



A Randomized Clinical Trial: The Effectiveness of Educating Based on Rational Emotive Behavior Therapy (REBT) on Marital Quality Components of Couples Who are Coping with Breast Cancer

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Abstract

The purpose of this study was to determine the effects of an education program based on rational emotive behavior therapy (REBT) on marital quality components of couples coping with breast cancer. According to the purpose of this study, it was semi-experimental and its design was pretest and posttest with a control group. The statistical population of the present study included all the couples with breast cancer who visited Velayat Hospital in Qazvin province in October 2018 for follow-up cancer treatment. Sixty women were selected via available sampling and tested. Of them, 18 women, along with their husbands (18 couples), who had a score lower average on the marital quality of relationship scale were selected and randomly assigned to two groups. The experimental group received 8 2-hour sessions of education based on REBT. The research instrument was the perceived Relationship Quality Components (PRQC). The data of this study were analyzed using SPSS-24 software and multivariate analysis of covariance (MANCOVA). The results of the present study showed that the experimental and control groups were significantly different in terms of quality components of marital relationship, so that the amount of quality components of marital relationship in couples in the experimental group was significantly higher than the control group. ($P < 0.001$). Based on the findings of this study, it can be concluded that education based on rational-emotional-behavioral therapy improves the quality components of marital relationship in couples with breast cancer.

Keywords: Rational Emotive Behavior Therapy; Marital Quality Components; Breast Cancer

Introduction

Cancer is one of the deadliest and most frightening traumas a person can experience in their lifetime [1]. Among the various cancers, breast cancer affects the functioning of the family, especially couples, so that its diagnosis is considered a tragic and frightening event for many couples [2]. Such diseases are known as a couple stressor and can affect individuals at the individual and couple levels, leading to breast cancer as a relationship cancer [3].

Breast cancer is a disease that belongs to a family rather than to a specific individual [4]. Research shows that the spouses of breast

cancer patients face problems such as depression, sleep and eating disorders, emotion regulation, stress, anxiety, sex, occupation, communication patterns, lifestyle and quality of marital relationship [5,6]. The quality of the marital relationship is one of the issues that is affected by the progress of treatment in breast cancer patients [7]. Kim and Spiller (2010) research shows that the negative emotional burden caused by breast cancer can be a strong predictor of the marital quality of couples with breast cancer, so that couples with breast cancer have a much lower marital quality [8]. Since this disease targets one of the most important organs of women and is directly related to women's sexual identity, so in turn has a sig-

nificant impact on the strength of relationships between men and women and their families. It can affect the quality of their marital relationship [9].

The quality of marital relationship is the individual measurement of marital satisfaction, happiness and stability in each couple [10]. The quality of a couple's relationship is a multidimensional concept that includes various dimensions of relationships in couples such as compatibility, satisfaction, happiness, cohesion and commitment [11]. Schlemann describes marital quality as the couple's relative agreement on important issues, sharing common work and activities, and expressing love. Many terms have been used to describe the quality of a marital relationship, such as compatibility, satisfaction, contentment, integration, and commitment, but in any case there is little agreement on the meanings used for the term. To a large extent, this small agreement is due to the lack of sufficient theoretical foundations to define the quality of the marital relationship [12]. In general, it can be said that the factors affecting the quality of marital relationship are: 1- Individual factors that include, gender, health, family upbringing, socio-economic status, employment, attitudes related to marriage and divorce, premarital relationships. 2- Communication factors such as: duration of marriage, mutual interactions, premarital relationship, presence of children, division of duties, sexual intercourse. 3- External factors include: parental characteristics, parental divorce, other important people in a person's life, stressful events such as illness or cancer [13].

Reviewing the material, we have mentioned so far, it is understood that couples who are involved in breast cancer, naturally have a low quality of marital relationship [14] and low quality of marital relations according to the content that It was stated that cancer is very dangerous and harmful for couples. Research considers the root of this quality of low marital relationship to a large extent to the perception and attitude of these patients towards their disease [15,16].

In the rational-emotional-behavioral therapy proposed by Albert Ellis, the basic premise is that how people interpret life events and situations plays a key role in the development of their mental health problems. In this approach, it is believed that cognition, emotion and behavior interact significantly and affect each other [17]. Another assumption of this approach is that our emotions arise

from our beliefs, evaluations, interpretations, and reactions to life situations. Through the therapeutic process in this approach, clients are taught skills through which to identify and deal with their irrational beliefs. These skills are acquired and continue through self-induction. Clients learn to replace dysfunctional methods of thinking with effective, efficient and rational cognitions and as a result change their emotional reactions to situations [18,19]. In this therapeutic approach, it is believed that human beings, just as they are inherently inclined towards rational and healthy thinking, also tend to erroneous and irrational thinking, and these thoughts are the root of emotional turmoil. The term irrational refers to beliefs that are inflexible, contrary to reality and irrational, and reduce a person's level of mental health and prevent him from achieving his goals [20]. Irrational thoughts are very costly and harmful and increase the incidence of physical and mental problems [21,22].

In Rational Emotional Behavioral therapy through ABC model, the relationship between beliefs, behavior and disorders can be well demonstrated. In this model, A is the activating event and C is the emotional and behavioral consequence. In this therapeutic model, it is believed that the activating event does not cause emotional and behavioral consequences, but B or the individual's beliefs about the activating event that causes emotional and behavioral consequences [23] In rational-emotional-behavioral therapy, the main goal is to enable clients to acquire a more realistic philosophy of life, Dispute irrational beliefs, and replace them with rational beliefs to reduce emotional disturbances and self-defeating behaviors [24]. Since one of the main roots of low marital quality of couples involved in breast disease is their beliefs and cognitions and the way they look at their disease, so educating the model of emotional-behavioral emotional therapy on the quality of marital relationship of couples with breast cancer Can be used. Given the above, the most important question that we will seek to answer in the future is whether education based on rational-emotional-behavioral therapy affects the quality components of the marital relationship of couples with breast cancer?

Materials and Methods

According to the purpose of this research, this research is a semi-experimental research in the form of a pre-test post-test design with a control group. In this study, the population consists of all couples who had referred to Qazvin provincial hospital in Octo-

ber 2016 to follow up their treatment and had undergone at least one stage of surgery, chemotherapy or radiation therapy. Sampling method of this study was available as non-random sampling and from all couples who referred to Qazvin hospital in October 2016, 60 women were selected by convenience sampling and given a questionnaire on marital relationship quality, to fill it. Finally, 20 women with their husbands (20 couples) based on the inclusion criteria to participate in the study (1- passing one of the stages of surgical treatment, chemotherapy or radiation therapy, 2- The subject agrees to participate in the study) 3- Achieving a score lower than the average in the quality scale of marital relationship and 4- Subjects have not used psychiatric drugs and psychiatric services in the last 6 months) and randomly in two experimental and control groups Were placed (10 pairs in each group) were selected. Subsequently, only the experimental group received eight sessions of educating based on Albert Ellis' rational-emotional-behavioral therapy. The content of the training was taught to the couples for 8 sessions (two hours each session) under the supervision of the research professors and under their supervision by the corresponding author.

Among 20 couples (40 males and females) who participated in the experimental and control group as a subject, one couple of control and one couple of experiment group did not fill the post-test, Therefore, there were 2 couples (4 people) dropping. In total, the sample size in this study was reduced to 36 (18 couples). Also, all the principles related to ethical considerations from obtaining a written agreement, Conscious Consent to Participate in Treatment Sessions, Protecting Privacy and Confidentiality of Couples Information, Observing Participants' Rights, Optional Participation and Collaboration with Research Processes And even the Optional leave the treatment session By coordinating and issuing the code of ethics with the identifier IR.QUMS.REC.1397.019 by the National Ethics Committee for Biomedical Research of Qazvin University of Medical Sciences. This research has also been registered in the Iranian clinical trial site with the ID IRCT20190305042933N1. For data analysis using Mancova (multivariate analysis of covariance using elimination of pre-test effect) was performed at a significance level of less than 0.05 and using SPSS software version 24.

The instrument used in this study was Iranian Perceived Relationship Quality Components (I-PRQC). This scale was created by

Fletcher, Simpson and Thomas (2000), first translated and used in Iran by Khojasteh Mehr, Faramarzi and Rajabi, 2012 [25]. This scale includes 18 questions in six dimensions of satisfaction, commitment, intimacy, trust, passion and sexual excitement, each of which is measured by 3 questions. The subject determines his / her answer on a seven-point Likert scale (1 = not at all and 7 = completely). The minimum score is 18 and the maximum score is 126, which is obtained from the sum of scores. Lower scores indicate better quality of marital relationship in various dimensions. Cronbach's alpha coefficient has been reported as favorable by Fletcher, *et al.* (2000). The reliability of this questionnaire was reported and confirmed by Nilforoshan (2011) 0.86 through internal consistency and 0.84 through retesting [26]. To check the validity of this instrument, we mention one question from each of the subscales, which can indicate the formal validity and validity of the structure: Question 1 questionnaire; How satisfied are you with your relationship? (Relationship satisfaction subscale). Question 4 questionnaire; How committed are you to your relationship? (Commitment subscale). Question 7 questionnaire; How intimate is your relationship? (Intimacy subscale). Question 10 questionnaire; How much do you trust your spouse? (Trust subscale). Question 15 questionnaire; How much excitement is there in your sex life? (Subscale of sexual arousal). Question 17 questionnaire; How much do you love your spouse? (Love subscale). In this study, the reliability of the perceived marital relationship quality scale by Cronbach's alpha method was 0.76.

It should be noted that the use of parametric tests requires observing a few initial defaults that, if followed, can be used these tests. Given that the method used in this study is ANCOVA, these defaults include equality of variances, regression slope homogeneity and normal distribution of data, in each Hypothesis that Is being seriously investigated. Kolmogorov Smirnov test was used to check the normal distribution of data and in this test, the significance level of the desired variable was $F = 0.207$, which is greater than $P < 0.05$, which means that the desired variable has a normal distribution. To evaluate the Equation of variance of groups, the Levin test was used that The results of the Levine test showed that F was not significant for Levine test ($P > 0.05$, $F = 581.5$.) and It can be concluded that the variances are homogeneous and can be used for covariance analysis. Also, to examine the lack of interaction between groups and the pre-test scores, the same assumption

of regression slope was investigated and according to the results ($p = 0.79$, $p27 = 0/F1.34$), this assumption was also confirmed. So it can be concluded that There is no interactive between groups and pre-tests. Considering that all three assumptions were considered for the analysis of covariance analysis, it can be said that the use of covariance analysis is suitable for data analysis of this research.

The content of educating sessions based on Albert Ellis rational-emotional-behavioral therapy consists of 8 sessions and is adjusted according to the theory of rational emotive behavioral group counseling of Albert Ellis, the validity of which is reported to be 87% [27]. The following is a very brief description:

- **First session:** Introducing group members to each other, Explaining the goals and regulations of the group by the group leader and agreeing on the presence of 8 sessions of participation, Emphasis on not attending other similar courses and not studying psychology books until the end of the course and introducing group counseling method with rational emotive behavioral approach.
- **Second session:** Investigating and expressing members' problems and creating motivation for counseling and treatment, Familiarizing members with rational-emotional-behavioral approaches and irrational beliefs. At this meeting, the technic of recording thoughts was taught to the group.
- **Third session:** Expression of examples about life events and A group discussion on how beliefs and thoughts influence on the reactions of individuals and Discussing the members of the group with each other about how their way of thinking causes their different reactions to events.
- **Fourth Session:** Reviewing previous sessions and Familiarizing members of the group with a rational-emotional-behavioral approach to discovering irrational thoughts and examining irrational thoughts related to marital quality and breast cancer and actively and vigorously disputing to irrational beliefs. In this meeting, in order to record irrational thoughts and ideas and disputing to them, Three-column chart homework was presented.
- **Fifth Session:** Analyzing and reviewing thoughts, attitudes, irrational feelings towards oneself and the events surrounding it in the group. Familiarizing members with the ABCD

model and educating the principles of this model to members. In this meeting, a Three-column chart homework with emphasis on changing self-talks was taught.

- **Sixth Session:** understanding irrational thoughts and beliefs, negative thoughts, inflexible should and their effects on reducing marital quality and group discussion with each other about replacing rational thoughts with irrational thoughts. Doing the Rational Emotive Imagery technique and shame attack exercise.
- **Seventh Session:** Review previous sessions and follow up prescribed tasks - reinforcements and punishments - Encourage members to learn skills, discuss with the members of the group about ways to confront to irrational thoughts and replacing these thoughts with rational thoughts and providing a homework for the next meeting, make members ready to end the group at a future meeting, At the end of the meeting, it was explained that the next meeting would be the last meeting.
- **Eighth session:** Reviewing the prescribed tasks of previous session and doing group practice exercises and summing up all the sessions, Discussing the use of rational emotive behavioral therapy techniques in other dimensions of life, Addressing the feelings of the members about the last meeting of the group and Ending the meeting, addressing members' unfinished business and trying to finish them- and The final step in this course was the post-test.

Results

In this section, firstly we refer to the demographic information of the experiment and control groups in Table 1 and then the results of statistical data and testing the hypothesis are presented. First by Indicators of central tendency and dispersion indicators, Data summarization is done. In order to examination our research hypothesis, we have cited the results of testing the defaults of covariance analysis and now we are using the covariance analysis to confirm or reject the zero hypothesis. As shown in table 1, The mean age for the experimental group is 48 years and for the control group it is 46. Also, the level of education, number of members and the status of treatment for both the experimental and control groups can be seen in table 1.

Education Level				Patient Number			Education Level	
Group	Mean Age	Secondary School	Associate's Diploma/Degree	Patient Spouse Surgery			Chemotherapy	Radiotherapy
Experiment	48	6	9 3	9	9	3	5	1
Control	46	7	8 3	9	9	3	4	2

Table 1: Demographic characteristics of the experimental and control group.

The mean and standard deviation of the scores of the subjects in the Marital Quality Questionnaire in two stages of pre-test and post-test were presented in table 2 for the two experimental and control groups. And as shown in this table, the average of the experimental group was 90.75 in the pretest test and the mean in the post-test phase was 111.19. In the control group, the mean score in the pretest was 98.31 and in the post-test phase, it was 99.12.

Also, the mean and standard deviation of marital quality subscales in two groups and two stages of research are presented in table 3. The mean subscales of marital quality (satisfaction of relationship, commitment, trust, intimacy, sexual excitement and love) in the pre-test for the experimental group were 13/68, 17/5, 16/93, 14/06, 13/37 and 15, respectively. Also, the mean subscales of marital quality (satisfaction of relationship, commitment, trust,

Variable	Stage	Group	Number	Mean	Standard Deviation
Marital Quality	Pre-test	Experiment	18	90/75	11/79
		Control	18	98/31	11/59
	Post-test	Experiment	18	111/19	6/34
		Control	18	66/09	11/96

Table 2: Mean and standard deviation of subjects' scores on marital quality scale in two stages: pre-test and post-test.

Variable	Group	Pre-test		Post-test	
		Mean	S.D	Mean	S.D
Satisfaction	Experiment	13/87	4/66	20/31	0/93
	Control	13/68	5/27	14/81	4/87
Commitment	Experiment	16/75	2/74	17/5	2/22
	Control	18/37	1/96	17/38	2/24
Trust	Experiment	16/93	1/23	17/37	1/7
	Control	18/75	1/98	18/93	1/94
Intimacy	Experiment	14/06	1/48	19/18	0/98
	Control	15/81	2/9	15/63	3/5
Sexual-Excitement	Experiment	13/37	4/08	18/31	2/96
	Control	15/12	5/31	15/5	5/35
Love	Experiment	15	2/98	19/25	1/87
	Control	16/56	3/42	15/87	2/8

Table 3: Mean and standard deviation of marital quality subscales in two stages: pre-test and post-test.

intimacy, sexual excitement and love) in the post-test for the control group were 13/87, 18/37, 18/75, 15/81, 15/12 and 16/56.

The results of covariance analysis to examine the effect of group membership on marital quality scores are presented in table 4. As

the data in this table show, there is a significant difference between the mean scores of the subjects according to the group membership (both the experimental and the control group) ($P < 0.001$). Therefore, research hypothesis is confirmed and educating based on rational emotive behavioral therapy has been effective on the quality of marital relationships.

Index	Sum of squares	D.F	Mean squares	F	Significance Level	Eta coefficient	Power of test
Pre-test	2137/003	1	2137/003	113/01	0/001	0/8	1
Group-membership	2029/3	1	2029/3	107/31	0/001	0/79	1

Table 4: Results of covariance analysis to examine the effect of group membership on marital quality scores.

Discussion and Conclusion

Patients’ attitudes and beliefs or their perceptions about their illness play a decisive role in their mental health and the quality of marital relationship as one of the components of mental health is affected by the type of attitude and attitude of individuals. The purpose of this study was to investigate the effect of education based on rational-emotional-behavioral therapy on the components of marital relationship quality of couples with breast cancer. The results obtained in the statistical findings showed that the effectiveness of education based on rational emotional-behavioral therapy was significant on all components of the marital relationship quality of couples with breast cancer participating in the study. Studies have shown that a study that has examined the effectiveness of emotional-behavioral rational therapy on the quality components of the marital relationship has not been extensively conducted, but various studies that are somewhat consistent with the findings. If there is this research, we will continue to examine and explain their alignment with this research: Statistical findings indicate that education based on rational-emotional-behavioral therapy has increased marital satisfaction and intimacy of couples with breast cancer and this finding is in line with the results of Etemadi, *et al.* research [28,29]. Explaining the increase in marital satisfaction and intimacy, it can be said: Marital satisfaction is one of the most important issues in a life of two people. A marital relationship is a complex one, and its success depends on many factors. Researchers have concluded that the level of irrational beliefs in the marital relationship is a strong predictor of marital differences and difficulties [29]. So that couples with irrational and unrealis-

tic beliefs face confusion in the marital relationship [30]. Also, the depth of intimacy that couples form in their relationships depends on their ability to convey clearly, explicitly and effectively their thoughts, feelings, needs, wants and desires [31]. There are different approaches to increase intimacy and compatibility of couples. In emotional-behavioral rational therapy, the main belief is that the root of the problem lies in the internal disorders of each couple separately. In a chaotic married life, one or both spouses pursue irrational ideas and beliefs for themselves [37]. Interventions based on this treatment detect irrational expectations, expectations and beliefs that lead to emotional and communication disorders and then empirically or realistically question these destructive beliefs and expectations [17]. Also, in another explanation for these two components, we can say that the findings of Luk and Loke [39] have shown that there are five types of cognition processes, including: selective attention, documents, expectations, hypotheses and criteria; That is, the beliefs that every person has in mind about marriage and intimate relationships are related to satisfaction and the degree of intimacy [39]. And basically, cognition and behavior are the two basic components of reciprocal interactions, especially marital interactions, which in the rational-emotional-behavioral therapy, by changing each of these basic components, provide the ground for another change.

Also, the research findings indicate the effectiveness of this treatment on the component of marital trust and commitment, which is related to results of Ezoddin [30,32]. Explaining this finding, it can be said that Johari, Moshtaghi and Moeini [33] believe

that when people face a trauma or illness, they involve expectations, beliefs and imaginary ideas about their role and that of their spouse in the marital relationship. Unfortunately, many of these expectations are unrealistic; Hence, this intervention causes distrust to spread among them. Hosseini [34] believes that trust and marital commitment are highly overlapping variables and have a direct and consistent relationship with each other; So that the increase or decrease of one causes the increase or decrease of the other. In this regard, it can be said that cognitive distortions are disturbing elements that enter into many marital interactions. Polarized thinking, Overgeneralization, Personalization, Mind reading, Mental filtering, Discounting the positive, "Should" statements, Emotional reasoning, and Labeling are among the mistakes that one or both spouses may use as the basis of their marital relationship [33] that in rational-emotional-behavioral therapy, people are introduced to teaching how to challenge unrealistic beliefs, and the product of this challenge is the correction of cognitive errors that become the basis of mistrust in married life [17,18]. Thus, by educating couples with breast cancer by challenging irrational beliefs, their marital commitment and trust will increase at the same time.

Also, research findings indicate the effectiveness of this treatment on the components of sexual desire and love, and this finding is consistent with the results of research by Vaziri, *et al.* 2015; Bokaie, Firouzabadi and Joulaee, 2021 [35,36]. Explaining this finding, it can be said: Rational emotional-behavioral therapy increases couples' sexual desire and increases intimacy between them in different dimensions of the relationship [28,35]. Also, the result of Bokaie, *et al.* [35] research showed that education in general can improve couples' sexual function and interventions based on mindfulness, acceptance and cognitive rupture (such as rational emotive behavioral therapy) significantly increase responses. Sex is in different aspects and reduces the couple's sexual turmoil. Most sexual problems revolve around the frequency of sexual intercourse, the time of satisfaction, and its quality. The female perception of femininity and the male perception of masculinity are related to the reaction of the other party. The feeling of intimacy, acceptance and mutual pleasure, strengthens the sexual instinct and reduces the feeling of love, intimacy and acceptance, weakens it. Couples with breast cancer express their sexual problems such as lack of desire, disability, premature ejaculation, and sexual fa-

tigue in the process of rational emotive behavioral therapy; Problems that have not been expressed so far due to fear and anxiety, shame and embarrassment or feelings of inadequacy and guilt. Simply expressing these cases ultimately increases the quality of sexual intercourse with their spouse [36]. Also, the existence of an effective and unique technique in intellectual-emotional-behavioral therapy called "Shame-Attacking Exercises", which works specifically on intimacy and sexual expression of couples, causes couples with breast cancer to express themselves. Sexual expression that increases sexual intimacy between them [38]. The existence of irrational beliefs, depending on its type, is effective in the way of intimate communication and the way of lovemaking between couples, and there is an inverse correlation between these two components; So that increasing one of them causes reducing the other and vice versa [37]. Numerous studies have examined the relationship between irrational beliefs and lovemaking in couples. For example, the results of the studies of Bernstein and Bernstein [37] showed that many spouses have difficulty in establishing and maintaining friendly and intimate relationships with each other, because they expect to benefit from marriage in general, and from spouses in particular, which The result of such an attitude in the long run causes the decline of love and reduced intimacy between [37]. Albert Ellis believes that the best way to change emotions is to change one's mind and believes that cognitive and intellectual conflict reduces irrational beliefs, which ultimately increases the intimacy and enrichment of lovemaking practices in couples [38].

Research limitations

- This research has been carried out in Qazvin city and it is necessary to pay attention to different situations and cultures in order to generalize its result to other cities.
- Due to the lack of follow-up in this research, it is necessary to be cautious in order to generalize its results in the Long-term.

Functional suggestions

Considering that educating based on rational emotive behavioral therapy increases the marital quality of couples who are coping with breast cancer, it is suggested that:

- The counseling and psychotherapy offices in hospitals specifically dealing with breast cancer patients can use this method to improve marital quality.

- It is suggested that organizations such as National Television, which have a great deal of advertising power, Using the experts of this theory, will provide conditions for more couples and families to have access to this theory. For example, it is suggested that in a channel such as the National Health Channel or provincial channels this theory to be educated to breast cancer couples.

Research suggestions

Given that educating based on rational emotive behavioral therapy increases the marital quality of couples who are coping with breast cancer, it is suggested that:

- This research will be continuing in the form of a mixed research by other researchers and with a number of husbands, a qualitative interview will take place to get deeper data.
- Given that the study was done in a short time and there was little opportunity for follow-up, it is suggested that future researchers investigate this study in a follow-up of 6 months or more.
- It is suggested that the effectiveness of this theory will be compared to family therapy system theories that work on family and couples.
- This research will be conducted in different provinces and their results will be compared with each other.

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