem and quality of life in two therapies group the difference was not significant. Average variable in all four experimental groups were significantly different from the control group. Rezai & colleagues (2011) in his study examined the relationship between spiritual well-being with stress, anxiety and demographic variables in women with breast cancer referred to a specialized center of cancer in Isfahan reach to conclusion that in cancer breast patients' spiritual well-being scores, the rate of stress and anxiety is less. Also, due to the lack of communication between the spiritual health with demographic variables in this study and the existence of inconsistent findings in other studies in this area, more research is required. Kahrazei (2011) in his study of the effect of cognitive behavior therapy in reduction of psychological symptoms of cancer patients came to the conclusion that the use of cognitive behavior therapy in the oncology centers can be used as a supplementary treatment alongside with other medication, on the other hand, to improve the doctor-patient relationship can

have a major role. Moradimanesh (2011) in his research assess psychological distress relationship with the quality of life in women with breast cancer came to the conclusion that in women with breast cancer psychological particularly stress and depression play an important role in the reduction of mental and physical health and become a cause of dissatisfaction with social and environmental conditions of their lives. Thus, according to psychological distress and reduction in these women should be considered as one of the main priorities of psychiatric - medical intervention. Bolhari (2012) in his survey titled the effect of spiritual groups approach on reduction rate of depression, anxiety and stress in women with breast cancer came to the conclusion that the therapeutic in group method has been effective in reduction of depression in women with breast cancer. Also, in these patients has been shown to improve mental health. Ivanz&Kaniz (2010), studied the effects of support groups - social behavior – understanding on patients with breast cancer. Patients were randomized to three groups of "cognitive - behavioral therapy," "therapeutic support - social" and "no treatment" group. Results showed that members of two behavioral – groups & support social - after completion of treatment lasted about six months, depression, aggression, and fewer physical complaints are reported. Members of the support group – social, have less psychiatric symptoms and interpersonal anxiety in these patients was reduced. In a survey Malak & colleague (2011) which performed as the relationship between psycho-social adjustment and despair in women with breast cancer, including 90 women who had chemotherapy and radiotherapy in a hospital specialized in Turkey. Average age was $11 \pm 4/49$, and the psychosocial adjustment of approximately 3/63% of them estimated very low. The results of these studies indicate that psychosocial adaptation rate is lower, will significantly increase the level of frustration. In a review of Bradbury & colleagues (2012) titled breast cancer risk perception and the mental social and behavioral adjustment in adolescent girls in high risk breast cancer has been done against the population endanger with cancer, the results indicate that the girls whose close relatives were diagnosed with breast cancer classified as women with high breast cancer risk. 89 girls 19-11 years at high risk for cancer, and 47 girls participated in high-risk populations. The results showed that 30% of women at high risk for cancer had a mother with breast cancer. In fact, 67% of girls with a high cancer risk versus 29% of girls with a higher risk population receive higher risk of cancer than girls the same age. Bani & Garigor (2012), has done are search under the title of stress training as a cognitive-behavioral approach and the usefulness effect in improving women performance in early stages of breast cancer, this research assess the effect of cognitive-behavioral stress management on creating a positive feeling and secure among women. the study contains following months after surgery and early stage of breast cancer and 29 women were randomly assigned to 10 weeks of stress management training, the results showed that women in the experimental group performance of stress management training, lead to positive feelings in response to their breast cancer which was at the same time of late improving immunity and cellular immune function. In a study of Moreira Canavaro (2013) titled comparison of psychosocial adjustment and marital intimacy among sexual partners of women with breast cancer and sexual partners of women without cancer. This study included 70 couples who had their wives with breast cancer and compared them with 70 pairs of women without cancer, the role of marital intimacy and emotional adaptability and moderating role of group type surveyed. The results showed there is a high level of anger and anxiety and depressive for sexual partners of women with cancer. The survey showed the extent of the interest of intimacy between couple with women's breast cancer is a strong predictor for the lower levels of depression and anxiety and a higher quality of life. Bert Garssen (2009), has studied and reviewed seven longitudinal study. In this realm, psychological issues, having a mental illness, repressive coping style, social support, stressful life events, levels of distress and personality factors have been taken, most of these studies, potential risk factors for mental, are considered to be important in causing cancer. Goodman (2009), in a study titled health communication relationship with life expectancy of women with cancer that has been done in a plan and testers answer to health questionnaire and hopes feature, indicated that effective health communication and effective communication approach is effective on increasing life expectancy. Mc Ardell (2011), in a study examined 272 women with breast cancer. Of these, patients were randomly assigned to receive psychotherapy and supportive care programs. The group that had received psychotherapy program, showed significant reduction in their psychological distress. This research has once again given previous research to provide cognitive-behavioral strategies to improve life expectancy and its promotion and self-efficacy in women with breast cancer. So the basic question of study is based on whether cognitive – behavioral training, is effective on increasing life expectancy and self-efficacy in women with breast cancer ?

METHOD

The present study was a semi-experimental design. Data collected in this study, with pre-test and post-test with control group, to survey the effect of independent variable (cognitive – behavioral training) on the dependent variable (life expectancy and self-efficacy) using analysis of covariance has been analyzed. The population of the study, consist of all women with breast cancer from the beginning of 1392 who have been referred to inpatient part and outpatient chemotherapy treatment of Razi Hospital in Rasht, they were 100 people. Statistical sampling of present study involves 30 cases of women with breast cancer that is acquire at least a score lower of average on the scale of self-efficacy and life expectancy. In the above study in order to collect information, after obtaining necessary permission from the Department of medical sciences University and

treatment service of Gilan province, Rasht, Razi Hospital were considered during the coordination with hospital agents and receive patient satisfaction first on all statistical society (100) Schneider hope and efficacy tests were carried out that 50 women who were eligible for both tests. After the clinical interview, 20 patients were excluded due to psychiatric drug treatment and about 30 individual who were assigned as a sample randomly replaced to two 15 patients groups. In performing this research, after sampling and replacing them in an experiment group and a control group, pre-test was carried out from each group and then experiment group, receive cognitive-behavioral training for 2 consecutive months, 8 sessions, each session 60 minutes and each week a training session were given. The control group was not given any training during this time, at the end on both group simultaneously and at the same conditions, post test was carried out. Entrance criteria for study: patients' cooperation, complete satisfaction of their participation and appropriate physical conditions to answer the questions to questionnaire and taking part in training session. Exclusion criteria: lack of patients' cooperation and their attendant in responding to questionnaires, very hard physical condition.

Research Tools

A: Structured Clinical Interview for DSM-IV Axis I Disorder (SCID-I): a semi-structured interview by Frist, Espitz, Gibbon and Williams prepared and apply for a diagnosis major disorder axis 1, according to DSM-IV (Ventura, Liberman, 1998). In this study, for clinical diagnosis of axis 1 Clinical Version (SCID-CV) was used. Clinical version contains user's guide and application specific grading. It has been reported reliability coefficient 0/60 as a reliability coefficient among appraisers for SCID (Nergard, Rivich, 2012). Sharifi and colleague (1388) after translation this interview in Farsi, find diagnostic agreement of this tool for a more specific diagnosis favorable (lasting more than 60/0). Kappa coefficients obtained for all current diagnosis, 0/52 and for all lifetime diagnosis, 0/55. Also the reliability and capability to perform Farsi version of the SCID is acceptable (Sharifi & colleague, 2009, p 50). Hope Schneider questionnaire by Schneider & colleague (1991) was developed to measure hope, consist of 12 phrase and runs in self-evaluation way. From these phrases, 4 phrases for operative, 4 phrases for measuring strategic thinking, four words are misleading. Much research support Schneider hopes validity & reliability of the questionnaire as a measuring of hope scale. (Brayant & Wangroos, 2004). Overall consistency test is 0/74 to 0/84 and reliability of the test - retest, 0/80, and in the course of more than 8 to 10 weeks, are higher than this rates. (Schneider & Lopez, 2007). Subscale internal consistency factor 71/0 to 76/0 and strategic subscale is 0/63 to 0/80 (Roblksy & Schnaider, 2005). In addition, there are large amounts of data on concurrent validity questionnaire hope that can predict. For example, this questionnaire with optimism questionnaires expect to achieve the goal and self-esteem correlation 0/50 to 0/60 is (Schneider, 2000). Correlation of this questionnaire with the Beck Hopelessness questionnaire equals to 0/51 – and with Beck Depression questionnaire equals to 0/42 - which indicates the validity of the questionnaire. Reliability coefficient for this scale in some studies, have been reported respectively, 0/89, 0/87, (Bijari, 2007, Sotodeh Asl & colleagues 1386). In order to assess reliability, in the present study Cronbach's 0/81 alpha is obtained. It takes 2 to 5 minutes to complete this questionnaire. The questionnaire consists of 12 phrases and involves grades from completely right to completely wrong. The phrase 3, 5, 7, 11 are misleading and doesn't accept any grade. Expressions 2, 9, 10, 12 corresponding to the subscale factor and phrases 1, 4, 6 and 8 related to strategy subscale and shows whole person hopes score, to option completely agree score 8, highly consistent score 7, agree score 6, slightly agree score 5, slightly disagree score 4, disagree score 3, highly disagree score 2, and strongly disagree score 1 awarded. The test scores range is within 8 to 64 that score 8 shows the lowest level of hope and score 64 indicates the highest level of hope. 2-Self-efficacy questionnaire: self-Schwarz and Jerusalem (2000) scale was adapted. The scale translated into Persian under Schwarz and Jerusalem regard and in 1380 was used by Hassan Abadi. The test contains 20 words and two public self-efficacy and society scale. In 1981, Schwartz and Jerusalem revise the test and the number was reduced to ten phrases. The questionnaire included 10 items based on a Likert scale of 4 degrees from 1 (not true at all) to 4 (completely correct). Previous research of internal consistency based on Cronbach's alpha scale measured within the 0/75 to 0/90. In addition to reliability, the scale has convergent validity. For example, self-esteem has positive relationship and a negative relationship with anxiety and depression symptoms. Analysis is confirmatory factor also shown that this scale is mainly single-dimensional snippets samples in factor analysis on scale factor once the questions above show (Shoarezand Jerusalem, 2000 quoted by Hassan Abadi, 1380). Cronbach's alpha reliability coefficients efficacy questionnaire in this study, are respectively, 0/82 and 0/77 according to the high coefficient of this questionnaire is appropriate.

Project group cognitive therapy by Michael Freeman method

The first session

Welcome to explain the rules of the group, explaining the interaction of physiological processes, cognitive and behavioral; familiar with the components of the participants' emotional reactions; identify basic level of opinion which situated between the event and emotional reactions are writing them in a three-column table trigger event (A), beliefs or thoughts (B), and the outcome and emotional reactions (C).

Homework: Write 5 of the worst incidents of his life, using the sequence ABC

The second session

Learning aspects of cognitive theories of depression, anxiety and anger; familiar with automatic thoughts, familiar with cognitive distortions and identifying the main our thinking, identifying potential resistance against therapy, and designing strategies to deal with resistance.

Tasks: Identify automatic thoughts and record it on the ABC worksheet, classifying ideas and writing the worst A-B-C daily.

The third session

Familiar with the fundamentals of behavioral outcomes, teaching the nature of schemas (core beliefs, schemas, dysfunctional attitudes) and the relationship between schemas and automatic thoughts and also identifying schemas using the vertical arrow .

Assignments: review assignments of second session, the practice of injecting thoughts ,continue writing daily A-B-C, writing A-B-C completed behavioral outcomes and drawing vertical arrows for the two of them .

Fourth session

Work on vertical arrows and solve problems that members of the group to apply a vertical arrow technique are facing to identify their negative schemas .

Ability to construct participants identifying ten types of common negative schemas and put our beliefs in these ten floors.

Assignments: review assignments of previous session, training categories of beliefs

Fifth Session

Giving participants a clearer picture of how negative beliefs fit together; Set negative beliefs List; draw cognitive maps of how negative beliefs with each other and their ranking .

Assignments: review assignments of previous meeting, providing the original list of beliefs and reason of negative beliefs, use of ranking negative units of mental discomfort, drawing a vertical arrow and categorize beliefs and rating any believe on the scale of mental discomfort.

Sixth Session

Accept this point that beliefs are changeable and there is ability for people to reconsider their beliefs. Understanding this point that belief beneficially different and they can be evaluated in terms of criteria.

Assignments: Complete main list of beliefs and objective analysis of the beliefs that have been identified .

Recognition defective beliefs and evaluate them, making decisions about maintenance or abandon them .

Seventh Session

Learning to apply rational analysis about our beliefs.

Homework: complete rational analysis of all s uncertain and absolute schema.

Eighth Session

Learning methods desensitization

Assignments: review assignments session, desensitization exercises to achieve peace .

Survey participants plan to maintain treatment goals and getting feedback from them about the treatment plan (Michael Frey, translated by Mohammad and Farnam, 2004).

Science in this study, pre-test – post-test with control group was used. One-way analysis of covariance (ANCOVA) comparisons is used to reduce the total error variance. All statistical analyzes of this part using statistical software SPSS20.

Findings

The main hypotheses: Cognitive - behavioral, increasing life expectancy and self-efficacy in women with breast cancer is effective .

Table 1: Mean modified, standard deviation and variance analysis

Control group				Experiment group				Dependentvariable
Post-test M SD		Pre-test M SD		Post-test M SD		Pre-test M SD		
4/02	15/77	3/12	16/14	6/33	33/08	3/09	16/69	life expectancy
3/38	20/31	2/09	20/43	14/58	41/07	2/12	20/23	self-efficacy

Table 2 :the amount of combinatory test based on LambdaWilke

η^2	sig	df2	df1	F	Value
0/71	0/001	21	2	25/14	2/29

According to the results of above table based on measured Benfroun alpha (0/025) the effect of cognitive – behavioral training, on increasing life expectancy and self-efficacy in a combinatory variable (live-efficacy) with $0/71 = \text{Partial } \eta^2$, $29/2 = \text{Lambda}$ and $25/14 = (2, 21) F$ has a significant effect ($p < 0/001$). It means that cognitive –behavioral training is effective on increasing life expectancy and self-efficacy in women with breast cancer and Eta squares values which are shown in the above table is a part of the variance that is related to new combinatory variable. The general rule is such that if the value is greater than 0/14, the amount of squared eta shows the intensity effect (0/71) that indicates the intensity of the effect which is very high .

The first sub-hypothesis: cognitive –behavioral group training on enhancing self-efficacy in women with breast cancer is effective.

Table 3: The results of test cognitive – behavioral group training, on increasing self-efficacy

Amount of effect	Level of meaning	F	Mean Squares MS	degree freedom dF	Sum Square ss	source changes
0/64	0/01	38/85	993/37	1	993/37	Self-efficacy
			25/57	22	562/57	errors

According to the results of Table (2) based on the amount of alpha Benfron (025/0) cognitive – behavioral group training, on increasing self- efficacy 38 /85= (1,22) F was effective($p>0/01$). Thus, we can conclude that the assumption of study regarding cognitive – behavioral group training, is effective on increasing self-efficacy in women with breast cancer, approved. Eta squared contribute shows the intensity effect (0/64) that indicates the intensity of the effect which is very high .

The second sub-hypothesis: Cognitive - behavioral group training; to increase life expectancy of women with breast cancer is effective .

Table 4: results of test cognitive - behavioral group training, in increasing life expectancy

Amount of effect η	Level of meaning	F	Mean Squares MS	degree freedom dF	Sum Square ss	Source changes
0/46	0/01	18/45	2093/55	1	2093/55	life expectancy
			113/47	22	2496/39	errors

According to the results in Table (3) based on the amount of alpha Benfron (0/025) cognitive - behavioral group training, on increasing life expectancy by 18/45= (1,22) F was effective ($p<0/01$). Thus, we can conclude that the assumption of study regarding cognitive – behavioral group training is effective on increasing life expectancy of women with breast cancer confirmed. Eta squared contribute shows the intensity effect (0/46) that indicates the intensity of the effect which is very high .

DISCUSSION AND CONCLUSIONS

The main theory: Cognitive-behavioral group training is effective on increasing life expectancy and self-efficacy in women with breast cancer .

To examine the hypothesis of study, based on "cognitive – behavioral group training is effective on increasing life expectancy and self-efficacy in women with breast cancer." Multivariate analysis of covariance was used the effect of cognitive – behavioral group training, has a significant effect on increasing life expectancy and self-efficacy in combinatory variable with $0/71 = \text{Partial } \eta^2$, $2/29 = s$ Lambda and wilk, $25/12 = (2,21)$ F ($P<0/001$). Results obtained with Bolhari findings (2012), Falah al (2011), Pedram, and colleagues (2011), Bahmani and colleagues (2011), Rezai and colleagues (2011), Kahrazei (2011), Moradi Manesh (2011), Gerfamy and colleagues (2009), Tabari (2007), a Hezarvarehi (2008), Mack Ardel (2011), Bonnie & Garigor (2012), Evans & Kaniz (2010), is consistent. Explain the results obtained, it can be said hope and to be hopeful is one of the most important factors in coping with cancer. However, cancer patients wished that I had not suffered from the disease. A cognitive framework from position of its own can be changed and enhanced through training. Believe the person to attempt to achieve the desired goals, due to the positive feedbacks that given after providing assignments in the next training sessions may have significant impact in this effectiveness and subjects gradually and from the experience of group attempts and receive positive feedbacks can increase your life expectancy and as obvious cognitive-behavioral training on the basis of researches has a significant impact on increasing the components of the Life expectancy and efficacy. since cognitive training improving the attitude of a person towards a problem that is going to be effective and is also in empowering the person in dealing with situations and control excitement has a significant impact, so in total it can be concluded that the change in attitude and way of thinking, emotion recognition and as result cognitive-behavioral group training can increase life expectancy and self-efficacy.

The first sub-hypothesis: cognitive –behavioral group training is effective on enhancing self-efficacy in women with breast cancer.

To examine the hypothesis of study based on "cognitive – behavioral group training is effective on increasing self-efficacy in women with breast cancer". Results of covariance analysis showed that cognitive – behavioral group training, is effective on increasing efficacy with $38/85 = (1, 22)$ F ($P<0/01$). Results obtained with Bolhari findings (2012), Hawassi (2012), Hamid (2012), Pedram, and colleagues (2011), Bahmani and

colleagues (2011), Rezai and colleagues (2011), Kahrazei (2011), MoradiManesh (2011), Gerfamy and colleagues (2009), Tabari (2007), a Hezarvarehi (2008), Bonnie & Garigor (2012), Evans & kaniz (2010), is consistent. In this hypothesis, we can say, according to various studies on the self-efficacy that mentioned in different researches, include the ability to solve existing problems in the community, as was pointed out there are several people under treatment that if they don't recognize at the right time and not treated, their self-efficacy reduced and its control from individual dimension expanded, extension of this behavior not only hazard the individual & social life, but Causes problems which its cost should undertake by all members of society and finally is a major obstacle for economic and social improvement and facing important problems and obstacles during the way of life. So training them can be prevented from the next effects that in this study cognitive-behavioral training was able to increase people self-efficacy a lot and return them hope. People with using organized house homework and presented necessary sequences learned cognitive - behavioral skill and apply in normal environment. The learning method according to the relationship between events, beliefs, outcome and identify behavior considering self-efficacy indicate beliefs and the ability to change them with real analysis, actual & profitability analysis will increase self-efficacy amount. In general it can be concluded that the change in the attitude and manner of thinking and identify the thrill and ... And the results of cognitive-behavioral training can be problem solving skill create logical thinking process in person that helps when dealing with problems seek several solutions and then select the best solution which increases self-efficacy in women with breast cancer.

The second sub-hypothesis: cognitive – behavioral group training is effective on life expectancy of women with breast cancer.

To examine the hypothesis of study, based on "Cognitive - behavioral group training, is effective on life expectancy of women with breast cancer". Multivariate covariance analysis was used. Results showed that Cognitive - behavioral group training, is effective to increase life expectancy by $18/45 = (1,22) F_{01/0} > P$. The results obtained with MackArdel (2011), Bonnie Vegrigor (2012), Evans & kaniz (2010), Goodman (2009), Bert Garsen (2009), is consistent. According to the results of research hypotheses, the general finding is that cognitive - behavioral group training has had an impact to increase hope. Some people to deal with life issues don't have the necessary abilities and it makes them weak, having resources and skills that helps human to do his/her best. If the quality of life of women with cancer has a correct and logical organization causes healthy character and this factor planning prevent a lot of damages from mental and psychological. on the other hand cognitive-behavioral group training in order to learn skills to reduce stress and achieve targets caused individuals in addition to learn skills and practice using them in real life. Cognitive - behavioral therapy is based on the individual problems are due to the discrepancy between the pressure on the individual and personal resources to deal with this pressures. The results of this study showed that cognitive-behavioral therapy has been able to increase their level of life expectancy and self-efficacy. Due to the positive results obtained during this study and numerous mental problems, in cancer patients it is recommended for doing social psychological care of these patients considered special centers beside chemotherapy for consulting services for patients and also their families.

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