

Application Progress of Group Psychotherapy in Cancer Caregivers

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Abstract: Our research summarizes the status of group therapy's application in clinical practice which includes common treatment, shortcomings in cancer caregivers' field and some recommendations to improve the cognition of domestic nurses, our research will provide reference to domestic nurses for participating in group therapy efficiently.

Keywords: cancer; caregiver; group psycho-therapy; nursing.

I. INTRODUCTION

Cancer has become a common chronic disease that seriously endangers human health. According to the latest cancer report released by the National Cancer Center, the number of new cases of malignant tumors in 2014 was estimated to be 3.804 million, with an average of 7 people diagnosed with cancer every minute^[1]. Cancer patients bear the double pain caused by the disease and treatment, while cancer caregivers not only provide emotional and economic support for cancer patients, but also bear the uncertainty of the course of disease and the fear of losing family members^[2]. These pressures may lead to anxiety, depression and even damage to the health of the caregivers. In the survey on the burden of cancer caregivers, it was found that more than half of the caregivers had symptoms of anxiety or depression, and about 30% of the spouses of cancer patients also reported poor quality of communication with cancer patients^[3,4]. At present, the psychosocial interventions made by medical professionals for cancer caregivers include individual psychosocial interventions and group psychosocial interventions. Group psychosocial interventions, namely group psychotherapy, are widely used in the medical community because they can play a role in a short time and have low management costs^[5].

Group psychotherapy refers to the organization of patients together, in the form of group psychotherapy^[6]. At present, group psychotherapy used in the field of cancer caregivers mainly includes group psychoeducation therapy, mindfulness-based stress reduction therapy, comprehensive group therapy. Research has shown that Asian caregivers tend to seek mutual support from similar people in difficult situations, rather than seeking help from medical professionals, so group psychotherapy has a preference for attraction in Asian cultures^[7]. This article will review the current situation of group psychotherapy for cancer caregivers at home and abroad, so as to provide reference for clinical design or nursing selection in the future.

II. BODY OF ARTICLE

1. Cancer caregivers

1.1 Care load of cancer caregivers

Cancer patients bear huge physiological and psychological troubles, and the main caregivers bear physiological, psychological, emotional, social and other burdens while taking care of cancer patients, which is called "caregiver load"^[8]. Caregivers often suffer from insomnia, fatigue, loss of appetite, weight loss, poor health and other physiological burdens. The study of Deng Benmin showed that 28.74% of cancer caregivers had chronic diseases. In addition, cancer caregivers often have negative emotional experiences such as depression and anxiety^[9]. Chen Jing researched 223 caregivers of blood tumor chemotherapy patients and found that 51.12% of them were anxious and 30.04% were depressed^[10]. When caregivers anticipate the possible loss, they will experience sadness in their hearts. Research shows that about 1/3 of caregivers of patients with serious life-threatening diseases have anticipatory sadness, among which the severity of symptoms is as high as 15%. In terms of economy, caregivers are also under great pressure^[11]. Foreign studies have found that 17%~38% of caregivers of end-stage cancer patients have spent all their savings^[12].

1.2 Existing psychosocial interventions for cancer caregivers

Approaches of psychosocial intervention from divided into intervention, face to face, telephone and the network from the treatment consists of cognitive behavior therapy, receiving commitment therapy, cognitive restructuring, exposure therapy, personal relationships, group psychotherapy treatment, treatment of content mainly includes providing supportive psychotherapy, grief counseling and spiritual service, write a diary, music therapy, review the life [13-15].

2. Group psychotherapy commonly used in the field of cancer caregivers

Group psychotherapy includes two forms: traditional therapy and network therapy. The traditional therapy is the most widely used form of group psychotherapy, that is, group members face to face group psychotherapy. Online group psychotherapy is an internet-based platform for cancer caregivers to obtain information and interact with each other. Network group psychotherapy expands the diversity of group psychotherapy [16] and also promotes the development of group psychotherapy.

2.1 Group psychological education and treatment

Psychoeducational group (PEG) is a kind of psychological intervention method provided by health educators or professionals with psychotherapy experience to patients and their families suffering from a certain disease. Chiquelho conducted 6-week group psycho-educational intervention on 19 families, and found that after short-term group psycho-educational treatment, the scores of psychosocial scale of disease and perceived stress of cancer caregivers were significantly reduced, while the family resilience and cohesion were significantly increased [17]. Rathi research and development, such as a kind of according to the Asian group psychological Education on the implementation of cancer care therapy - COPE (Caregivers of cancer Outpatients' Psycho - Education support group therapy) Caregivers of patients with cancer clinic group psychological Education support therapy, studies have shown that in Asian culture under the background of the development of psychological Education group therapy in improving care, quality of life in such aspects as level of anxiety, depression, and has played a significant role [18].

Applebaum carried out "Caring for Cancer Carers Workshop" based on the Internet, that is, CCC(The Care for the Cancer Caregiver, CCC) Workshop, broadcast online courses, and participants discussed online after class [19]. This course helped caregivers to explore the meaning of life, implement self-management, improve their sense of benefit and reduce the burden of Care.

2.2 Group psychotherapy for mindfulness-based stress reduction

Mindfulness-based Stress Reduction (MBSR) refers to the deliberate attention to every moment of experience in a non-judgmental way [20]. By repeatedly bringing attention back to the present experience and directly experiencing the emotions and physical sensations of the moment, the MBSR aims to provide the ability to step back from reflecting on the past or worrying about the future, to simply feel the present and allow the experience to unfold naturally [21].

Schellekens [2] established an 8-week MBSR group and organized 19 lung cancer patients and 16 caregivers to carry out continuous meditation practices, including body scanning, yoga, etc., and the results showed that the study found that mindfulness based stress reduction had no significant effect on caregivers. The reason may be that they care more about the health of their patients than their own well-being. Lopez organized 66 cancer caregivers to participate in different meditation groups to reduce their anxiety and burden and improve their happiness. All participants showed significant reductions in fatigue, anxiety, and stress, as well as significant increases in well-being [22]. Kohle conducted online mindfulness-based group psychotherapy for 52 cancer partner caregivers, and the results showed that participants experienced less psychological stress, increased acceptance of negative self-emotions, realized that negative thoughts do not necessarily equal truth, and less internal struggle [23]. Internet-based group psychotherapy for mindfulness stress reduction can produce therapeutic effects by enabling participants to practice daily mindfulness at home in a more flexible way [24].

2.3 Group nostalgia therapy

Nostalgia therapy, proposed by Butler, is a psychotherapy specially designed for the elderly [25]. Which is guiding older people to review past events, emotions and thoughts, it can help them increase their happiness, improve their quality of life and adapt to the current environment. Group nostalgia therapy has been widely used in the field of caregivers.

Melendez-Moral found in their studies that nostalgia therapy can improve the relationship between patients and caregivers, reduce caregivers' sense of caring burden, and thus help caregivers to obtain positive emotional experience from negative events ^[26-27]. Pan x ^[28] conducted group nostalgia therapy for 48 lung cancer caregivers, with thematic intervention twice a week. The results showed that the level of depression and fatigue decreased significantly in the cancer caregivers who received group nostalgia therapy.

2.4 Integrated group therapy

Comprehensive group psychotherapy includes psychological education, supportive therapy, stress management, relaxation training and so on. It is also a method adopted by foreign researchers. The researchers chose two or more psychotherapies to intervene in patients according to their own research purposes. Wang Ying et al. [29] conducted comprehensive group psychotherapy intervention on the quality of life and fatigue of the main family caregivers of breast cancer during chemotherapy., intervention included health behavior and symptom management, emotion management, and pressure response, peer support, to meet the needs of disease role method, social support, spiritual education of six aspects, each course is divided into the warm-up, self-expression, expert guidance and relax four modules, 90 min, a total of 6 weeks to complete. Research shows that the overall quality of life of primary family caregivers of cancer patients receiving integrated group psychotherapy is better than that of the control group, especially in three dimensions of psychological, spiritual and social adjustment.

Shi conducted an online group psychological intervention with the theme "I have a breast cancer patient in my family", and the results showed that most posts provided or requested social support, among which 64.5% of the message posts were posted by cancer caregivers ^[30]. The results also showed that caregivers' need for information support was higher than that for emotional and instrumental support. Gage-Bouchard conducted a study on parental caregivers of children with acute lymphoblastic leukemia through Facebook, a social networking software. The results showed that parents of cancer patients received psychological education and peer support through online social media ^[31].

3. Factors Influencing the Effectiveness of Group Psychotherapy in Cancer Caregivers

3.1 Relevant management department level

Policy is the prerequisite for the implementation of health care services, and the promotion of health care interventions by the government is very important, which can effectively reduce the cognitive impairment of caregivers to mental health services. The government of Uganda conducted group psychotherapy on carers of patients with nodding syndrome, and the results showed that compared with the control group, the risk of depression was significantly reduced from baseline to 1 month and 6 months after the intervention, and group psychotherapy also had significant effects on carers' stress, self-esteem, and social support ^[32]. Research has shown that group psychotherapy for caregivers in low - and middle-income developing countries to reduce the burden on caregivers is a very effective approach and should be incorporated into primary health care services. China's overall policy support for caregivers is still in the exploratory stage, with neither a complete policy system nor comprehensive service content being established.

3.2 Intervention design of group psychotherapy

3.2.1 Forms and methods of group psychotherapy

Group psychotherapy including traditional face-to-face form and network form, the form of different can produce different to caregivers, the influence of the network group psychotherapy can save medical resources, protecting the caregivers to the requirement of privacy to be able to speak freely to improve the treatment effect, but the network in the form of group psychotherapy may exist low adherence. DuBenske research shows that the network utilization of group psychological education in the form of questionable, the therapist can't confirm whether participants in place ^[33]. In addition, the network form requires the ability of the caregivers to use the computer, thus increasing the difficulty of the caregivers' participation, which may reduce the participation or increase the shedding rate ^[34]. Moreover, the lack of the key step of observing and feeling the relationship with others in the network form will greatly reduce the therapeutic effect ^[35].

After the treatment forms are determined, appropriate group therapy should be selected to classify cancer patients according to their conditions. For example, in the early stage of diagnosis and treatment, group psycho-educational

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therapy can be used to focus on solving the cognitive and emotional confusion of caregivers, so as to make them well prepared and mentally build up ^[36]. During the treatment period, mindfulness group intervention can be selected to focus on resolving the emotional distress of caregivers. According to the caregivers themselves, mindfulness group therapy can be used for younger caregivers, and group nostalgia therapy is recommended for older cancer caregivers or those whose cancer patients have died.

3.2.2 Process evaluation in group psychotherapy

Most existing studies only evaluate outcome indicators, and such retrospective evaluation completely relies on participants' memory, and it is difficult to exclude time interference and recency effect, which may lead to deviation of results ^[37]. In addition, the lack of process assessment in treatment can lead to problems that cannot be resolved in a timely manner, and it is easy for participants to drop out. With only qualitative assessment, it is difficult to compare the views of individual members objectively. If only quantitative assessment is used, participants may not be able to accurately express their inner opinions ^[37]. Pre-treatment, in-treatment, and post-treatment evaluations should be performed using a combination of qualitative and quantitative methods. Correct and comprehensive assessment can enable therapists to build their own database for clinical practice, thus providing a more meaningful perspective for group psychotherapy application in the field of cancer caregivers ^[38].

3.3 The caregiver

The relationship between cancer caregivers and patients [39], the cultural background of the caregivers ^[40], and the burden of care ^[41] all affect the effect of group psychological intervention. In addition, when the caregivers in the process of group psychological intervention are hit by the death of the patient, a high rate of shedding will occur and the group psychological intervention cannot be continued ^[42].

III. CONCLUSION

In China, there are few studies on group psychotherapy intervention for cancer caregivers, and most psychological support for cancer patients is provided by medical staff, and there is a lack of professional psychotherapists. However, cancer caregivers are a group that cannot be ignored. Providing effective psychosocial intervention for them can effectively reduce the burden of the caregivers, improve the quality of care and facilitate the recovery of the patients.

We should pay attention to cultural differences and explore group psychotherapy suitable for cancer caregivers in different situations in our country. Administrators should also promote the use of a variety of group psychotherapies in the field of care, lead and participate in the design of research on the implementation of group psychotherapy, and make group psychotherapy more effective in the field of cancer caregivers.

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