



The Relationship between Early Maladaptive Schemas and Coping Strategies with Family Distress of Caregivers of Cancer Patients

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ABSTRACT

Background and purpose: The consequences of higher pressure on family caregivers include family isolation, loss of hope from social support, disruption of family relationships, insufficient care of the patient, and finally, abandoning the patient. These problems originate from two aspects, i.e. problems with patient care and treatment, and adaptation to the responsibilities arising from care. Therefore, the present research aimed to determine the relationship between early maladaptive schemas and coping strategies with family distress of caregivers of cancer patients. **Methods:** The present research was descriptive and had a correlational design. The statistical population consisted of all caregivers of cancer patients who visited the palliative medicine centers of Tehran's Firouzgar Hospital, the Cancer Research Center of Shahid Beheshti University of Medical Sciences, and the Cancer Research Center of the Ministry of Health and Medical in 2020, among whom 300 cases were selected as the samples using the convenience sampling method. The research tools included the family distress questionnaire (McCubbin, Thompson, and McCubbin, 1996), the early maladaptive schema questionnaire (Young, 1998), and the coping strategies questionnaire (Parker and Endler, 1980). Pearson's correlation coefficient was used to analyze the data. **Results:** The results indicated a significant positive relationship between the early maladaptive schemas and the family distress of caregivers of cancer patients ($p < 0.01$), but there was no significant relationship between coping strategies and family distress of caregivers of cancer patients. **Conclusion:** Therefore, combining psychological interventions to change unhealthy behavior patterns and counseling with psychologists to detect and adjust early maladaptive schemas, along with the main physical treatments can be effective in reducing psychological damage to caregivers of cancer patients.



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Introduction

Cancer refers to a set of diseases with different symptoms, manifestations, treatments, and prognoses and does not have a single and specific cause. Cancer is one of the leading causes of death worldwide, with an estimated 14 million new cases in 2012. The number of new cases is expected to increase by 70% during the last two decades. In recent years, cancer has ranked first in the world in terms of mortality, while cardiovascular diseases have occupied the first place. Some studies report that a cancer diagnosis greatly impacts patients' family members (Mitschke, 2008). Most family caregivers reported that they accepted the duty of care due to family responsibility with little authority and the absence of others to provide care (Girgis et al., 2012). For some people, caregiving can last several years and equate to a full-time task (Kim & Schulz, 2008).

At the time of cancer diagnosis, family members assume the responsibility of providing care, not only during the diagnosis and treatment periods but also throughout the disease and survival. These caregivers are a primary source of support for cancer patients. Despite the efforts of family caregivers, cancer for the patient and his family members can be associated with fear of death, torment, doubt, disturbance in the way of life, discomfort, and mood disorders. Family caregivers may not receive enough support from other family members and friends due to their several responsibilities; the public health system should support family caregivers to ensure their physical and mental health. It seems that the needs of family caregivers of cancer patients remain on the sidelines, and this issue has negative effects on the caregiver's life, such as tension, stress, frustration, and disability. In other words, reducing their quality of life also affects the quality of care. Places and imposes huge costs on the health system, treatment, and society (Ashrafian, 2015). When facing problems, a person has relatively stable cognitive strategies called schemas. Schemas are made up of memories, emotions, cognitions, and bodily sensations. They play a major role in how we think, feel and relate to others. When people encounter environments that remind them of their childhood environments, their schemas are stimulated, and as soon as such events occur, a person is exposed to the onslaught and dominance of strong negative emotions (Tim,

2010). The research results showed that in chronic tension, metabolic syndrome, and coronary heart disease, a pattern was reached, based on which, in older adults, the chronic tension causes metabolic syndrome, which in turn leads to the formation of coronary heart disease. (Vitaliano et al.; quoted by Ahmadi et al., 2016). A successful coping strategy effectively reduces stress and increases physical and mental health as a result of improving the quality of life. By examining the above backgrounds, this research seeks to answer whether initial maladaptive schemas and coping strategies are related to the distress of the family of cancer patients.

According to the research's purpose and background, the following hypotheses were tested.

1. There is a relationship between the initial maladaptive schemas and the distress of the family of caregivers of cancer patients.
2. There is a relationship between coping strategies on the distress of family caregivers of cancer patients.

Method

The current research was descriptive, and the research design was correlational. The statistical population of this study included all caregivers of cancer patients referred to the palliative medicine centers of Firouzgar Hospital in Tehran, the Cancer Research Center of Shahid Beheshti University of Medical Sciences, and the Cancer Research Center of the Ministry of Health, Treatment and Medical Education in 2019, of which 300 people with available sampling methods were selected as samples.

Tools

1. Family Distress Inventory (FDI): This tool measures families' distress. This scale consists of 8 items, and the subject answers each question on a four-point Likert scale. McCubbin, Thompson, and McCubbin (1996) calculated the internal validity of the family distress scale using Cronbach's alpha of 0.87. In terms of validity, the relationship between the score of this scale with severe family pressure, disordered communication patterns, and lack of social support was found to be strong. In the study, the alpha coefficient of this scale was 0.73.

2. Young's Early Maladaptive Schemas Questionnaire: The short form of this questionnaire was created by Young (1998)

based on Schmidt et al.'s findings to measure 15 early incongruent schemas (Yang & Long, 1998). This questionnaire has 75 items, and each schema is measured with five questions. Each item is scored on a 5-point scale (1=completely false to 5=completely true). In this questionnaire, a high score indicates initially incompatible schemas. Its reliability was obtained with the help of Cronbach's alpha for all schemas from 76% to 93%. The results of factor analysis also support the internal structure of the questionnaire (Welburn et al., 2002; quoted by Barazandeh, 2014). Fatehizadeh and Abbasian (1382; cited by Barazandeh, 1384) also calculated its reliability by Cronbach's alpha method to be 94% and its validity to be 34% by the method of correlation analysis with irrational beliefs test.

3. Coping Leaders Questionnaire: This questionnaire was created in 1980 by Endler and Parker and is used to evaluate people's coping styles in stressful situations. This questionnaire has 48 questions that measure emotion-oriented, problem-oriented, and avoidance coping subscales. The scoring of the questionnaire is based on a Likert scale from never (1) to very much (5). Finally, the dominant style of a person is determined according to the scores he gets on

the test. Endler and Parker reported Cronbach's alpha coefficient for the problem-oriented factor, 90% for girls and 92% for boys; for the emotion-oriented factor, 85% for girls and 82% for boys; and for the avoidance factor, 82% for girls and 85% for boys. In Kiany's study (2010), Cronbach's alpha coefficient was reported as 58% for problem-oriented coping behaviors, 55% for emotion-oriented coping behaviors, and 83% for avoidant coping behaviors.

Results

The distribution of respondents based on age showed that 20 (7.8%) respondents were between 20 and 30 years old, 60 (22.2%) respondents were between 31 and 40 years old, 41 (35.6%) respondents were between 41 and 50 years old, and 21 34.4 percent of the respondents are between 51 and 60 years old; On the other hand, 20 people (7.4%) of the respondents are illiterate, 42 people (15.6%) of the respondents have a bachelor's degree, 38 people (14.1%) of the respondents have a diploma, 138 people (51.1%) of the respondents have a bachelor's degree, and 32 people (11.9%) have a master's degree or higher.

Table 1. Correlation matrix of primary maladaptive schemas and family distress

Variable	Correlation coefficient	Number	t	Significant	
Independent Dependent	Maladaptive schemas Family distress	0.33	370	3.24	0.01
Independent Dependent	Coping strategies Family distress	-0.07	370	0.154	insignificant

The results from the above table show that the relationship between initially incompatible schemas and family helplessness is significant ($\alpha \leq 0.01$). The results from the above table show that the relationship between coping strategies and family helplessness is insignificant ($\alpha > 0.05$).

According to the obtained results, the determination coefficient of the family helplessness variable is reported as 0.70; Therefore, the variable of initially incompatible schemas and coping strategies was able to cover 0.70% of the variance of the family's helplessness. The rest is related to the prediction error and can include other factors affecting the variables.

Conclusion

In the results of the first hypothesis, "There is a relationship between the initial incompatible schemas and the helplessness of the family of caregivers of cancer patients", the relationship between the initial incompatible schemas and the helplessness of the family of caregivers of cancer patients is confirmed. This means that there is a positive and significant relationship between the initial maladaptive schemas and the helplessness of the family of caregivers of cancer patients. Therefore, the result can be said that with the increase of initially incompatible schemas, the helplessness of the family increases. Cancer is one of the leading causes of death worldwide

(Isfahani, 2010) and is the third cause of death in less developed countries. Every year, from the time of birth to the age of 19, more than 17,500 children around the world are diagnosed with various types of cancer. Every year in America, 150 out of 1 million people under 20 years of age and 157 out of 1 million people in Europe are diagnosed with cancer (Buka, 2007; quoted by Khatamsaz and Ma'arif Vand, 2013).

Therefore, it can be concluded that previous studies have shown a relationship between initial maladaptive schemas and people's helplessness indirectly and through the components of mental injuries, including the variable of depression, which is consistent with the present study's findings. Also, in studies in the field of drug addiction, a direct relationship between the initial maladaptive schemas and people's helplessness to quit has been mentioned (Shaghghi et al., 2011; Boujid & Nikmanesh, 2013; Milligan, 2013; Arpasi, 2021). In addition to these findings, Miaskowski and his colleagues (2005) showed that patients and caregivers who used emotion-based coping methods have a lower quality of life in the mental and physical areas. Steele and his colleagues (2003) also investigated stress, studying emotional distress and care pressure in mothers of children with cancer for six months; These results showed that over time, the stress and emotional distress of the mother, who has the role of caregiver for her child, decreased, but her care pressure did not decrease and remained unchanged. In an additional finding, Chang and his colleagues (2010) found that caregivers who devoted more hours during the day to caring for their patients suffered more care pressure and had lower mental health.

The researchers of this study have provided several definitions of coping strategies. According to these researchers, coping skills are available for any action. The usefulness of any specific skill depends on the nature of the situation and the vulnerabilities and capabilities of the individual, knowing an efficient set of coping skills, feeling self-control, and increasing self-direction. According to these researchers, it is effective to implement a suitable intervention program related to coping methods to improve mental health and quality of life and reduce feelings of helplessness. Coping strategies, including the opportunity to express stress and emotions, can reduce the psychological pressure

and helplessness of caregivers of cancer patients and improve the quality of care.

Conflict of Interest

The authors of this article have no conflict of interest in conducting and writing it.

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