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Comparison of the Effectiveness of Acceptance and Commitment Therapy and Schema Therapy on Resiliency of Breast Cancer Patients in East Tehran Medical Centers

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Abstract

Purpose: Considering the importance of cancer in human societies and its negative effects on human body and psyche, the aim of this study was to compare the efficacy of Acceptance and Commitment Therapy and Schema Therapy on resiliency of breast cancer patients in East Tehran Medical Centers.

Methodology: This study is a pilot study with single stage cluster sampling method. We selected 150 patients with breast cancer in East of Tehran. The Connor-Davidson Resiliency Questionnaire was presented. Forty-five subjects were randomly selected and divided into three groups of 15, consisting of two interventions and one control group, 12 sessions of group schema therapy and 12 sessions of acceptance-based therapy, each session lasting 90 minutes. Each intervention was performed twice a week for 3 days. At the end of treatment all three groups were tested.

Findings: The finding showed that there is a significant difference between the experimental group under the influence of Acceptance and Commitment Therapy and Schema Therapy in post-test resiliency. F (1.41) = 530/35.

Conclusion: The results showed that schema therapy is more effective on resiliency than, Commitment-Based and Acceptance.

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1. Introduction

Cancer is one of the chronic diseases that are considered life-threatening and people are constantly exposed to it. Among these, the high prevalence of breast cancer in Iran at a young age and the problems caused by this disease is widespread and is one of the most worrying health factors in women (Makarian et al, 2011). Cancer is a common, chronic and non-communicable disease. Cancer arises from the mutation or abnormal activation of cellular genes that control cell growth and mitosis, creating a competition between cancer cells and natural tissues for food and cell development. Cancer Causes Virtually all foods available to the body's natural tissues gradually die from nutrient deficiencies. Cancer is the extraordinary and uncontrolled proliferation of a number of living cells in the body due to endocrine disruptions and lack of Hormonal balance and fitness (Campbell, Cohen & Stein, 2006).

Resilience has a special place in the field of evolutionary psychology, family psychology, and mental health. Resilience is not merely passive resistance to harm or threatening conditions. Rather, the resilient individual is the active participant and constructor of their surroundings, a form of self-healing, accompanied by positive emotional, emotional, and cognitive consequences (Mastern, 2001). A resilient person has protective resources that increase his or her resistance to threats and, consequently, his or her long-term mental health. Resilience is the quality with which all children are born and can be nurtured and developed. Creating resilience is not something that adults do for young people, but rather a process of providing a protective environment, creating opportunities for young people to participate in their community, making appropriate suggestions for youth unemployment and helping young people transition through time, successfully and healthily behind (Harrison, 2007). The purpose of acceptance-based therapy is to help clients create a rich, meaningful and meaningful life while accepting the suffering that life inevitably has with acceptance and commitment therapy has come from behavioral therapy and is a branch of empirical clinical psychology. Developers of acceptance and commitment therapy have maintained a strong commitment to the following (Izadi, 2014).

One of the third wave therapies that have been widely used in mental and physical health problems recently is commitment and acceptance-based therapy. It has six central processes that include acceptance, self-defeat as context, relationship with present, values and the commitment is that the value of this approach to other psychotherapies is to consider the motivational as well as the cognitive aspects in order to influence and further the effectiveness of treatment (Hayes et al, 2006). The effect of acceptance and commitment therapy on life expectancy and psychological well-being of women with breast cancer undergoing chemotherapy was investigated. Group acceptance and commitment therapy is an effective way to increase the life expectancy and psychological well-being of patients with breast cancer (Moghadam & Amrayi, 2018). In another study entitled Acceptance and Commitment Therapy on Cancer Patients' Adjustment, the results showed that the mean scores of adaptation and its dimensions in the experimental group in the post-test were significantly increased compared to the control group. Based on the findings of the study, it can be concluded that acceptance and commitment therapy is effective in adapting cancer patients (Shariati & Mohammadi, 2017). In a study investigating the effect of acceptance and commitment therapy on quality of life of mothers of children with cancer, univariate analysis of covariance analysis showed that acceptance and commitment therapy significantly improved the quality of life of the intervention group in the posttest phase (Baratian & Kazemi, 2017). One of the challenges of cognitive-behavioral therapy today is effective treatment for chronic and difficult patients. Some patients who seek treatment for symptom-centered one, such as anxiety and depression, fail to recover or recur symptoms (Young, 1994).

Although therapeutic interventions and techniques have been some of the continuum factors since this approach began a few years ago, but gradually clinical experience and research evidence have shown that some clients' problems need to be resolved. Contextual factors are also addressed. Particularly for clients with persistent chronic problems, one of the approaches to address this issue is the Young Schema Therapy approach, which emphasizes the discovery of the origins of the evolution of psychological problems and early

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dysfunctional schemas. Formed in the mind at the beginning of development and repeated throughout life Schemas and dysfunctional ways in which patients learn to deal with others is often the basis of chronic symptoms of disorders such as depression. Therapeutic Change of This is important because it is a lifestyle change. One of the therapeutic strategies in schema therapy is the empirical strategies that make the most changes in schema. Patients can link their cognitive belief of schema misconception (Young & Kloska, 2003).

2. Methodology

In a study of the effectiveness of schema therapy on early maladaptive schemas in women with breast cancer, the findings showed that schema-based interventions significantly eliminated all schemas except emotional deprivation, mistrust / defect and shame / shame schemes. It is therefore possible to conclude that schema therapy interventions affect early maladaptive schemas in women with breast cancer (Khademi et al, 2019). In a study evaluating the effectiveness of Acceptance and Commitment-based combination therapy on quality of life in cancer patients, the findings showed that Acceptance-Commitment and Commitment-Hope Therapy was effective in enhancing quality of life in Yasouj city (Royin Tan & Afshin, 2019). In a study entitled "Jeffrey Young Schema Therapy on Reduction of Rumination and Depression in Cancer Patients", the results showed that schema therapy can reduce rumination and depression in cancer patients (Amiri, Ghasemi & Ghorbani, 2016). Acceptance-based treatment of acceptance and value (spiritual, personal, etc.) and living up to accepted values have made it an ideal therapy for cancer patients (Karekla & Constantiono, 2010). The aim of the present study was to compare the efficacy of Acceptance and Commitment Therapy and Schema Therapy on resiliency of breast cancer patients.

Table1. Acceptance and Commitment Therapy and Schema Therapy on Resiliency

Session	Target		Content		Homework		Time
	Goal presentation	Time		Time		Time	
1	The purpose of this session is to introduce creative helplessness. Discovering unsuccessful goals and efforts and making the therapist realize that his or her control strategies for dealing with problems	10	-Achieve the basic goals of the therapist -Acquaintance with therapist's past efforts to accomplish goals	60	1-Record daily experiences 2-Willing / Accepting daily notes-	20	90 m
2	to describe the outcome of the previous session and the state of depression of the authorities to indicate a limited response to control strategies.		Control as a problem -metaphor of a fight with a monster -Behavioral Activatior Logic-		performance of the primary and known behavioral goals		
3	The purpose of this session was to continue to extract the therapist's experience to reinforce the recognition that "control is a problem" and to introduce a tendency to experience depression as an alternative to control.		The degree of apparent success in deliberate control of emotions Programming Internal Events: -Degree of Desire as a Alternative to Control-		pure discomfort against foul discomfort -Performance on a set behavioral goal -Desire Diaries-		
4	The purpose of this session is to introduce the concept of guilt from depressing thoughts and feelings. The therapist should facilitate strategies for faulting and verbal change that serve to increase tendency.		- practice your mind is not your friend) and cannot do without it flowing stream Identify the purpose of simple behavior		- Practicing mindfulness - What is the Mindfulness Guide? - Identify the behavioral goal		
5	The purpose of this session is to test the therapist's ability to fault depressive		Challenging or undermining		- Reasoning as causes		

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	thoughts and feelings and to show other practical ways to cultivate a fault.	reasoning as a cause (practicing ice cream dish) - use the letter	- Continue practicing mindfulness
6	to introduce a self-conceptualized distinction to the observer. The observer himself should be recognized as a prospect who happens to be in this area of fault and mind.	- Practice mental polarity - The chess board analogy - Observer Practice - Identifying simple behavioral goals	- Continue practicing mindfulness - Identify the behavioral goal function identified
7	- The purpose of this meeting is to demonstrate the importance of values and to understand how values make values "desire / acceptance" valuable.	Introduction to values -Choosing values-Identifying values -Identifying behavioral value-	Value-based Route Guidelines - - Continue practicing mindfulness,
8	to help the therapist continually identify areas of life that are not consistent with one's values.	readiness to deal with potential post-treatment failure.	- Action to identify assigned values
9	The purpose of this meeting is to explore the relationship between goals, activities, and reinforce the factors of desire and fault	Addressing therapist concerns about treatment termination	-Behavioral activation
10	Continue to emphasize the components that are relevant to the issues of the authorities.	To maximize the likelihood that the therapist will apply the skills learned	identified by the therapist's larger goals and values.
11	Teaching the therapist to be a therapist himself.	-Ready to end -Identify the barriers to the FEAR algorithm	Expand a post-treatment plan -Reference targeting records-
12	O Reflect the progress made and the goals of the therapist continually.	-two mountain metaphor	Discuss and modify the plan after treatment

3. Findings

After investigating, the linear relationship and the assumptions of homogeneity of variance / covariance, and the same assumption of variances and homogeneity of slope of the regression line have been observed. The researcher is authorized to use multivariate covariance analysis.

Table2. KMO Analysis of Covariance Analysis of Acceptance and Commitment-Based Therapy and Schema Therapy on Resiliency of Breast Cancer Patients

Source	SS	df	MS	F	P	η^2
Resilience	403/330	2	201/665	104/553	0/000	0/836
Error	79/082	41	1/929			

The results of Table 2 show that between the experimental group affected by acceptance and commitment therapy based on schema therapy and the control group that did not receive any training. At least two groups showed significant differences in the amount of variable variance in post-test conditions. F (2,41) = 553/104 ؛ P <01/0 ؛ Partial = 836/0 Considering the significance of f calculated to compare the mean difference

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between the two groups based on Acceptance and Commitment Therapy and Schema Therapy, the Lametrics post hoc test was used for the posttest variable (resilience), which is shown in the table below.

Table3. Analysis of one-variable covariance analysis based on the variables (resilience) in the post-test using the Lametrix post hoc test for Acceptance and Commitment Therapy and Schema Therapy group

Source	SS	df	MS	F	P	Mean differences
Resilience	68/531	1	68/531	35/530	0/000	-3/377
Error	79/082	41	1/929			

The results of Table 3 show that there is a significant difference between the experimental group affected by the Acceptance and Commitment Therapy and Schema Therapy group in the post-test resiliency. F (1.41) = 530/35 ؛ P 01/0> Comparing the mean differences between the two groups (- 3.377) in the Acceptance and Commitment and Schema-based treatment groups, it has been shown that those affected by Schema therapy are more likely to be affected by Schema-based therapy, Acceptance and commitment. They are more effective in increasing the resiliency variable in the post-test.

Table4. Analysis of univariate analysis of covariance based on variables (resilience) in the second post-test (follow-up) using Lametrix post hoc test for Acceptance and Commitment Therapy and Schema Therapy group

Source	SS	df	MS	F	P	Mean differences
Resilience	69/521	1	69/521	34/430	0/000	-3/227
Error	78/081	41	1/819			

The results of Table 4, which were related to the second post-test (follow-up), showed that there was a significant difference between the effectiveness of acceptance-based therapy and commitment and schema therapy in the degree of resilience at the follow-up stage. And that difference was in favor of schema therapy.

4. Discussion

Comparing the mean differences between the two groups, the results showed that schema therapy is more effective on resilience than acceptance-based treatment. The results of this study are in line with the research (Izadi & Abedi, 2014, Moghadam & Amrayi, 2018, Shariati & Mohammadi, 2017, Baratian & Kazemi, 2017; Khademi, Talebian Sharif & Azadi, 2019; Royin Tan & Afshin, 2019; Amiri, Ghasemi & Ghorbani, 2016; Karekla & Constantiono, 2010) Therapeutic interventions incorporate psychological themes that are characteristic of patients with acute problems. Schema therapy helps cancer patients to better define their deep and chronic problems and to organize them in a comprehensible way. Jaws are focused on the patient's interpersonal relationships from infancy to the present, and patients can view their personality problems as incompatible and, as a result, become more motivated to get rid of the problems. When patients repeat dysfunctional patterns based on their schemas, the therapist empathizes with the reasons and the need for change, Carter et al. Find, there is a comparable rate of improvement between the short-term protocol of cognitive therapy and cognitive therapy. The recovery rate is 40%, while that of Schema Therapy is 50% (Carter, Armenakis, Field & et al, 2013).

Schema Therapy Approach As mentioned in the literature, it is a multi-faceted approach that simultaneously affects one's cognitive, emotional, and behavioral aspects, given the past presented by cancer patients with schemas of emotional privacy, dependency, defect, failure, and Isolation during treatment showed that experimental techniques, which were an important pillar of the schema therapy approach, worked with the clients' schema and partly mitigated them, with cognitive techniques such as anxiety prescribing, acceptance practice, Imaginary indulgence, mood induction and alternative thoughts, and so on. And have complete control over their beliefs and mental worlds, and with the most important part of the schema therapy approach that has helped behavioral modeling to cope with their coping styles. And on the other hand, with an empirical approach, they can communicate with their parents and show their negative emotions to them, in which the therapist enters and protects the vulnerable child and creates empathy for them and the clients. Helps communicate with their affected child through a healthy adult and

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have a conversation with them and help the affected child remember events that are relevant to the present moment and with the adult perspective keeping it healthy it seems that all of the above have led to increased coping mechanisms and resilience in clients (Young & Kloska, 2003),

An acceptance-based approach that focuses on aspects of thinking and accepting disturbing thoughts without engaging in judgment and interpretation has made great progress in the treatment of anxiety and mood disorders in recent years, Mental states, metaphors, and assignments have been able to enhance coping and resilience mechanisms in clients. Participants may be encouraged to identify themselves as explorers of a new territory, much to the delight of what they have found, much to their delight. When practicing mindfulness thinking, visualizing that thoughts are players who step into a stage for a while and then exit can be helpful. Thoughts and emotions can also be seen as images coming and going in a film, while the viewer is firmly in place. Some participants prefer to see their minds as heaven and their inner experiences as fleeting clouds. Some clouds are small and pleasant and some are large and threatening. In all cases, the passageways are transient, and it is the sky that remains. In mountain meditation, thoughts and feelings, the climate is constantly changing around the mountain, and it is a mountain that remains firm, magnificent and enduring. Also in meditation on the lake, the sea level may be raining with the wind and rain, but below all things calm. A wavy cascade may indicate a flood of negative thoughts and emotions, while participants are encouraged to stand behind it and watch their passage without disturbing their morale. It appears that the multifaceted schema therapy, which emphasizes the patient's sense of behavior and behavior, has increased the efficacy of treatment over the acceptance and commitment approach. In future research, it is recommended that researchers study these two therapeutic approaches on other psychological characteristics. Acknowledgments: This research is from a doctoral dissertation, and I would like to extend my gratitude and appreciation to all the dear ones who helped me in this research.

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