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HOW METACOGNITION PREDICTS THE EMOTIONAL DISTRESS. AN EXPLORATIVE STUDY OF WOMEN WITH BREAST CANCER UNDERGOING CHEMIOTHERAPY

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Abstract

Chemotherapy is a treatment associated with a decrease in the patient's quality of life. Negative emotions as depressive and anxiety symptoms are common during treatment for nonmetastatic breast cancer. Many studies have found a link between dysfunctional metacognitive beliefs and psychopathology. However this relationship remains unclear in patients with breast cancer during chemotherapy. Aim of the study was to explore how metacognitions predict anxiety and depression in breast cancer patients undergoing chemotherapy.

A convenience sample of 80 breast cancer patients undergoing chemotherapy in an outpatient clinic completed a demographic questionnaire, the Metacognitions Questionnaire 30 (MCQ-30), and the Hospital and Anxiety Depression Scale (HADS). A correlational analysis was performed to explore relationships between metacognitions and psychological symptoms. To examine the independent role of metacognitions to predict anxiety, depression, and overall distress, three hierarchical regression analyses were conducted.

Results of correlational analysis has shown that negative beliefs were highly correlated with anxiety and depression. Moreover, need to control thoughts were moderately correlated with anxiety and depression. Finally, cognitive self-consciousness had a low correlation coefficients with anxiety but not with depression. Results of regression analysis has shown that negative beliefs were a significant predictor of anxiety. The final model predicted the 64% of variance for anxiety. Regarding depression, the final model was not significant. Finally, negative beliefs were a significant predictor of overall distress. The final model explained the 46% of variance for overall distress.

Hence, negative beliefs is the strongest predictor for anxiety, and overall distress. The metacognitive approach could have positive effects on breast cancer undergoing chemotherapy.