

The Effects of Mental Imagery and Relaxation on the Rate of Anxiety, Depression, and Hopefulness in Women Suffering from Breast Cancer in Ahvaz Golestan Hospital.

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The aim of this research was to determine the effectiveness of mental imagery and relaxation on the rate of anxiety, depression and hopefulness in women suffering from breast cancer in Ahvaz Golestan Hospital. The subjects were 40 women suffering from breast cancer. The patients were selected through random sampling and were divided into two groups of 20 persons. One group was taken as the experimental and the other as the control group. The measurement instruments were Cattell Anxiety Questionnaire (CAQ), Beck Depression Inventory (BDI), and Miller Hopefulness scale (MHS), and a pretest was administered to both groups. Then, the experimental group underwent training ways and techniques of mental imagery and relaxation for one month (4 weeks), and 4 sessions per week for 45 minutes in the mornings and afternoons. After applying intervention, the two groups were tested again. For the analysis of the data the indices of mean, standard deviation and the multivariate analysis of variance (MANOVA) were used. The results indicated that mental imagery and relaxation were effective mitigators of anxiety and depression, and enhancers of hopefulness in women suffering from breast cancer.

Keywords: breast cancer, mental imagery, relaxation, depression, anxiety, hopefulness.

Breast cancer is an uncontrollable growth of unnatural cells that are created in different areas of the breasts that transfer milk in the tissues producing milk and in non-gland tissues. Most of time, the breast cancer is in the form of a painless mass or solid mass in upper and external parts of the breast, though other parts like the tip of the breast are not also safe from this disease. Cancers of the breast may progress to lymphatic glands of under-arm cavity area and then to all parts of body (Calin, translated by Ussef & Bedayat, 2006).

For most of the people, the word cancer is considered as the worst possible misfortune that not only invades the body savagely, but also wastes it. The pains, the deformity resulted from mastectomy, skin-burns caused by radiotherapy, collapse of hair, general disorders, and conditions of patients in chemotherapy, are outcomes of this dangerous disease. Diagnosis of breast cancer of a lady scares her more than the fact of the disease itself, because the most suffering thing for her is the acceptance of losing one or both of her breasts. Concerning breast cancer, even with losing one or both breasts the problem will not be ended. The traces of removing her breasts affect her seriously (Robbins Bernard, smith, Chopra & Carper, translated by fesharakizade, 2005).

Therefore, studying some strategies for reducing spiritual and physical suffering of this group of patients is very important and has led the attention of researchers. Since the early 1950s the clinical researchers and specialists of Europe, Japan, China, and United States paid attention to the importance and the role of mental imagery and relaxation in health, the recovery from disease, the quality of life, and the death of people in an organized and regulated manner. Behavioral diagnostic procedure toward this disease makes some instruments available to increase the level of health by behavior and effort (Cecil, translated by Arjmand et al. 2004).

By using mental imagery you can create some variations in your body that is far from the penetration of the unconscious intelligence. Mental

imagery is the common aspect between things that we recognize as body and memory. It can help you to find out what needs will be raised as the result of a disease. Mental imagery can affect the controlling system of the body. This is a technique that is performed through direct and positive inculcation. The eyes are closed, the body is in a relax state, you must breathe deeply and calmly, imagine that the immune system of your body is the fighter soldier and the pathogenetic agents are your enemies. Using this method you can communicate with unconscious memory and request your body to act in a sound and appropriate way (Rossman, translated by Gharache Daghi, 2000).

Mental agents like stress, long anxiety, depression, mourning, hopelessness and so on, have no direct effect on cancer (in fact these agents are not basic causes of cancer), but these mental agents can provide a context for affliction to it. Consider a person that is afflicted by mental stress, usually in these period, the person does not follow a general hygienic and proper diet. Now, if a person is under a long period of mental stress, the defense system of the body takes full fat and cellulose food with low vitamin that cause his/her obesity and if he/she have inheritance gene of cancer, and if a long time-period is passed, the possibility of affliction to breast, colon, stomach, and prostate cancer will be 10 times more than the others. Negative mental agents can have considerable prevalence on immune system of body. So, it is clear that there is a clear-cut and effective relationship between spirit and cancer theoretically (Fawzy, Kemeny & fawzy, 2007).

Rodhaver (2007) by a research on cancerous patients that are under chemotherapy, concluded that using mental imagery procedure will increase the ability against side effects of treatment.

Akhenbakh (2004) by a case study on a person that was suffering from a chronic pain, found out that using guided mental imagery can increase the ability of controlling the pain, and sleeping and compatibility of patients

and the improvement relationship with her/his attendant and spouse.

Menzies (2006) carried out a research on the patients afflicted by fibromyalgia (psychosomatic disease that causes pain in the different parts of the body) and found that functional state and sensual self-efficiency of the patient control the pain.

Based on the studies that were conducted by Fox (1999) and Hosaka (2000), it was found that the directed mental imagery procedure is useful for increasing the relaxation, improving mental state, promoting the quality of life and reduction of sensitivity of the person to collapse of hair by chemotherapy.

Papadelly, Cortidon, Panagotis and Albany (2007) argued that heart beating and speed of respiration of a group that performs mental imagery is significantly different comparing to the group in relaxation state.

Argayel (1999) found a clear relationship between fun and happiness. Happy persons laugh more and have a better feeling of fun. In this respect, other scales related to *Rach* questionnaire of happiness and feelings of fun have shown a correlation with health.

Plancher and Blugniny (1995) in a study on 1276 twelve-years old adolescents showed that those who were funny, had lesser anxiety and a better sleep in the later years of life (i.e. at the age of 16).

Antal and Kersevic (2004) and Mcckafery and Taylor (2005) studied the anxiety of children and old people with dislocation of joints and cardiac diseases. Their findings revealed that factors like relaxation and mental imaginery have a role in reduction of anxiety and increasing the hopefulness of patients.

Frasuresmity (2002) showed that fatality among cardiac patients who use relaxation and have been supported by their relatives and friends, reached to half.

Bahrami (2007), Sobhanifar (2001), and Hezarroosi (2005) showed the effectiveness of relaxation, diet, supportive psychotherapy and concept

therapy on reduction of the intrepidity and the repetition of vomiting after chemotherapy, the reduction of mental disorder and increasing the hopefulness of woman afflicted by breast cancer.

Spigel (2004) and Eun-young and In-chong (2006) believed that mental imagery and the reduction of the relaxation have an impact on the promotion of the morale of patients and the reduction of the hardness of chemotherapy.

Holoryd and Blancard (2007) clearly showed the effectiveness of relaxation and expansion of muscles in chronic headache. In other research, relaxation procedures were accompanied by other mental procedures (behavioral-cognitive) like mental imagery and it became clear that its ability for treating has increased in relationship to chronic headache and other chronic pains.

Davidson and colleagues (2007), Rustoen (2005), and Kalery (2008) studied the relation of hopefulness with heart failure. The general consequence of this research was that hope has a strong relationship with duration of the disease and is one of the factors of monitoring and preventing the mental disorders.

Gordon (2007) showed that patients with double depression indicate a higher level of hopelessness, while people with basic depression show a middle level of hopelessness.

In a case study, Rosman (2008) found out that a forty-year old lady that was affected by breast cancer and underwent surgery and radiotherapy, after getting familiar with mental imagery and visualization could get control over her stress and anxiety, and also could challenge her cancerous disease.

Bagher kalantary (1994), Sharafi (1994), and Abbaspour (2007) investigated the effects of relaxation and mental imagery exercises on anxiety and tension of school children before their surgery in the hospital and their effects on patients with breast cancer and the heart failure that

were hospitalized in cardiology ward. They concluded that these techniques reduced the anxiety and tension of patients.

Erfani and Erfanian (2005) investigated the effects of mental imagery exercises as beliefs and inculcation tools in improvement of mental and spiritual conditions of patients. The results indicated that the effect of mental imagery on learning kinetic skills affects cerebral central kinetic program.

Ghafari and poorghaznine (2003) in a research investigated the level of hope and its relationship to self-esteem in kidney transplant receiver help seekers that were hospitalized in kidney ward of Emam Reza (peace be upon him) hospital of mashhad city. They found that kidney transplant receiver patients who had a low level of hope, by increasing the self-esteem and promoting the religious beliefs raised the level of their hope.

Shehni Yeilagh and Akbarian (2001) in a research, investigated the effect of consultation on hopelessness, and reduction of depressive losomic youth in the hospital of medical school of Shahid Chamran University at Ahvaz. The results showed that after consultation, there was a significant difference between the levels of depression and hopelessness of experiemental and control groups.

Koing (2001) conducted a research on breast cancerous patients. The results confirmed the prediction of Koeing (2001) that cancerous breast patients who have religious beliefs had lower anxiety and worry about death, and their behavior toward family, attendants and even toward the disease itself were properly good.

Parish and Rasid (2006) investigated the effects of two kinds of relaxation training on the level of anxiety and reducing the tension among female patients with breast cancer and concluded that these patients had lower anger and more effort for removing cancer and reaching optimum life-level.

In the light of the above evidence, the present research investigated the

effects of mental imagery and physical relaxation on anxiety, depression, and the level of hopefulness among breast cancerous women in Ahvas Golestan Hospital.

Research Hypothesis

Hypothesis 1- training in imagery and relaxation reduces the anxiety of the women affected by breast cancer.

Hypothesis 2- training in mental imagery and relaxation mitigates the depression of the women with breast cancer.

Hypothesis 3- training in mental imagery and relaxation increases the hopefulness of the women with breast cancer.

Method

Subjects

The statistical population of the research consists of all the women suffering from breast cancer in Ahvaz city that were studied in 2008-2009. The sample of this research comprises 40 randomly selected breast cancerous women (20 women were placed randomly in the experimental group and the rest were placed in the control group). The age of the patients had a range from 26 to 50 years old.

Research Design

This research is a field experiment with pre-test and post-test. Thus, the design consists of two groups, each evaluated twice, using a pretest and a post-test. The measurement instruments were applied to both groups at the same time and under the same conditions.

Instruments

Cattel Anxiety Questionnaire (CAQ). There are two separate scales for scaling (evident), positional anxiety and (hidden) personal anxiety in this questionnaire, each containing 20 items. This questionnaire can be

completed in about 5 minutes by writing the two words of “yes” or “no”.

Zargar (1992) obtained a reliability coefficient of 0.89 for the Cattell scale. Fallahi (2002) obtained a reliability coefficient of 0.86 through Chronbach ALPHA (Rahmani, 2008).

In the present research the ALPHA Chronbach values for all the questionnaires were between 0.84 and 0.88. To determine the validity of the anxiety questionnaire, it was correlated with the depression questionnaire which rendered a validity coefficient of ($r=0.78$, $P<0.000$).

Beck Depression Inventory (BDI). This inventory is one of the most successful depression instruments. Taghwaei (1997) reported a validity coefficient of $r=0.57$ for this instrument. In a research that was conducted by Hussein and Mehrabizadeh Honrmand (2000) the reliability coefficient of Chronbach ALPHA was 0.89.

In the present research the reliability coefficients were calculated by using Chronbach ALPHA method, rendering reliability coefficients between 0.79 and 0.79 for all the scales used. A validity coefficient of $r=0.78$, $p<0.001$ obtained for the depression and anxiety questionnaires.

3) *Miller hopefulness Scale (MHI)*. This test is a type of diagnostic tests. Samiei and Ashayeri (1989) used the method of content validity for evaluating the validity of this questionnaire, the obtained validity was completely satisfactory and its reliability coefficient was 0.75.

In the present research, the reliability coefficient of Miller hopefulness questionnaire was calculated using Chronbach ALPHA method which yielded the coefficients of 0.89 and 0.90. To determine the validity of hopefulness questionnaire, it was correlated with the Mark of Anxiety Questionnaire, yielding a validity coefficient of $r=0.79$, $p<0.001$.

Table 1
Reliability and validity coefficients of the questionnaires of anxiety, depression and hopefulness.

Coefficients	Cattel Anxiety Questionnaire	Beck Depression Questionnaire	Miller Hopefulness Questionnaire
reliability	(0.84 & 0.88)	(0.79 & 0.7)	(0.90 & 0.89)
Validity	(r=0.78,p=0.00001)	(r = 0.78, p = 0.0001)	(r =0.79, p=0.0001)

Procedure

The experimental group underwent a mental imagery and relaxation treatment for one month (Four Weeks) four sessions each week, each session lasted forty-five minutes, in the morning and in that afternoon. A pre-test was administered. After training the patients could perform the procedure during the day optionally, without the guidance of the trainer, then the two groups underwent a post-test.

Result

The data were analyzed by using appropriate statistical methods.

Table 2
Results of the appropriateness of multivariate analysis of variance (MANOVA) for analyzing the difference scores of the variables of anxiety, depression and hopefulness of the experimental and control groups.

Name of test	Amount	Hypothesis D.F	Error D.F	F ratio	Significance level
Pillai's Trace	0.93	3	36	159.25	0.0001
Wilks' Lambda	0.070	3	36	159.25	0.0001
Hotelling's Trace	13.27	3	36	15./25	0.0001
Roy's Largest Root	13.27	3	36	15./25	0.0001

As it is shown in Table 2, the difference between the means of the

women with breast cancer and the control group, at least on one of the dependant variables (anxiety, depression and hopefulness) is statistically significant.

The results of the MANOVA testing the differences between the means of the difference scores (means of differences between pre-test and post-test scores) are shown in Table 3.

Table 3
Results of MANOVA on the difference between the Pre-test, and Post-test scores on anxiety, depression, and hopefulness variables.

Variables	Total sum of Square	Degrees of Freedom	Average sum of Square	F ratio	Significance level
Anxiety	2608.22	1	2608.22	126.71	0.0001
Depression	1440.00	1	140.00	141.17	0.0001
Hopefulness	1862.50	1	1862.50	346.74	0.0001

As it is indicated in Table 3, there is a significant difference between the difference scores of the women with breast cancer in the control and experimental groups regarding anxiety ($P= 0.0001$ & $F=126.71$). In other words, the training in mental imagery relaxation concerning anxiety added 18.95 to the mean difference scores of the women suffering from breast cancer in the experimental group comparing to an increase of 2.80 for the cancerous women in the control group. Therefore, the first hypothesis is confirmed.

As it is also shown in Table 3 the difference between the means of the difference scores of the women with breast cancer in the experimental and control groups in depression was also significant ($P=0.0001$ & $F=141.17$). In other words, the mean of the difference scores for the experimental group was 11.90 comparing to that of 0.10 for the control group. Consequently, the second hypothesis is also confirmed.

There is also a significant difference between the means of the difference scores of the women with breast cancer in the experimental and control groups regarding the hopefulness ($P=0.001$ & $F= 346.4$). The mean difference score for hopefulness of the women with breast cancer in the experimental group is 42.25 and that for the control group is 0.25.

Discussion

In the light of the purpose of the research and based on the posited hypotheses the acquired findings are discussed and explained. Contents of Tables 2 and 3 indicate that there is a significant difference between control and experimental groups, in relation to the effectiveness of the mental imagery and relaxation methods and techniques based on the levels of anxiety, depression, and hopefulness. This means that training in the behavioral diagnostic methods of mental imagery and relaxation is effective in mitigation of anxiety and depression, and increasing the hopefulness of the women with breast cancer.

Concerning the first hypothesis, training in the mental imagery and relaxation mitigates the anxiety of the women with breast cancer. ($P=0.0001$ & $F=126.71$), that is, training in the mental imagery and relaxation reduces the anxiety of the experimental group in comparison to the control group, confirming the first hypothesis of the research. These results are consistent with the research findings of Rodhaver (2007), Achenback (2004), Menzies (2006), Hosaka (2000), papadelisa, kourtidun, Pangiotis, and Albani (2007), Antall & Kresevic (2004), Bagherikalantary (2006), Sharfi (2006), Abbaspour (2007), and kold et al. (2000).

In regard with the second hypothesis, training in the mental imagery and relaxation mitigates the depression of the women with breast cancer. A significant difference was observed between the women with breast cancer in the control and experimental groups ($P=0.0001$ & $F= 141.71$). This means that mental imagery and relaxation training mitigates depression of

the patients in the experimental group. Therefore, the second hypothesis is confirmed as well. Moreover, obtained results from the second hypothesis is consistent with the research of Gordon (2007), Shehniyeelaghand& Akabrian (200), concerning the effects of consultation and psychotherapy in mitigating depression (Menzies, 2007. Erfani & Erfanian, 2005).

Concerning the third hypothesis, training in the mental imagery and relaxation increases hopefulness of the women with breast cancer. Referring to the present finding in Table 2 and 3, it is evident that there is a significant difference between patients with breast cancer in the experimental and control groups in hopefulness, ($P= 0/0001$ & $F=346.74$). In other words, training in the mental imagery and relaxation, increases hopefulness in the experimental group. Therefore, the third hypothesis is also confirmed.

The obtained results of this hypothesis are consistent with the research findings of Davidson et al. (2007), and Restoon et al. (2005), concerning the relationship of hope in the heart-failure disease and Bahrami (1994), Sobhanifard (2000), and Hezarousi (2005), concerning the effects of relaxation in increasing the hope of women with breast cancer and Derrani (2000), concerning the signs and symbols within teenagers and Argayl (1999), regarding relationship between fun & happiness; and Wells et al. (2001), Wanakhen (2006) and Mackafery and Taylor (2005), concerning the effect of mental imagery and psychotherapy in increasing the hope.

Since relaxation procedure generally is a prerequisite to the introduction of mental imagery, it can be concluded that the results are concordant with the marginal studies in this group. It seems that reasons for mitigation of tension and releasing from anxiety and depression are due to the taught procedures: the use of relaxation in the beginning. In addition, the procedure of mental imagery with raising the strength of the mind and body insures people that they have the ability to control terrible events. Therefore, it can play a role in mitigating depression, and increasing the

level of hope among patients with breast cancer. Moreover, hope is more a mental state rather than a physical one. Therefore, it is affected by inspiration. While anxiety and depression are a combination of both of them (physical & mental). So, when mental imagery and relaxation are used to mitigate the activity of simpatico nerve and to release tension & depression, the final result will be the maintenance of moral and hope for living, that is an important matter among patients, and specially patients with breast cancer. It is to be mentioned that repetition and practice of most of these methods and using other therapeutic behavioral-diagnostic procedures can be effective in reducing the level of anxiety, depression, and increasing the hope in the women with breast cancer.

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