The Effectiveness of Emotionally-Focused Therapy on Self-Efficacy of Children with Cancer

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Abstract

The present research was examined the effectiveness of Emotionally-Focused Therapy (EFT) on self-efficacy of children with cancer. This research was a quasi-experimental type with pretest and posttest and control group. In order to achieve research goals, 60 children with cancer who referred to private counseling centers in district 5, west of Tehran were selected by purposive sampling method. Of these, 30 were in the experimental group and 30 in the control group. All subjects completed the General Self-Efficacy (GSE) Scale and the Positive Feelings Scale. The people of the experimental group participated in nine 3-hour treatment sessions of emotionally-focused therapy. One week after the completion of the treatment sessions, the people in the experimental and control groups completed the mentioned scales. Independent test results for the mean pre-test and post-test scores in the experimental and control groups showed a significant difference between the two groups. This finding means that the emotionally-focused therapy approach has been effective in increasing self-efficacy and improving positive feelings of children with cancer.

Keywords: Emotionally-Focused Therapy, Self-Efficacy, Positive Feelings, Children with Cancer.

Introduction

The children cancer term refers to cases of cancer that are diagnosed in children under the age of 15 (Mirzaie et al., 2009). Cancer is the second cause of death in children under the age of 14 and about 4% of children mortality from 5 years and 13% of children aged 5-10 years in Iran (Modanloo et al., 2015). Despite significant advances in medical science, cancer remains one of the most important diseases of the present century, making it the second leading cause of death after cardiovascular disease in the world (Jemal et al., 2009)

and the third leading cause of death in Iran. About 30,000 people die of cancer in Iran every year (Marjani and Kabir, 2009). More than 7 million people worldwide are currently dying of cancer and are predicted that the number of new cases will increase from 10 million to 15 million annually by 2020 (Mardani Hamule and Shahraky Vahed, 2008). The process of disease and treatment in cancer patients has complications such as reduced life satisfaction, adaptability and self-confidence, increased emotional stress, anxiety, depression and mental disorders (Matthews et al., 2016; Mitchell et al., 2103), all of which have been reported to directly and indirectly reduces the sense of control and self-efficacy in these patients (Guarnaccia et al., 1996; Lev and Owen, 1998). In recent years, the survival rate of children with cancer has increased dramatically due to advances in the treatment of various cancers. In a study conducted by Farahmand et al. on the epidemiology of children cancer based on cancer registration data in Fars province, during 7 years of study (2001-2008), all registered cases were 2027 cases, of which the most common cancer was 87% for blood cancer and then cancer of the eye, brain, and other parts of the central nervous system and lymph nodes (Glajchen, 2004). Today, common cancers in children, such as acute lymphoblastic cancer, are between 70% and 80% treatable. Chemotherapy along with radiation therapy and surgery is one of the most common treatments for patients with malignancy. Chemotherapy has the greatest therapeutic effect in sick children, but chemotherapy as the main treatment has many side effects, which unfortunately are limited due to side effects. Home care is a key source of increased use of outpatient services in the treatment of cancer, which is also effective in increasing the survival of these patients (Grootenhuis and Last, 1997; Bandura, 1986). Since more than two decades of medical care have been shifted from the hospital to the home shift, more than 90% of cancer care and treatment is now done on an outpatient basis at home. One of the things that facilitates the transfer of hospital care to the home is the education of the patient and his/her family and other caregivers and their active participation in the provision of care (Modanloo et al., 2015). In response to the cultural needs of the society, the family has accepted the role of protecting and socializing its members and plays two distinct roles in one sense: one internal, which is the psychosocial support of the member, and the other external, that is, externalizing with culture and transfer it (Hosseini, 2010). Family members need to reorganize the roles of their interactive patterns and relationships at home and abroad and

strive to adapt to the new situation (Wu, 2009). Thus, organ function and ultimately the overall functioning of the family are affected (Modanloo et al., 2015). Increasing pressure on caregivers will lead to consequences such as family isolation, despair of social support, disruption of family relationships and poor patient care, and ultimately abandonment of the patient (Garra et al., 2010).

One of the concepts of empowerment model is self-efficacy (Modanloo et al., 2015). The concept of self-efficacy was first defined by Bandura as the ability to perform a specific activity and expect to be able to perform a certain behavior successfully. The concept of self-efficacy is formed around the social cognitive theory of a psychologist named Albert Bandura, which emphasizes the role of visual learning, social experience, and mutual determinism in personality development. In othe rwords, the concept of self-efficacy is the ability to do something or achieve a goal that produces a specific outcome. Also, a strong sense of self-efficacy, has a significant impact on performance, feelings and emotional states, and creates a state of stability in patients' emotions, experiencing behavioral change. Empowerment is one of the important measures of nursing in order to attract the participation and training of patients and their caregivers (McCarroll et al., 2014). Empowerment as a participatory educational approach requires looking at the family and its needs as the center and core of care. How to help individuals and families play an important role in health care. Studies have shown that higher levels of self-efficacy lead to better emotional health, increased adaptability and stress reduction, improved health care outcomes, success in achieving desirable behavioral changes, and improved performance in mental and motor tasks (McCarroll et al., 2014). According to Bandura's theory, an individual's attitudes and behaviors, cognitive abilities, and cognitive skills all form components of a system called the self-system. This system plays an important role in how we perceive as well as how we interact in different situations. Self-efficacy is one of the basic and vital components of the self-system. From Bandura's point of view, self-efficacy is the belief that a person has the ability to organize and implement the necessary actions in the situations ahead. In other words, self-efficacy is a person's faith in his or her ability to succeed in a given situation. Bandura sees such faith as a determinant of people's thinking, behavior, and emotions. Ever since Bandura published his paper entitled self-efficacy: towards a theory of integrating behavioral change, it has become one of the most

popular topics in psychology, and much research has been done on it. Self-efficacy affects everything from psychological states to behaviors that motivate. How does self-efficacy create? In fact, these beliefs are formed from early childhood and when the child is struggling with a variety of experiences, tasks, and situations. However, the growth of self-efficacy does not stop at a young age, but continues throughout life and with the acquisition of new skills, experiences and various perceptions.

Some researchers have envisioned a general concept of self-efficacy. This concept refers to a person's overall confidence in the ability to go beyond a wide range of new desires or situations. General self-efficacy is based on clarifying one's worth and ability to cope effectively with many stressful situations. Today, self-efficacy beliefs are considered as one of the most important and main factors in explaining human behaviors. The role of self-efficacy beliefs in human performance is that the level of motivation, desirable conditions, and actions of individuals are based more on what they believe than on what is really true (Parhiz et al., 2016). Therefore, how humans behave can be better predicted by their beliefs about their abilities than by what they are really capable of doing. Self-efficacy beliefs help us determine what do people with knowledge and skills do? Self-efficacy has much in common with the motivation for internal dominance. In self-efficacy, the belief is that I can but in helplessness is that I can't. Students with high self-efficacy with statements like I know that I will be able to learn the topics of this course and I expect that I will be able to do well in this activity. Research has shown that self-efficacy can predict a person's performance and change as a result of learning, experience, and feedback. The rate of change in self-efficacy is directly related to a person's behavior. At the same time, many factors such as personal knowledge, physical condition, self-confidence, interpersonal environment, time in accessing the complexity of tasks and stress can affect self-efficacy as well as the resulting behavior (Parhiz et al., 2016). People with high self-efficacy will have more stability and confidence than people with low self-efficacy in dealing with difficult situations (Valizadeh et al, 2014; Eiser and Morse, 2001).

Research in cancer patients has shown that interventions to increase self-efficacy increase productivity and reduce symptoms (Penson et al., 2003). In patients with head and neck cancer, higher physical self-efficacy has led to longer survival and reduced disease

recurrence (Mikkelsen et al., 2014). In a study of the side effects of chemotherapy in adolescents, 59% said that the anti-cancer side effects were worse than the cancer itself (Modanloo et al., 2015). A study by Kook Ben Wood in the United States found that about 50% of patients develop some degree of oral mucositis (Ammentorp et al., 2007). Another study reported the most common gastrointestinal side effects, including nausea and vomiting, oral plague, diarrhea, and edema (Ammentorp et al., 2007). Chronic illness in one of the children of the family can be a crisis for the whole family and affect all members of the family (Modanloo et al., 2015; Elahi Asgarabad et al., 2014). In a heterogeneous sample of cancer patients, self-efficacy shows a direct and positive relationship with patients' mood and quality of life (Ammentorp et al., 2007). Numerous other studies show that lower distress and higher adaptability are closely related to patients' self-efficacy (Hsiao-Wei et al., 2016; Blackburn and Owens, 2015). Understanding higher self-efficacy increases the compatibility of cancer patients with their disease and improves quality of life and reduces psychological problems (Phillips and McAuley, 2014; Li and Cheung, 2015) and improves patients' emotional states (Koopman et al., 2002; Palesh et al., 2006). Therefore, it is important to study the level of self-efficacy of these patients.

As emotions play a central role in self-efficacy, the emotionally focused approach is employed as short-term structured counseling of 9-20 sessions. This technique is used because it is a branch of coupletherapy and because it takes advantage of emotions to develop the process. This method addresses communication disorders, and persuades people to express their emotions and talk over them. There are a variety of practices to cope with psychological reactions of self-efficacy of children with cancer, among which is emotionally focused therapy which merges three approaches of systematic, humanistic (empiricism) and attachment theory. One of the therapeutic approaches to self-efficacy problems is emotionally-focused therapy developed by Johnson and Greenberg (1985), in response to the lack of active and efficient interventions (Johnson and Greenberg, 1994). This lack was more and more felt in the field of humanism, because in those days behavioral interventions were the dominant therapeutic element. Hence, this approach is called emotionally-focused, emphasizing the key role and importance of emotion-driven interactions in organizing interactive patterns. According to the proponents of this approach, the contribution of emotions to creating important experiences that people have

in intimate relationships was severely neglected. Another hypothesis of emotionally-focused therapy is that emotions are not only a key factor in self-efficacy, but also a powerful and often necessary element to create the change in dysfunctional relationships. Until then, the need to focus on the emotion and power that this issue has in generating positive change has never been so prominent in self-efficacy of children with cancer literature. In criticizing the neglect that has always existed in this regard, Johnson has condemned the children with cancer's therapy as emotion-phobia. He argued that, with very few exceptions, the therapists have considered the emotion as a complex and secondary body which primary origin is cognitive issue, and that sometimes behavior has been considered as the force in the treatment of children with cancer or a factor of prohibition of the change. It is clear that such perceptions have never diminished the value of the role that emotion plays in self-efficacy communications, and ultimately led emotion-focused professionals to speculate that efficient cognitions and actions are the product of emotion management, not their source. Research findings from the last decade are proof of this claim. Emotionally-focused therapy is a short-term structured approach of approximately 8 to 20 sessions in children with cancer therapy and family therapy based on clear concepts of children with cancer discomfort (Johnson & Greenberg, 1985). The main hypothesis of emotionally-focused therapy is that emotion at the beginning of self-construction is the foundation and determinant of self-organizing (Jahnson et al., 2013). Emotionally-focused therapy is a constructive approach in which clients are regarded as professionals in their own experiences. Given the major role of emotions in attachment theory, emotionally-focused therapy emphasizes emotions and employs them to organize interaction patterns (Johnson and Greenberg, 1985). Hence, emotionally-focused therapy concentrates on the emotional relationship of children with cancer as a basis to tackle their problems. Key elements, such as needs and fears caused by the attachment, are revealed and criticized during treatment sessions (Table 1).

To achieve these goals, emotionally-focused therapy was integrated key elements in client-centered treatment with the principles of general systems theory (Johnson et al., 2006). Such integration was seen in structural family therapy techniques (Johnson et al., 2006). Johnson et al. (2006), studying the resolution of attachment traumas in children with cancer using emotionally-focused therapy, concluded that children with cancer are considerably

more attached and have more thorough levels of experience compared to undetermined ones. They also make some progress in self-efficacy. Such results support the resolution method of attachment trauma and suggest that emotionally-focused couple therapy is quite beneficial for children with cancer. The theory of attachment supports emotionally-focused therapy with the non-causal theorical concept in order to understand the importance of emotional communications, reciprocity, and intimacy in adulthood (Javidi et al., 2012). Therefore, the goal of emotionally-focused therapy is to reconstruct interactions by helping children to access basic emotions and the underlying needs of self-supportive reactions, thereby creating new cycles of self-efficacy issue. Emotionally-focused therapy approach focuses on emotion of children with cancer to address their problems and manage their emotions better. Revealing emotions and attachment needs as well as responding to intimate children with cancer needs are essential to construct an emotional communication and it is the basis of the process of change in emotionally-focused therapy (Greenberg and Goldman, 2007). Thus, children with cancer' problems are not only due to a lack of skills, but also to the resolution of their early attachment experiences (Clulow, 2006). The main purpose of this approach, therefore, is to help couples identify and express each other's core needs and desires and concerns. The empirical approach at emotionally-focused therapy emphasized the role of each children with cancer's emotional experiences and its systematic approach on the role of interactive cycles in problem retention. Thus emotionally-focused therapy integrated the intrapersonal and interpersonal worlds (Johnson, 2004). The change in emotionally-focused therapy is that the emotional responses underlying the interaction are discovered, experienced and re-processed, resulting in new interactions. Achieving and discovering this emotional experience is not about imagination and insight, but about experiencing new aspects of the self that trigger new responses from the children with cancer (Mckinan, 2013). Therefore, the disclosure of emotions and attachment needs as well as the intimacy children with cancer accountability to these needs are essential to construct an emotional communication and are the basis of the process of change in emotionally-focused therapy (Greenberg and Goldman, 2007). Many studies have been conducted on the theory of self-efficacy in cancer patients, but very few studies have examined the effectiveness of emotionally-focused therapy on self-efficacy. Therefore, the

aim of the present study was to investigate the effectiveness of emotionally-focused therapy treatment on the self-efficacy of children with cancer.

Table 1. Emotionally-focused therapy approach

Steps	Sessions	Description of sessions and therapeutic process
Step 1: Identification	1	Conduct pre-test Introduce members Investigate company motivation Provide emotion definition and its application Assignment: Paying attention to pleasant emotional states (happiness, joy, and pleasance) and to certain unpleasant moods, alertness, sadness, jealousy and anxiety.
	2	Accept and reflect on children with cancer's common interactive and emotional experiences Doiscover the problem drug interactions and identify disturbing negative interactive cycles Determine the relationship of children with cancer's responses to children with cancer's level of attachment Assess the problem and obstacles to attachment Create a therapeutic agreement
	3	Create a secure communication space for children with cancer Discover and identify basic and unexplained feelings Express pure feelings and emotions View how each children with cancer of scenario interacts) Discover the basic fears and insecurities in couple communication Help the children with cancer to experience emotions again Assignment: Re-experiencing interactions with expressing pure feelings
Step 2: Change	4	Encourage each children with cancer to engage emotionally with the other in the session Reform the interaction cycle Clarify key emotional responses

		Coordination between therapist and children with cancer diagnosis Accept the interaction cycle by children with cancer
	5	Deepen the conflict with emotional experience, Focus on yourself to the other Promote new ways of interacting Express wishes and demands in the presence of children with cancer
	6	Extend the acceptance experienced by each children with cancer Symbolize wishes, especially suppressed wishes Assignment: Writing questions by children with cancer
Step 3: Consolidation	7	Facilitate the expression of needs and desires to reconstruct interactions based on perceptions Interactions, change the damaging behavior Reconstruct as well as facilitate new locations for old problems Answer the children with cancer's questions
	8	Consolidate the current created cycle Children with cancer heartfelt engagement, acceptance of new status Review the key learning of treatment by children with cancer Discuss the positive and negative points of implementation of the training plan Conduct post-test

Research Method

Population, Sample and Sampling Method

The present research is a quasi-experimental study with pre-test and post-test with control group. In this research, the members are divided in two experimental and control groups. Then, by performing the independent variable, the subjects are measured in the pre-test and post-test by the selected instrument. The statistical population of this research was children who went to private counseling centers in Distric 5, west of Tehran from April 9, 2017 to March 10, 2020 due to cancer and to solve their problems. The sampling method was

purposive sampling. After visiting private counseling centers in west of Tehran and session with some subjects, children with cancer were detected in the referring children. The sample size of this research consisted of 30 children with cancer. The criteria for entering from research were the desire to attend training sessions, being a children, having no history of psychiatric disorder based on clinical interview, having at least one year of cancer, and having at least a high school diploma. The criterion for exiting from research was the unwillingness to continue to cooperate. The scales and therapeutic programs developed was used to collect data.

Research Tools

- General Self-Efficacy Scale: This scale is a self-report measure of self-efficacy. The General Self-Efficacy Scale is a 10-item psychometric scale that is designed to assess optimistic self-beliefs to cope with a variety of difficult demands in life. Perceived self-efficacy is a prospective and operative construct The General Self-Efficacy Scale is correlated to emotion, optimism, work satisfaction. Negative coefficients were found for depression, stress, health complaints, burnout, and anxiety. Subjects are asked to state their sef-efficacy, with numbers ranging from 1 (for not at all true) to 4 (for exactly true). The total score is calculated by finding the sum of the all items. For the GSE, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy. The questionnaire consisted of 17 questions on a Likert scale (completely disagree: 1, disagree: 2, I have no idea: 3, agree: 4, completely agree: 5). No questions from 17 questions did not require a change in scoring. The scores below 0.1 and above o.1 were considered as average self-efficacy and good self-efficacy.
- Positive Feelings Scale: This scale is a 17-question tool designed to measure the feelings. This Scale was prepared in two parts including 8-question and 9-question. Subjects are asked to state their overall feelings, with numbers ranging from 1 (for severe negative feeling) to 7 (for severe positive feeling). The total score of the Scale is easily obtained with the sum of the questions value. Reliability of this Scale was reported %94 by a re-test in 2 to 3 weeks. The internal consistency of the scale in Iran

is estimated at 89%. This Scale has a very good concurrent validity with regard to its significant correlation with self-efficacy.

Execution Method

After selecting the sample (n= 60), the subjects were randomly assigned into two control and experimental groups, and they were invited to participate in the briefing session. It is worth noting that the researcher had many difficulties in persuading people to participate in the project, and some were not convinced by a session to conduct the research. In some cases, they did not have the confidence to participate in the project and work with the counselor and refused to accept treatment. In this case, the researcher was able to encourage these children and families to participate in the research by a wide range of the benefits of such sessions and to try to convince them to hold their sessions in a timely manner and to use a nearby counseling center to facilitate their commute. And the researcher pointed out that while collaborating on this project, they should have no other treatment, or be in touch with another therapist, but after completing the project, the control group, if interested, can use this approach for free, while the experimental group can continue their treatment.

At the end of the session, the subjects completed the self-efficacy scale and the positive feelings sccale according to the researcher's guidance. One week after the briefing session, the first therapy session was held for subjects. Given the importance of the project to the researcher, subjects were required to make a moral commitment to attend the full 9 sessions of therapy, and if they could not attend one session, they would be required to set a different date for that session. To this end, individuals completed and signed a previously prepared consent form. Individuals attended therapy sessions once a week, each session lasting 5 hours. One week after the sessions, all members of the experimental and control group were asked to complete the General Self-Efficacy scale and the positive feelings sccale again.

Findings

The mean and standard deviation of the two experimental and control groups in the two variables of self-efficacy and positive feelings in pre-test and post-test are shown in Table

2. There was no significant difference between the two groups in the pre-test but the experimental group showed a significant increase in the post-test.

Table 2. Mean and standard deviation of experimental and control group scores on research variables

Standard Deviation		Mean		Number	Groups	
Post-test	Pre-test	Post-test	Pre-test			
10.24	9.14	96.75	84.65	30	Experimnetal	Self-efficacy
7.72	7.81	86.18	83.15	30	Control	
11.23	8.43	90.05	83.9	60	Total	
5.83	6.83	99.1	83.85	30	Experimnetal	Positive feelings
4.9	5.25	84.9	83.1	30	Control	
11.8	6.9	88.6	83.5	60	Total	

As can be seen in Table 3, the mean scores obtained in the pre-test and post-test by the two experimental and control groups were 96.75 and 83.35, respectively, and their standard deviation were 10.24 and 4.74, respectively. Statistical t-test with a value of 4.67 and degree of freedom of 10 showed a significant difference between the two groups with a confidence level of 0.99, and emotionally-focused therapy approach increased self-efficacy in children with cance

Table 3. Comparison of experimental and control groups in self-efficacy variable

Significance Level	df	Table T	Calculated T	Standard Deviation	Mean	Number	Groups
%1	10	1.812	4.67	10.24	96.75	30	Experimnetal group
				4.74	83.35	30	Control group

As can be seen in Table 4, the mean scores obtained in the pre-test and post-test by the two experimental and control groups were 99.1 and 84.9, respectively, and their standard deviation were 5.83 and 4.9, respectively. Statistical t-test with a value of 3.82 and degree of freedom of 10 showed a significant difference between the two groups with a confidence level of 0.99, and emotionally-focused therapy approach increased the positive feelings in children with cance

Table 4. Comparison of experimental and control groups in in the variable of positive feelings

Significance Leval	df	Table T	Calculated T	Standard Deviation	Mean	Number	Groups
%1	10	1.812	3.82	5.83	99.1	6	Experimnetal group
				4.9	84.9	6	Control group

Also, the results of significant multivariate covariance analysis tests, such as the Pillai's trace and wilks' lambda criterion, indicated that the experimental and control groups differed in at least one dependent variable. To investigate MANCOVA's assumptions, homogeneity of pre-tests and post-tests was first calculated. The results showed that there was no difference between pre-test and post-test for self-efficacy and the positive feelings in experimental and control groups. Also, the significance level for self-efficacy and the positive feelings indicated that the gradient between the pre-test linear combination and the post-test linear combination was the same for the experimental and control groups. Accordingly, the most important condition for analysis of covariance is that the pre-tests and post-tests are the same. To understand this difference, two univariate covariance analyzes were performed in the MANCOVA, the results of which are presented in Table 5.

Table 5. Results of the analysis of univariate covariance in the MANCOVA on the mean of post-test scores of self-efficacy and feelings

Significance Level	F	Mean squares	Freedom Degree	Sum of squares	Changes source
<0.001	65.89	291.97	1	291.97	Positive feelings
<0.001	58.92	398.34	1	398.34	Self-efficacy

Table 5 shows that there was a significant difference between the two groups in terms of self-efficacy (F= 58.92) and the positive feelings (F= 65.89) at significance level of p <0.01.

Discussion

According to studies, patients who have been diagnosed with cancer have a high level of psychological distress (Kessler, 2002) and have more adaptability problems, regardless of the type of cancer and the progression of the disease (Lu et al., 2007), and as a result they show a lower level of self-efficacy (Lev and Owen, 1998; Fawzy et al., 1990). In this study, it was found that there is a negative relationship between the frequency of chemotherapy for cancer and the level of self-efficacy, so the higher the frequency of chemotherapy, the lower the level of self-efficacy. This is a confirmation of the results of Lev et al. (1999). But Akin et al. (2008) did not show a significant relationship between these two variables in their study (25). It is possible that the negative relationship between the frequency of chemotherapy and the level of self-efficacy of patients participating in this study could be due to the recurrence of chemotherapy and the patient's lack of awareness. Therefore, in explaining the research hypothesis, it is important that the emotionally-focused therapy approach is made possible by changing children with cancer styles and creating a secure communication space to better control the feelings and emotions and increase self-efficacy. Negative feelings about cancer also decrease self efficacy with each other and positive and reassuring feelings about the disease increase children satisfaction. Also, positive and calm feelings with confidence can prevent children burnout and strengthen their relationship

(Salimi et al., 2008). Therefore, enhancing positive feelings can greatly reduce the problem of illness in the children and can help to enhance self-efficacy. Erfani Akbari (1999) concluded that the emotionally-focused therapy approach has a good effect in this regard. Other findings of this study suggest that the effect of emotionally-focused therapy intervention on self-efficacy of children is desirable. Theoretical and empirical evidence suggested a general gender difference in that factors related to interpersonal emotions and relationships are more important. Kim (2005) also stated that successful functioning in children life is influenced by feelings improvement and self-efficacy, and required flexibility in structure, roles, and responsibilities in new developmental needs. This finding can be explained in terms of emotionally-focused therapy framework. One of the techniques implemented in this approach is constructive and proper relationship techniques. According to the emotionally-focused approach, emotion management improves communication patterns among childrens. Emotionally-focused therapy approach affects children with cancer' self-efficacy and their feelings towards each other through changing emotions and improving communication patterns and changing negative attitudes to positive. According to the findings of the present study, the research hypothesis of the effect of emotionally-focused therapy approach on self-efficacy and improvement of the positive feelings of children with cancer was confirmed. The researchers found that children with cancer who have a high level of security in their relationships and are able to control their feelings and emotions more strongly about cancer have higher levels of self-efficacy in their interactions.

Conclusions

The purpose of this study was to examine the effectiveness of emotionally-focused therapy on self-efficacy and positive feelings improvement of children with cancer. The present research was a quasi-experimental type with pretest and posttest and control group. The statistical population of this research was children with cancer along his/her families who went to private counseling centers in Distric 5, west of Tehran from April 9, 2017 to March 10, 2020 to solve their problems. The sampling method was purposive sampling. After referring to private counseling centers in Distric 5, west of Tehran, 60 children with cancer

were selected. All subjects completed the General Self-Efficacy (GSE) Scale and the Positive Feelings Scale. The people in the experimental and control group completed the mentioned scales after the treatment sessions. The research results showed that there is a significant difference between the two groups in the experimental and control groups, which indicates the positive effect of emotionally-focused therapy approach on increasing self-efficacy and improving positive feelings of children with cancer.

Limitations

The current research is one of the therapeutic methods for which homework was very useful for it, but due to the lack of knowledge of the subjects and longer time, more explanations were needed to optimally use this technique. Given that research has been conducted in several private counseling institutes in the district 5, west of Tehran, it is necessary to be cautious in generalizing the results to other cases and in other counseling centers and even hospitals will be carefully implemented and evaluated.

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