

# Effects of Gestalt Group Therapy and Reality Therapy on Perceived Self-Efficacy in Women with Breast Cancer

Iman Nazari<sup>1</sup>, PhD Candidate;  Behnam Makvandi<sup>2\*</sup>, PhD;  Naser Saraj Khorrami<sup>3</sup>, PhD; Alireza Heidari<sup>2</sup>, PhD

<sup>1</sup>Department of Health Psychology, Khorramshahr International Branch, Islamic Azad University, Khorramshahr, Iran

<sup>2</sup>Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran

<sup>3</sup>Department of Psychology, Dezful Branch, Islamic Azad University, Dezful, Iran

\*Corresponding author: Behnam Makvandi, PhD; Department of Psychology, Ahvaz Branch, Islamic Azad University, Postal code: 68875-61349, Ahvaz, Iran. Tel: +98 61 33348420; Fax: +98 21 33329200; Email: makvandi203@gmail.com

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## Abstract

**Background:** Considered as a major health concern worldwide, breast cancer (BC) is the most prevalent cancer among women. The present study aimed to investigate the effects of gestalt group therapy and reality therapy on perceived self-efficacy in women with BC.

**Methods:** This quasi-experimental research adopted a pretest and posttest with a control group and follow-up period. The statistical population included all the women with BC visiting the subspecialty clinic of cancer in Yasuj, Iran, in 2021. We selected 60 patients via convenience sampling method. Afterwards, using a random number table, we placed them in two experimental groups and a control group (n=20 women in each group). The first experimental group received gestalt therapy (10 sessions of 60 minutes; once a week) while the second experimental group received reality therapy (based on choice theory) (10 sessions of 60 minutes; once a week). The control group was placed on the waiting list. We used the general self-efficacy scale for data collection. The data were analyzed with repeated measures ANOVA in SPSS version 25.

**Results:** Mean and standard deviation of the perceived self-efficacy for gestalt therapy, reality therapy, and control groups in the posttest were  $52.06 \pm 8.83$ ,  $55.93 \pm 8.66$ , and  $39.33 \pm 7.56$ , respectively. The results indicated that the gestalt group therapy and the reality therapy affected the perceived self-efficacy of women with BC ( $P < 0.001$ ). Moreover, the findings depicted no significant differences between the gestalt group therapy and the reality theory. The effects persisted in the follow-up ( $P < 0.001$ ).

**Conclusions:** According to the results, the gestalt group therapy and the reality therapy could improve the psychological capacity and adaptability of women with BC in different personal and social aspects. Hence, psychotherapists are advised to employ gestalt group therapy and reality therapy in counseling centers in order to enhance perceived self-efficacy in women with BC.

**Keywords:** Breast cancer lymphedema, Self-efficacy, Gestalt therapy, Reality therapy, Women

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## 1. Introduction

Although breast cancer (BC) is the most prevalent cancer among women worldwide, it is one of the most curable ones. As a result of the high prevalence and curability of BC, many patients can now be treated and survive for a long time. However, they need support after diagnosis, during treatment, and after treatment (1, 2). Threatening a patient's independence and ability to play a major role in the family and society, this condition makes the patient feel lack of competence and self-confidence (3). Research has shown that fear of death, body image disturbance, sexual dysfunctions, pain and suffering caused by the disease, and worry about the future of the family are among the factors disrupting the mental wellbeing of BC patients (4-6). As a result, patient's perceived self-efficacy is

affected and changed by cancer (7).

Perceived self-efficacy is defined as the ability to reach personal goals while maintaining positive social relationships (7). According to Kaeppler and Erath, (8) perceived self-efficacy is a set of cognitive, emotional, behavioral, and motivational skills that people need to succeed in making psychological and social adjustments. It also enables people to achieve their goals by considering the needs of others. Perceived self-efficacy plays a more central role than other characteristics in people's motivation and behavior. In other words, those who strongly believe in their abilities will be more diligent and persistent in doing their tasks whereas those who doubt their abilities will give up and cease to do their tasks. Hence, perceived self-efficacy is considered as people's driving force (9). Gestalt therapy is among

the group therapies known to be efficient in treating many psychological disorders (10).

Gestalt therapy was designed to emphasize a person's awareness of their relationships with themselves, with others, and with the world. This therapy results in positive outcomes for patients with psychological disorders. Likewise, it is helpful for individuals who disagree with the system of social values and have low levels of verbal skills (11). Gestalt therapy has attracted the interest of researchers owing to its persistence on the responsibility of individuals and their responsiveness to important life events. Furthermore, this method is known to be helpful since it facilitates emotional decision-making in group work, and encourages individuals to search for intrinsic support rather than extrinsic support and to achieve personal self-determination (12). If people face their emotions and deal with them, they will gain greater awareness of their behaviors (13). Gestalt therapy helps people leave behind self-deceptive games, defense mechanisms, as well as known layers, and encourages them to show feelings that they have never experienced directly (14).

Reality therapy based on choice theory is another effective and useful treatment for people's psychological problems. It is mainly aimed at stimulating patients to take practical actions in order to change the current unwanted situations (15). The basic psychological needs of human beings are love and belonging, power (progress/merit), freedom (independence), and fun (pleasure). Meanwhile, survival is considered to be the only basic physiological need. Every single human being possesses these five basic needs; however, their level of importance and priority differ from person to person, one or more of these five needs are more important than other according to every individual. If these needs are properly met, pleasant feelings are formed in an individual. Nonetheless, if a person fails to satisfy these needs, unpleasant feelings are formed in them (16). Karimyar Jahromi and colleagues (17) reported that reality therapy was effective in reducing stress and improving hope in addicts. Fereidouni and colleagues (18) also showed that this method of therapy increased students' happiness and self-esteem. Sade and colleagues (19) reported that teaching choice theory and reality therapy was effective in reducing aggression and negative emotions in teenagers. Various

studies have highlighted the effectiveness of the reality therapy approach in various areas, such as improvement of happiness and responsibility of mothers with autistic children (20), enhancement of marital satisfaction and sexual self-esteem, mitigation of marital conflicts of women filing for divorce as well as their conflicts in marital quality and intimacy (15) improvement of low libido and sexual intimacy and satisfaction in couples, and mitigation of marital conflicts and establishment of intimate relationships (21). Since cancer does not only attack the body, but also endangers a person's spirit and psyche, the continuation of treatment and recovery largely depends on the person's mental health. The conditions and psychological problems of women with BC necessitate the use of educational and psychotherapy interventions to solve psychological problems and improve their cognitive, emotional, and behavioral skills for psychological and social adaptation. Accordingly, the present study aimed to investigate the effectiveness of gestalt group therapy and reality therapy on perceived self-efficacy in women with BC in Yasuj, Iran.

## 2. Methods

This quasi-experimental research adopted a pretest and posttest with a control group and a follow-up period. The statistical population included all the women with BC visiting the subspecialty clinic of cancer in Yasuj, Kohgiluyeh and Boyer-Ahmad province, Iran, in 2021. Convenience sampling was employed for selecting 60 participants based on the inclusion and exclusion criteria. Written informed consent was obtained from the participants, following which they were randomly assigned into two experimental groups and a control group (n=20 per group). The adequacy of the sample size was confirmed through G-Power software ( $\alpha=0.05$  and power test=0.90). The mean and standard deviation in the experimental and control groups were  $53.99\pm 8.74$  and  $39.33\pm 7.56$ , respectively (22). The inclusion criteria were as follows: breast cancer, no other intervening or aggravating physical conditions, a minimum education of junior high school, and no serious psychiatric disorders. Furthermore, the exclusion criteria were as follows: failure to maintain proper participation (more than two absences in the therapeutic sessions), unwillingness to continue participation, relapse during research, and development of physical or psychological disorders.

## 2.1. Research Instruments

**2.1.1. The general self-efficacy scale (GSES):** In the present study, we used GSES for measuring perceived self-efficacy in women with BC. The GSES was designed by Sherer and co-workers, consisting of 17 items. Sherer and colleagues (23) believed that this scale measures three aspects of behavior, namely desire to initiate behavior, diligence to complete the behavior, and attempts to overcome obstacles. This instrument is scored on a five-point Likert scale. The score ranges from 17 to 85, with high scores indicating high levels of self-efficacy. Farnia and colleagues (24) reported Cronbach's alpha coefficient of 0.94 for the scale. In this study, we asked 10 experts to assess the validity of the Persian version of the GSES (content validity ratio (CVR)=0.89 and content validity index (CVI)=0.92). The reliability of the GSES was also assessed and its Cronbach's alpha coefficient was 0.88.

## 2.2. Procedure

After obtaining the necessary permissions from the university and holding a briefing meeting with the officials of Yasuj Cancer Clinic, the process of conducting the research began. Following sample selection, a briefing session was held and the objectives of the research were explained to the participants. For random allocation, based on the table of random numbers, 40 participants were assigned to the experimental group and 20 were randomly assigned into the control group. In the next stage, the participants of the experimental groups were again randomly divided into two experimental groups of 1 and 2. The pretest step

was implemented before we had performed therapeutic interventions in the experimental groups and the control group. Meanwhile, the posttest commenced after the intervention. The intervention sessions were conducted by a psychotherapist who had completed specialized workshops in the psychotherapy clinic of Yasuj city. The members of the first experimental group received 10 sessions of 60 minutes (once a week) of the gestalt group therapy (Table 1) (25), while the second one participated in 10 sessions of 60 minutes (once a week) of reality therapy (Table 2) (26). The control group; however, did not receive any of the above-mentioned interventions. After the intervention sessions, all the three groups entered the posttest. Finally, all the participants were followed up after one month.

## 2.3. Statistical Analyses

For data analysis, we utilized the repeated measures ANOVA in SPSS version 25. The Shapiro–Wilk test was conducted to test the normality of the distribution of the variable (perceived self-efficacy) in the groups. Levene's test was employed for analyzing the equality of variances. We also used the post hoc LSD test for determining the differences between the groups.

## 3. Results

We recruited 60 women with BC, with a mean age of  $47.39 \pm 7.67$  years (Figure 1). In terms of marital status, 40.0% of the participants were single while 60.0% were married. Table 3 represents the comparison of the demographic characteristics of the experimental and control groups. This

**Table 1:** A summary of the gestalt group therapy sessions

Session	Contents
1	Conducting the pre-test and introducing the philosophy of gestalt group therapy; reaching awareness and a brief introduction of the goals and techniques of the future sessions
2	Helping each participant reach awareness and take responsibility for their thoughts and feelings, find unity of thoughts and feelings and recognize projective identification
3	Experiencing the present time based on here and now; helping an individual become aware of their body image and hearing the participants' definitions of human nature
4	Reviewing everything that was worked on in the groups in the previous sessions
5	Completing incomplete sentences, working on contradictory poles, listening to dialogs between opposing poles
6	Making the participants aware of their deniable components of personality, knowing about all internal dimensions, using the empty chair technique and role reversal
7	Working on unfinished business and situations using the empty chair technique and daydream techniques
8	Expressing positive and negative feelings and emotions based on the hot-seat technique and the Gestalt Cycle of Experience
9	Summarizing the techniques used in the previous sessions
10	Following up feelings, awareness, and experiences and conducting the post-test

**Table 2:** The contents of the reality therapy sessions

Session	Goals	Contents
1	Establishing emotional relationship and initial evaluation	Making introductions between the members of the group, introducing the goals of the sessions, stating the group rules, emphasizing establishment of good relationships with the participants, conducting the pre-test
2	Identifying the current problem	Analyzing demands of the members, discussing general behavior, focusing on current behavior, determining goals of the participants
3	Identifying the actions taken to solve the problem	Analyzing demands of the members, discussing the current behavior, focusing on the current behavior, determining the goals of the individual
4	Evaluating the current actions and behaviors or value judgment concerning behavior	Studying previous failures or choices, analyzing individual behavior and the quality of the current flow of life, expressing the concepts of the reality therapy
5	Identifying needs and importance of responsible behavior in reality therapy	Planning to behave responsibly with an emphasis on intrinsic control, regaining the control of life with an emphasis on one's own life, identifying the needs related to survival of love, feeling of belonging, power and value, freedom, and fun and the necessity of satisfying them effectively
6	Studying alternative options and choices	Helping develop realistic plans and encouraging the testing of the alternatives, starting with simple commitments and using them as the basis for the next stages, planning a road map to actualize the desires and emphasize useful, rational, and practical plans, using techniques such as role-playing, rational discussions, and encounters, changing negative thoughts to positive ones
7	Designing the plans that can help solve the problem	Helping develop realistic plans and encouraging the testing of the alternatives, starting with simple commitments and using them as the basis for the next stages, planning a road map to actualize the desires and emphasize useful, rational, and practical plans, using techniques such as role-playing, rational discussions, and encounters, changing negative thoughts to positive ones
8	Gaining commitment from the participants to pursue and follow up the program	Discussing the fact that every action and decision in the world has its specific outcomes (i.e., logical and inevitable outcomes of behaviors), gaining commitment to implement realistic programs and their different methods of achieving what they want, (the members value their relations and involvement with others)
9	Developing a structure for evaluating the process of implementing the program	Refusing excuses, repeating value judgment for the plans that the participants did not follow; refusing punishments (because they harm cordial relations and create unsuccessful identities), encouraging participants to reevaluate, replan, and recommit themselves, revising the previous plans that were unsuccessful.
10	Summarization and making final conclusions	Giving summaries of the previous sessions (by the participants), analyzing assignments and feedbacks, drawing a final conclusion; conducting the post-test and ending the session

**Table 3:** Demographic variables of women with breast cancer

Variables		Gestalt therapy	Reality therapy	Control	P
Mean±SD age (years)		46.32±7.71	48.18±6.37	47.38±6.88	0.41
Duration of illness (years)		2.89±1.42	3.45±1.70	3.30±1.29	0.26
Education	Middle School	6(30.0%)	8 (20.0%)	7 (17.5%)	0.94
	High school	8 (40.0%)	7 (17.5%)	6 (15.0%)	
	Academic	6 (30.0%)	5 (12.5%)	7 (17.5%)	
Marital status	Married	11 (55.0%)	13 (65.0%)	13 (65.0%)	0.75
	Single	9 (45.0%)	7 (35.0%)	7 (35.0%)	
Employment status	Employed	6(30.0%)	7 (35.0%)	6(30.0%)	0.82
	Housewife	14 (70.0%)	13 (65.0%)	14 (70.0%)	

comparison showed no significant differences between the experimental and control groups. Moreover, Table 4 reports the means and standard deviations of perceived self-efficacy in the gestalt therapy, reality therapy, and control groups in the pretest, posttest, and follow-up.

According to the results of the Shapiro–Wilk test, this variable followed a normal distribution

in the research sample. The results of Levene's test indicated no significant differences between the experimental and control groups concerning the variances of the research variables ( $F=2.91$ ,  $P=0.089$ ). Hence, the equality of the variances was confirmed. The results of Mauchly's test proved that the assumption of equality in variances of the dependent variables was not followed in the three measurement steps. According to the results,

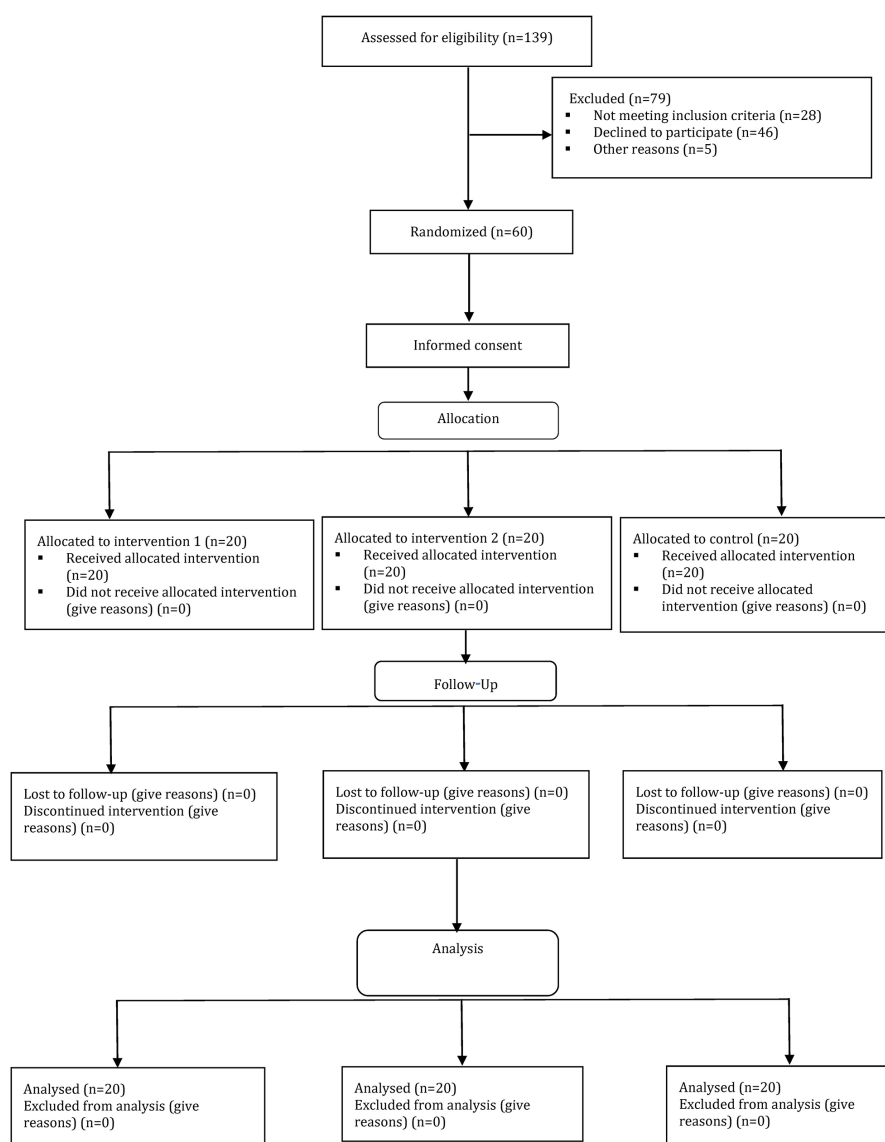


Figure 1: The figure shows the CONSORT flow diagram of research.

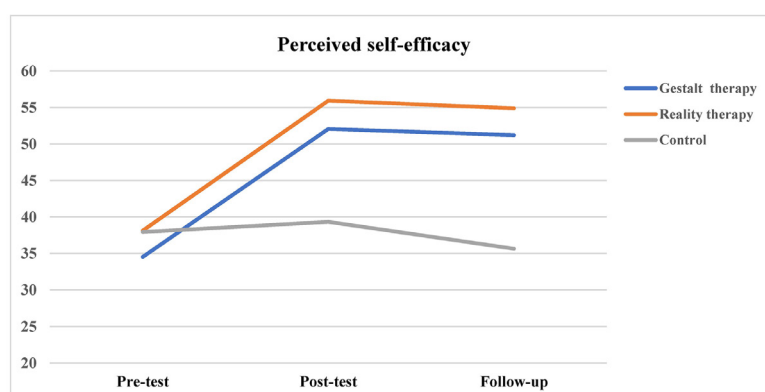
Table 4: Mean±SD of studied variables in the experimental and control groups

Dependent variable	Phases	Gestalt therapy	Reality therapy	Control	P (between group)
		Mean±SD	Mean±SD	Mean±SD	
Perceived self-efficacy	Pre-test	34.53±8.90	38.13±9.89	37.93±6.85	0.23
	Post-test	52.06±8.83	55.93±8.66	39.33±7.56	<0.001
	Follow-up	51.20±9.02	54.90±8.46	35.65±9.30	<0.001
P (within groups)		0.001	0.001	0.38	-

the sphericity assumption was violated in the intervention (P=0.004); therefore, it is essential to conduct the moderated analysis of variance using the Greenhouse–Geisser epsilon ( $\epsilon=0.32$ ).

The results of the repeated measures ANOVA suggested that the sphericity assumption was violated. According to the results, the effects of time on perceived self-efficacy were significant (F=56.72, P<0.001); that said, there were significant

differences between the estimated means of the perceived self-efficacy scores obtained from the pretest, posttest, and follow-up. The results of the repeated measures ANOVA in the different groups indicated that the effects of the group (the gestalt therapy, the reality therapy, and the control groups) on perceived self-efficacy were significant (F=34.92, P<0.001). In other words, the estimated means of the perceived self-efficacy scores significantly differed between the gestalt therapy, the reality



**Figure 2:** The figure shows the comparison of the mean of perceived self-efficacy scores between the three groups in three evaluation phases.

**Table 5:** Results of pairwise comparison of the perceived self-efficacy in the post-test

Variables	Groups	Mean difference	SE	P
Perceived self-efficacy	Gestalt therapy - Control	-12.73	2.60	0.001
	Reality therapy - Control	-16.60	2.57	0.001
	Gestalt therapy - Reality therapy	3.87	2.76	0.169

therapy, and the control groups (Figure 2).

We used the LSD post hoc test for determining the differences between the groups in the posttest phase. According to the results, both intervention groups, receiving gestalt group therapy and reality therapy, significantly differed from the control group concerning perceived self-efficacy ( $P < 0.001$ ). In fact, the two interventions improved the perceived self-efficacy of women with BC. The comparison of the means revealed no significant differences between the gestalt group therapy and the reality therapy group in terms of effectiveness ( $P = 0.169$ ) (Table 5).

#### 4. Discussion

The present study aimed to investigate the effects of gestalt group therapy and reality therapy on perceived self-efficacy in women with BC. The findings indicated that the gestalt group therapy and the reality therapy affected the perceived self-efficacy of women with BC, with no significant differences between the gestalt and reality therapies. The results of this study are implicitly consistent with those reported by previous studies (10, 18). Leung and Khor (10) showed that gestalt therapy reduced anxiety in obese people. Moreover, Fereidouni and colleagues (18) found that reality theory positively affects individuals' self-esteem and happiness.

Perceived self-efficacy is a person's belief about

the successful implementation of behavior when they trust in their abilities to control feelings, emotions, and behaviors, and can affect the outcomes (7). People's level of trust in their self-efficacy determines whether they will test their ability to deal with difficult situations (9). Therefore, the severity of BC can be controlled by improving the psychological characteristics of the patients (27, 28). The very negative effects that BC has on the mood status of patients, causing mental exhaustion as well, can be controlled through gestalt group therapy and reality therapy. In fact, gestalt group therapy and reality therapy encourage individuals to change their relationships with thoughts and other internal experiences and see them as mental events that come and go one after the other. Individuals learn to consider thoughts, feelings, and memories as transient events.

To explain the results, it could be stated that gestalt therapy emphasizes awareness based on the present time as well as the integration of body, mind, and feelings. As a result, people can deeply experience the present time during the sessions and are able to become aware of their feelings, thoughts, and actions (10). This awareness is simply awareness of individual relationships with others and with the world around them and the attempts participants make to remove the obstacles in achieving this awareness. The key to happiness and satisfaction in gestalt therapy is to put an end to things causing sorrow and sadness. This requires

learning to let go of the past (14). The therapy is aimed at nonstop awareness of the present time, enabling an individual to understand how they, themselves, prevent their actions (11). Generally, verbal and nonverbal techniques are devised in gestalt group therapy to help individuals face problem and recover their identity and stability.

Gestalt therapy mainly concerns enhancing real perception and concentrating oneself and empowering the group to change and take on the responsibilities of their lives (25). Moreover, the ways of dealing with problems are analyzed directly during gestalt therapy sessions, and appropriate solutions are usually found to solve problems with psychological satisfaction. At the same time, this situation leads to intellectual order and cohesion, and mitigates emotional disturbance (12). Therefore, the controllability of emotional sources can be conducive to having better mental health and solving problems more calmly.

Reality therapy aims to help participants develop solutions that can generate a more positive quality of life. In reality therapy, the gradual discovery of exceptions in the lives of participants can infuse them with hope (16). This approach is based on the belief that talking about the causes of problems and their durations, and pointing to the difficulty of changing them, will often lead to increased hopelessness in the patients (19). Hence, making changes will become more difficult if not impossible. In other words, talking about how a patient wants to change problems and what they can do to make that happen will help them believe that change is possible and dependent on their choice (17).

#### 4.1. Limitations

This study was conducted on the BC patients in Yasuj, Iran, in 2021. Therefore, caution should be exercised in generalizing our results to other communities. We applied a quasi-experimental design, without the advantages of real experimental designs. One of the limitations of this study was the data collection tool, which in this study, was a self-report scale. Another limitation of this study was the time constraint that forced researchers to adopt intensive therapy sessions.

## 5. Conclusion

Gestalt group therapy and reality therapy

were found to improve perceived self-efficacy in women with BC. Therefore, psychotherapists at counseling centers are advised to employ these methods in order to enhance the perceived self-efficacy in women with BC. In fact, gestalt therapy and reality therapy mainly aim to help participants understand that they do not need to depend on others and can be independent. Hence, humans can attain awareness once obstacles are removed. The results of such studies are of great importance in preventing negative emotions and boosting positive ones in women with BC.

## Ethical Approval

The study was approved by the Ethical Committee of Islamic Azad University-Ahvaz Branch with the code of IR.IAU.AHVAZ.REC.1399.032. Also, written informed was obtained from the participants.

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**Conflict of Interest:** None declared.

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