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Original Article

The Effectiveness of Emotion-Focused Therapy on Reducing Anxiety, Stress, and Depression in Couples with Cancerous Children

Zohreh Ashofteh[1], Khadijeh Arabsheibani[1]*

[1]*Department of Psychology, Payame Noor University, Tehran, Iran.*

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Abstract

Background and Aim: Diagnosing children's cancer can cause significant disruptions in the child and family life, putting parents and children at risk for psychosocial problems, including reduced quality of life through increased anxiety, stress, and depression, which necessitates solutions like emotion-focused therapy (EFT) to reduce complications. This research investigated the effectiveness of EFT in reducing anxiety, stress, and depression in couples with children with cancer.

Materials and Methods: The research used a semi-experimental method with a pretest-posttest design, control and experimental groups, and a three-month follow-up. The statistical population of the study included 40 couples with a child with cancer in Ferdous City. The collected data were analyzed utilizing inferential statistics and a step-by-step regression analysis under the normality assumption. Data were analyzed using statistical techniques (descriptive, inferential) and SPSS22. The research hypotheses were investigated utilizing ANCOVA and MANCOVA.

Results: With the pretest control of the test significance levels, there was a significant difference between the couples with a child with cancer in the experimental and control groups concerning anxiety, stress, and depression reduction ($P<0.001$, F-5.299). The respective differences of 19.78, 20.50, and 44.67 for anxiety, stress, and 44.67 for depression highlight the significant effect of EFT on anxiety, stress, and depression of the experimental group at a 95% confidence level and $p<0.05$.

Conclusion: EFT affects and reduces the anxiety, stress, and depression of couples with children with cancer. The emotion-based developed package created a safe space to resolve past wounds and increase awareness, expression, and acceptance of repressed emotions, leading to a new meaning for life and adjusting the disease through a different perspective toward emotions caused by mental turmoil and anxiety.

Keywords: Anxiety, Depression, Emotion-focused therapy, Pediatric cancer, Stress

***Corresponding Author:** Khadijeh Arabsheiban, Department of Psychology, Payame Noor University, Tehran, Iran. Email: Shakibasheibani@pnu.ac.ir
ORCID:0000-0002-1489-6130

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Introduction

Pediatric cancer affects the whole family and is a source of chronic stress for the sick child, parents, and siblings, depriving them of a sense of security, introducing uncertainty, fear, and anxiety, and destabilizing their lives (1). The family is, therefore, mobilized to adapt to the treatment and frequent hospitalizations with the hardships of everyday life. The emotional burden that family members have to deal with is enormous, exacerbated by thoughts of the irreversibility and duration of the disease and the fact that the child will have to cope with physical and mental pain, goals, priorities, values, and plans for the near and further future change. The family learns to function in new circumstances, to cope with hardship, and to experience difficult emotions and conflicts. They have to juggle the demands of caring for a sick child with work, financial concerns, caring for healthy siblings, and social contacts, making the cancer treatment process difficult, stressful, and sometimes unacceptable for the whole family (1, 2). The impact of pediatric cancer diagnosis reverberates throughout the family, giving parents intense feelings of shock, despair, fear, and helplessness (3). Further stressors associated with caring for a child with cancer, such as managing intensive treatment regimens, frequent hospital visits, and balancing parental responsibilities for other siblings, may exacerbate this distress (4). Marital problems, financial constraints, and fear of relapse or death are some of the numerous challenges that parents may face (5). Parents of children with cancer experience existential, physical, and psychological struggles, reducing their ability to cope with new stressors and contributing to the development or perpetuation of psychological distress.

Some studies report increased symptoms of anxiety, depression, and post-traumatic stress in parents of children with cancer compared to the general population.Some evidence suggests that parental distress is significantly associated with child mental health, and psychosocial care for the entire family may contribute to long-term health enhancement (6).

The family experiences various emotional phases of adapting to the disease. The intensity and kind of experience depend on the personality and mutual relations in the family. There are stages of anger, resentment, and pain, which are preparatory for parting with the sick person. Each stage changes the behavior and relationships between family members, communication problems, somatic problems, and role swaps. Traumatic symptoms may develop among caregivers and persist throughout the first year of therapy. Considering the psychological issues faced by the patient's family, it is necessary to examine how siblings react to the disease. Taking up a problematic topic, including an illness, is usually intolerable for parents who want to protect their children from pain at all costs. However, children are considerably sensitive to hidden anxieties or emotions, experiencing a crisis caused by an illness in solitude through noticing changes in everyday behavior, the rhythm of the day, and appearance. The atmosphere of constant secrets and hidden emotions adversely affects children and their development. The hidden experienced emotions are reflected in their behavior, leading to excessive tearfulness, sleep disturbances, and aggressive behaviors. When children learn about a sibling's illness, they may feel anger, regret, rejection, guilt, and responsibility for the disease, and even fear that the parents may become ill (7).

How the family copes with these demands determines their adjustment to the illness and treatment. Most families of a child diagnosed with cancer will experience stress but will be able to cope with and adapt to the disease and its treatment. However, some families are exposed to more challenges in the case of a child's cancer due to individual, family, social, and economic factors, forcing them to overcome more adversities than other families. The severe stress experienced by these families necessitates more attention, support, and professional interventions. Psychosocial care for patients and families is critical and is an integral part of the comprehensive care provided by every family with a child diagnosed with cancer (8, 9).

The planning and implementation of holistic care requires the evaluation of the impact of pediatric cancer on the functioning of their relatives, along with the analysis of the problems and needs of parents and guardians of the children in various areas of life. It is crucial to recognize the issues of these families since it enables the implementation of support, psychosocial

care, psychological education, and the provision of well-founded information. In addition, assessing the problems, needs, and concerns of the patient's family contributes significantly to the effective performance of health professionals. It is because clear guidelines and standards for observing psychosocial needs and their effective investigation can provide knowledge about the type of interventions needed by the multidisciplinary team caring for patients and their families (10).

Parents are one of the vital sources of emotional support for children with cancer and are in contact with healthcare professionals at all disease stages. Pediatric cancer disrupts family functioning and is one of the most severe stressors a parent can experience (11). Parents of children with cancer experience high levels of psychological distress due to their child's cancer. Daily/role functioning, cancer communication, cancer care, disease recurrence, and life-threatening cancer are factors that exacerbate parents' distress. Pediatric cancer may also affect parents' relationships, which can elevate anxiety and increase depression among parents (12). The findings of a systematic review by Pitceathly and Maguire indicated the possibility of experiencing higher levels of distress among family members than cancer patients. Parents of children with cancer experience high levels of anxiety (13).

Earlier evidence has highlighted higher levels of anxiety in parents of children with cancer than in children and adult cancer patients themselves. As reported by Howard Sharp et al., anxiety and depression are more prevalent among parents of children with cancer than parents of healthy children (14). Thus, cancer seems to be a family disease rather than a disease that only affects individual patients. Research has also acknowledged the importance of knowing the psychological needs of parents and sick children. According to the evidence provided by previous studies, parents suffering from emotional problems had serious trouble adjusting to pediatric cancer. Psychological distress and its manifestations, including anxiety and depressive symptoms, adversely affected parents' health, subsequently reducing the likelihood of using effective coping strategies to manage normal family activities and increasing the potential experience of inadequacy in meeting children's illness-related needs (15).

Salari-Rad et al. (16) showed in their research that emotion-focused therapy with a focus on emotional processing and expression led to the improvement of clients' emotion regulation and could be used as a suitable intervention method to reduce anxiety and increase the quality of life in women with cancer. Orang et al. (17) showed in their research that an emotion-oriented intervention package was able to significantly reduce death anxiety and negative emotion regulation while increasing positive emotion regulation. In addition, the emotion-focused intervention package was followed up after the post-test, and the results showed no significant changes at the two-month post-test. It was concluded that the emotion-focused intervention package was effective on death anxiety and cognitive regulation of emotions in older women with cancer. Although there is empirical evidence on the effect of emotion-focused therapy and health-promoting behavior training on reducing high-risk behaviors and healthy lifestyles, research comparing these intervention approaches independently or in combination is limited (18). The results also indicate the effectiveness of emotion-focused therapy on cognitive emotion regulation and anxiety disorders. Emotion-Focused Therapy (EFT) is an empirical approach that considers emotion as the basis of experience in adaptive and non-adaptive functions (19). Research results have also shown promising effects of EFT treatment for eating disorders, social anxiety disorders, anxiety disorders, and major depression (20). According to the stated contents, the research question is as follows: What is the effect of focused treatment on the emotion of reducing anxiety, stress, and depression in couples with cancer?.

Methods

The research used a semi-experimental method with a pretest-posttest design, control and experimental groups, and a three-month follow-up period. The statistical population of the study included 40 couples with a child with cancer in Ferdous City, selected by purposeful sampling. Having a child with cancer was the inclusion criteria for participation. Besides, according to the framework of ethics in research, participation in this research was voluntary for all

participants. In addition, participants received complete explanations about the type of research and the activities they had to do, obtaining their full consent for voluntary participation in the study. In addition to the above, the questionnaires were completed anonymously, the participants' additional information was recorded and kept confidential, and the research results were presented in a way that made it impossible to identify the volunteers. The collected data were analyzed utilizing inferential statistics, in which a step-by-step regression analysis statistical test was conducted under the assumption of normality of the data (21). The data in the questionnaires were analyzed using statistical techniques (descriptive, inferential) and SPSS 22 statistical software. The research hypotheses were investigated utilizing a one-variable analysis of covariance (ANCOVA) and MANCOVA.

Research Tools

The research tools included the emotion-focused therapy (EFT) approach, the anxiety inventory of Steer, Brown, and Beck (22), the Beck Depression Inventory (23), and the Maslach Stress Inventory-MSI (24).

Intervention Plan

The content of the training sessions for the experimental group was based on the emotion-focused therapy (EFT) package as a group, along with assignments during the sessions, homework, and group discussion during twelve 60-90-minute sessions once a week. The content of the training sessions for the experimental group is presented in Table 1.

Validity and Reliability of the Research Questionnaire:

Validity refers to the objective the test is designed to achieve and the degree to which a measuring instrument accurately measures what it is designed to measure. The content validity ratio was used to confirm the content validity of the anxiety inventory of Steer, Brown, and Beck (22), Beck Depression Inventory (23), and Maslach Stress Inventory-MSI (24). This index was calculated utilizing the opinions of 8 experts, who were provided with thorough explanations of the objectives of the test and operational definitions related to the content of the questions. The experts were asked to rate each of the questions based on the three-point Likert scale to show whether it was "necessary", " useful but not necessary", or "not necessary (21).

Based on the Lawshe table, the expressions with a numerical value of CVR>0.5 (based on the evaluation of 8 experts) were considered significant (P<0.05) and maintained to determine the minimum value of the content validity index (Table 2).

Reliability refers to the degree to which an assessment tool produces stable and consistent results. When the same result is achieved consistently by using the same methods under the same circumstances, the measurement is considered reliable. Cronbach's alpha coefficient was used to examine reliability. According to the rules of statistics, if Cronbach's alpha coefficient of a questionnaire is >70%, the questionnaire is reliable (Table 2).

Cronbach's alpha values were 0.79, 0.78, and 0.81 for anxiety, depression, and stress, respectively, indicating appropriate and reliable inter-variable correlation and internal consistency between the items related to the variables. In other words, the questionnaire is reliable.

Table 1. Emotion-focused therapy (EFT) protocol sessions

No.	Sessions	Content
1	First	Establishing a good relationship through advanced empathy and techniques of self-presence, jump-off point, understanding, discovery, tracking, validation, and mirror neurons.
2	Second	Unfolding the clients' problems and observing their emotional processing style by listening to the current problem and identifying their painful and prominent emotional experiences.
3	Third	Observation and discovery of the clients' emotion processing style and emotion coaching through identification, awareness, acceptance, tolerance, and emotion regulation.
4	Fourth	Unfolding the clients' main emotion through the experiential representation of their identity attachment-related traumas.
5	Fifth	Discovery and identification of primary, secondary, or instrumental emotions through working on micro and task markers and using the empty chair technique.

6	Sixth	Continuing the identification, representation, and regulation of the main underlying emotions that are compatible-incompatible or healthy-unhealthy.
7	Seventh	Identification and work on interruptions or obstacles in access to primary and secondary emotions and experience.
8	Eighth	Tracking and identifying subjective and objective images of the current problem and its association with images of oneself, father, mother, or other possible objects.
9	Ninth	Continuing the identification and work on the represented markers and work with the remaining images through the use of expressive arts, such as body, music, movement, etc.
10	Tenth	Client coaching during objective representation and achieving experiential insight.
11	Eleventh	Evaluating how new meanings create a new self.
12	Twelfth	Consolidation of the new self and generalization to future events.

Table 2. CVR calculation, Cronbach's alpha coefficient

Questionnaire	CVR	Cronbach's alpha coefficient
Anxiety	0.511	0.79
Depression	0.513	0.78
Stress	0.500	0.81

Results

As mentioned earlier, the covariance analysis method was utilized to test the hypotheses of the current research. The assumptions of this analysis method are normality of data distribution, homogeneity of variances, homogeneity of covariance matrices of dependent variables, and sphericity. The Shapiro-Wilk test was used as the main assumption in covariance analysis to test the normality of the distribution of variables.

As shown, the assumption of homogeneity of covariance matrices of the dependent variable is not established between the data of peace and self-control in the two groups. Nevertheless, Tabachnick and Fidell (25) state that if the sample sizes are equal in the groups, failure to establish the homogeneity assumption of the covariance matrices of the dependent variables does not invalidate the results of the analysis. Also, the result of Bartlett's sphericity test for all variables was significant at the 0.01 level. Therefore, there is an acceptable level of correlation between the components of anxiety, depression, and stress, and as a result, multivariate analysis of variance is a suitable method for comparing these variables in the experimental and control groups.

As presented in Table 3, with the pretest control, there is a significant difference between the anxiety, depression, and stress levels of participants with children with cancer in the experimental and control groups (P=0.0001; F=49.998; P=0.0001; F=5.229; P=0.0001; F=639.291), confirming the research hypotheses. In other words, considering the mean total score of anxiety, depression, and stress in the experimental group compared to the mean of the control group, the EFT approach has reduced anxiety, depression, and stress in the experimental group. The degree of effect or difference is 68.785, 24.810, and 20.50 for anxiety, depression, and stress, respectively. Multivariate analysis of covariance (MANCOVA) test was used to investigate how anxiety, depression, and stress were affected, considering the significance of the test among couples with children with cancer. Therefore, it can be concluded that the EFT intervention has reduced anxiety, depression, and stress positively and significantly at a confidence level of 95% and P<0.05.

As can be seen in Table 4, with the pretest control of the test significance levels, there is a significant difference between the couples with a child with cancer in the experimental group and controlling the dependent variable (anxiety, depression, and stress) (P<0.0001 & F=506.74; P<0.0001 & F=304.294; P<0.0001 & F=446.57), indicating respective degrees of effect or difference equal to 50.6, 30.4, and 44.6. The statistical power equal to 1 represents no possibility of the second type of error. The one-way covariance test was used to measure the mean scores between couples with a child

with cancer in the experimental and control groups in terms of anxiety, depression, and stress, the results of which are presented in the above table, reflecting a significant difference between the two groups with the pretest control. In other words, according to the mean scores of anxiety, depression, and stress in the experimental and control groups, the EFT intervention has reduced anxiety, depression, and stress. Therefore, it can be concluded that the EFT intervention has a significant effect on reducing anxiety, depression, and stress, with a confidence level of 95% and P<0.05.

Table 3. The ANCOA results of the posttest comparison of the EFT intervention effects on anxiety, depression, and stress in the experimental and control groups.

Variable	Source of variance	Sum of squares	df	Mean of squares	F	P value	Eta coefficient
Anxiety	Pretest effect	191.302	19	195.302	49.998	0.0001	0.981
	Group effect	68.785	18	0.399	0.967	0.0001	0.981
	Error	0.586	19	-			
Depression	Pretest effect	11.557	19	1.185	5.229	0.0001	0.968
	Group effect	24.810	18	248.810	0.341	0.0001	0.968
	Error	0.139	19	0.139			
Stress	Pretest effect	198.500	19	198.500	639.291	0.0001	0.978
	Group effect	20.50	18	0.311	0.382	0.0001	0.978
	Error	0.428	19	-			

Table 4. The results of MANOVA on the mean posttest scores

Variable	Test	Value	Hypothesis df	Error df	F	P value	Eta coefficient
Anxiety	Pillai effect	0.981	2	19	506.74	0.0001	0.981
	Wilk's lambda	0.109	2	19	506.74	0.0001	0.981
	Hotelling's test	50.67	2	19	506.74	0.0001	0.981
	Roy's Largest Root	50.67	2	19	506.74	0.0001	0.981
Depression	Pillai effect	0.968	2	19	304.294	0.0001	0.968
	Wilk's lambda	0.32	2	19	304.294	0.00	0.968
	Hotelling's test	30.42	2	19	304.294	0.0001	0.968
	Roy's Largest Root	30.42	2	19	304.294	0.0001	0.968
Stress	Pillai effect	0.978	2	19	446.57	0.0001	0.978
	Wilk's lambda	0.22	2	19	446.57	0.00	0.978
	Hotelling's test	44.67	2	19	446.57	0.0001	0.978
	Roy's Largest Root	44.67	2	19	446.57	0.0001	0.978

Discussion

The results of the study suggest that the emotion-focused therapeutic (EFT) intervention has a significant effect on reducing the anxiety of couples with a child with cancer.With pretest control, the results show a significant difference between the anxiety reduction level of couples with children with cancer in the experimental and control groups (P<0.001; F=5.229), confirming the research hypothesis. In other words, according to the mean total anxiety reduction score of couples with children with cancer in the experimental compared to the control group, EFT has enhanced the anxiety reduction of participants in the experimental group, with an effect size or difference of 68.78. The multivariate analysis of covariance (MANCOVA) test was used to investigate the effectiveness of peace and self-control and measure its significance among couples with children with cancer. Therefore, it can be concluded that the EFT intervention has a positive and significant effect on reducing the anxiety of couples with children with cancer at a confidence level of 95% and P<0.05.

The emotion-focused therapeutic (EFT) intervention has a significant effect on reducing the depression of couples with a child with cancer.With pretest control, the results show a significant difference between the depression reduction level of couples with children with cancer in the experimental and control groups (P<0.001; F=5.229), confirming the research hypothesis. In other words, according to the mean total depression reduction score of couples with children with cancer in the experimental compared to the control group, EFT has enhanced the depression reduction of

participants in the experimental group, with an effect size or difference of 24.810. The multivariate analysis of covariance (MANCOVA) test was used to investigate the effectiveness of depression reduction and its significance among couples with children with cancer. Therefore, it can be concluded that the EFT intervention has a positive and significant effect on reducing the depression of couples with children with cancer at a confidence level of 95% and $p<0.05$.

Emotion-focused therapy (EFT) has a significant effect on reducing stress in couples with a child with cancer. With pre-test control, the results show a significant difference between the stress reduction levels of couples with children with cancer in the experimental and control groups ($P<0.001$; $F=5.229$), confirming the research hypothesis. In other words, according to the mean total stress reduction score of couples with children with cancer in the experimental group compared to the control group, EFT increased the stress reduction of participants in the experimental group, with an effect size or difference of 20.50. The multivariate analysis of covariance (MANCOVA) test was used to investigate the effectiveness of calmness and self-control and their significance in couples with children with cancer.

It can, therefore, be concluded that the EFT intervention has a positive and significant effect on reducing stress in couples with children with cancer at the 95% confidence level and $p<0.05$. The explanation for this finding is that all anxiety manifests itself with specific symptoms, and its true root is hidden. Emotive therapy goes beyond the outward symptoms and focuses on uncovering and moderating authentic hidden emotions. Anxiety, on the other hand, is emotional and includes physical, emotional, and cognitive symptoms. Emotion-based therapy focuses on the emotional dimension of anxiety, and with its resolution, the emotion of anxiety is reduced. Death anxiety, on the other hand, is the prediction of imminent death, and it represents the cancer patient's confrontation with death.

According to this approach, the basis of anxiety is possibly the loss of life or the shame of a life not lived. Emotion-based treatment reveals the emotion behind anxiety, which is generally sadness and shame, and makes the person aware of it (17). Cancer is the uncontrolled and spreading growth of abnormal cells that causes the formation of tumors. The physical condition and appearance of cancer patients are affected by the changes of the disease (such as hair loss, loss of a limb such as amputation of a person, etc.). Most people with cancer experience a period of mental stress. Cancer and its treatments have side effects such as weakness, fatigue, lethargy, anorexia, nausea and vomiting, anemia, and nutritional disorders, all of which reduce the quality of life in these patients. Although mental stress can be considered a natural adaptation reaction, it still causes a decrease in the quality of life. Studies by Goering et al. (26) and Wang et al. (27) found that a cancer diagnosis causes a lot of anxiety. Anxiety is a reaction to an unknown, internal, and ambiguous danger. The emotion-focused novel is a therapy aimed at internalizing and accepting the client's fundamental emotions for a long time. As a transdiagnostic treatment, this treatment is based on the assumption that emotions are essential sources of adaptation in healthy human functioning and access, activation, and processing of emotions are very important for a successful outcome in psychotherapy. Excessive inhibition of emotions along with suppression, denial of emotions, arousal, and emotional disturbance that a person shows these emotions with impulsive behavior are considered as emotional dysfunction. However, according to this approach, the way to change core maladaptive emotions and emotional dysfunction is not by learning intellect or skills but by activating primary adaptive emotions in the therapy session. The treatment process is designed by identifying needs, finding primary emotions, accepting and changing unresolved painful emotions, and discovering meanings and ambiguous feelings. In a study, Karimi Afshar et al. emphasized the effect of emotions in cancer treatment (28). Almedia et al. concluded in their research that emotion-focused therapy is an appropriate intervention to address these concerns of people with cancer (29). Salari Rad et al. found that emotion-focused therapy was effective in reducing anxiety in women with cancer (30). Research by Eyni et al. showed that emotion regulation reduced death anxiety (30). The findings of Wallace-Hadrill and Kamboj showed that emotional change leads to a change in the perspective of others and the world (31), and a person's relationship with others becomes more favorable.

Conclusion

In general, the results indicated that emotion-focused therapy had a significant effect on reducing anxiety, stress, and depression in cancer couples, with a confidence level of 95% and $p<0.05$. By creating a safe space to resolve past wounds and injuries, awareness, expression, and acceptance of repressed emotions, the developed package based on emotion helped to build a new meaning for life while resolving emotions caused by mental turmoil and anxiety through a different perspective.

Ethical Considerations

The research was conducted under the Code of Ethics (IR.PNU.REC.1402.407) granted by Payam-e Noor University.

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Conflict of Interest

The authors declare no conflict of interest.

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