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AGE-RELATED PERSONALITY TRAITS AMONG WOMEN WHO HAD MASTECTOMY DUE TO CANCER OF BREAST

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Article is devoted to the study of age-related personality traits among women who had a mastectomy due to breast cancer. Personality traits of women in reproductive and non-reproductive age were shown. Data on the influence of the radical mastectomy on a woman's personality, as well as differences in the response of women of all ages were shown. Determined that women of non-reproductive age are characterized by high anxiety and individualism, neuroticism of personality, social maladjustment, self-doubt, the future staining mostly negative expectations. Takes place the propagation of ipphondrique states. Revealed that the most traumatic radical mastectomy and cancer are just for women of non-reproductive age.

Key words: personality, women, mastectomy, reproductive age, non-reproductive age, breast cancer.

Стаття присвячена дослідженню вікових особливостей особистості жінок, яким виконано мастектомію. Показано характерні риси особистості жінок репродуктивного та не репродуктивного віку. Отримано дані щодо впливу радикальної мастектомії на особистість жінок, а також визначено розбіжності реагування жінок різного віку. Визначено, що жінки не репродуктивного віку відрізняються підвищенням тривожності та індивідуалістичності, невротизацією особистості, соціальною дезадаптацією, невпевненістю в собі, забарвленням майбутнього переважно негативними очікуваннями. Має місце поширення іпохондричних депресивних станів. Було виявлено, що найбільш травматичного особистісного змісту радикальна мастектомія та перенесення онкологічного захворювання набувають саме в групі жінок періоду менопаузи.

Ключові слова: особистість, жінки, мастектомія, репродуктивний вік, нерепродуктивний вік, рак молочної залози.

Статья посвящена изучению возрастных особенностей личности женщин, перенесших мастэктомию в результате заболевания раком молочной железы. Показаны характерные черты личности женщин репродуктивного и нерепродуктивного возраста. Получены данные о влиянии радикальной мастэктомии на личность женщин, а также определены различия в реагировании женщин разного возраста. Определено, что женщины нерепродуктивного возраста отличаются повышенной тревожностью и индивидуалистичностью, невротизацией личности, социальной дезадаптацией, неуверенностью в себе, окрашиванием будущего в основном негативными ожиданиями. Имеет место распространение иппохондрических состояний. Выявлено, что наиболее травматическими радикальная мастэктомия и онкологическое заболевание являются именно для женщин нерепродуктивного возраста.

Ключевые слова: личность, женщины, мастэктомия, репродуктивный возраст, нерепродуктивный возраст, рак молочной железы.

Actuality. The number and incidence of cancer is constantly increasing in Ukraine and other countries of the world. Breast cancer takes first places in numerous oncological pathologies among women (from 18-19% to 28-29% depending on the region), its peak is noted at the age of 35-50 years, but the trend is relevant to the rejuvenation of the disease [5].

The main treatment is surgery – a radical mastectomy, which has numerous negative consequences that are displayed on the psychological state of women, quality of life, partnership functioning of individual in social field, and changes in perception of personal body. There was noted that as a result of radical mastectomy that caused cancer, the prevalence of depressive disorders among women ranges from 7-21% in a systematic review and up to 58% in another [3]. Thus the studies on feminine individual with cancer of breast, who underwent mastectomy is an important task for modern medical psychology, that must develop and implement psychotherapeutic treatments, in conjunction with the medical and psychological recovery of women.

Status of problem. Severe somatic diseases significantly affect the individual, thus leading to deformation of its individual structures, or changing the general features of functioning. S.D. Maksimenko and N.F. Shevchenko noted a series of psychogenic reactions caused by psychotraumatism of personality, perception of diagnosis in a halo of "sentence" Death, "fatality" oncological pathology. Depression, apathy, anxiety, fear, euphoria - the most common emotional reactions that change each other and depend on the personality of the patient's strength and tone of emotions [5]. According to the opinion of A. S. Tkhostov there occurs the reconstruction of hierarchy in motives, preserving of life becomes the dominant motive, which in turn changes the characteristics of perception of the world, a system of values and meanings. Bergfeld A.Y., Yarkova M.V. note complex content and structural organization of mental injuries that accompany awareness of a serious diagnosis, and taking decision on the need for radical surgery. Studies devoted to the search of the feminine individual functioning with breast cancer are mostly foreign, and domestic medical psychology has noted a shortage of this issue [8]. Moreover the age characteristics of women who have a significant factor that affects the functioning of the individual are not taken into account.

The aim of this article is to study age peculiarities of feminine individual which had mastectomy as a result of cancer of breast.

Characteristics of samples and research methods. There was formed the research sample with 150

women. We divided women in three groups. The structure of the first and second group included 50 women who completed mastectomy due to cancer of the breast of reproductive age (gr. 1) and menopause (gr. 2). The third research group consisted of 50 somatic-healthy women, aged 35 to 50 years (gr. 3). One used a standardized method for studying personality by L.M. Sobchik with help of which we obtained averaged profiles for each studied group, and significant differences in the results were identified after using the U-criteria of Mann-Whitney.

Results and interpretation. Fig. 1 shows the averaged personal profiles of women who joined the three research groups.

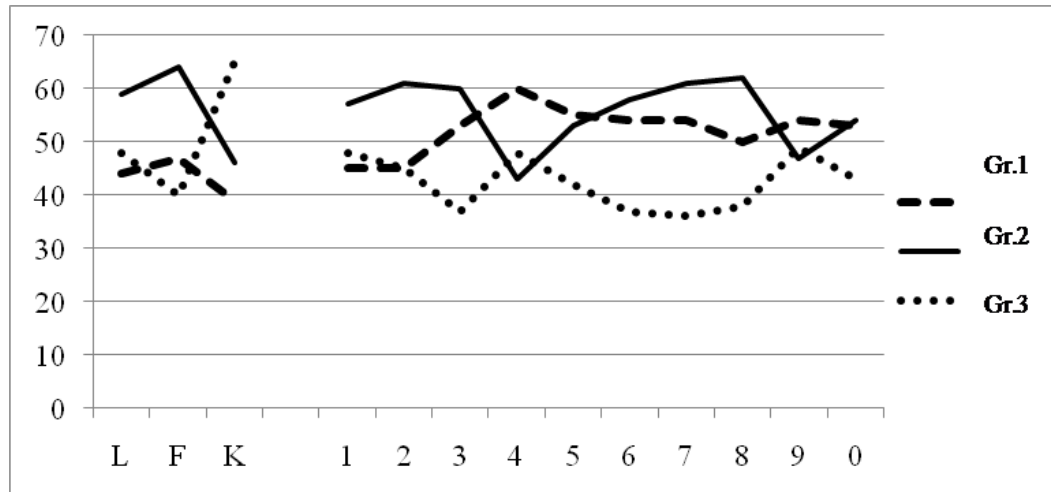


Figure. 1 Averaged personality profiles of subjects

Notes: L, F, K – reliability scales; 1 - Scale of neurotic overcontrol; 2 - scale of pessimism; 3 - the scale of emotional lability; 4 – scale of impulsiveness; 5 - the scale of masculinity-femininity; 6 - scale of rigidity; 7 - scale of anxiety; 8 – scale of individuality; 9 - scale of optimism; 0 - scale of social introversion.

The averaged profile obtained in gr. 1 is linear in its type because the main scales are within a narrow corridor standards. However, there was an increasing for the 4th scale, indicating an active life position of women, high search activity, achievement motivation, confidence and speed in decision-making prevail in the structure of motivational orientation. The lack of conformity, desire of independence is also a characteristic feature of woman individuality. Expressiveness of polar in sign of emotions takes place in emotional sphere.

It should be noted that when we have an exacerbation of profile on a scale “impulsivity” in stressful situations the sthenic type of behavior, determination, courage is possible. The displacement of unpleasant information and events that contribute to underreporting of self from consciousness is psyche defense mechanisms. In addition, the displacement is accompanied by an active response to the behavioral level, provided by emotional expressions, aggression, criticism, which greatly reduces the likelihood of psychosomatic variant exclusion. Thus, the normative profile obtained may be formed by the typical for this type of personal emotional reacting in combination with the intensification of the protective mechanisms of the psyche, which did not cause deformation of the individual, as well as made it possible to offset the value of undergoing surgery.

The structure of personality profile gr. 2 is sharpening a scale F, which reflects the emotional instability of women, excessive self-criticism, which is probably a consequence of the disease state and the low level of efficiency. The resulting personality profile is close to the neurotic, as it is evidenced by the resulting increase in scales of the neurotic triad, which is accompanied by a peak of 7th and 8th scales. It should be noted that the obtained personality structure is a certain duality defense mechanisms. On the one hand, there is a displacement from the mind of conflict information which is frustrational for their subjective image of “I”. On the other hand we have the transformation of psychological anxiety at the biological level of functional impairment. These mechanisms complement each other, creating basis for development of psychosomatic diseases.

It should be noted that according to N.I. Nepomnyashchii oncological diseases have psychosomatic nature, due to psychological specifics of persons who constitute a risk group [4]. According to the opinion of the author, cancer patients are different thanks to infantilism of some kind, which can be traced in reducing of emotional and to some extent rational perception and response to events and situations that are threatening to “individual peace of mind.” According to author’s hypothesis cell growth in cancer is a consequence of activation as a result of deep infantilization primarily psychological, and later somatic reactions to a stressful situation, children’s mechanisms of cell growth. So we can assume that the resulting feature functioning defense mechanisms of the psyche was the factor that contributed to the development of the disease, and after mastectomy does not determine speed and normative personal adaptation.

Increase of measures to the scales of anxiety and individualism indicates internal tension, nervousness, feeling of mental discomfort, uncertainty, reducing of overall performance, complex of guilt and inferiority in subjects. L.M. Sobchik notes that these personality traits are mostly the result of long-term emotional surge, or chronic disease that is a factor which triggers marked deadaptational experiences and reactions [7].

Thus, it should be noted that in the group of women with menopausal age and who performed mastectomy there was defined high neuroticism of personality, specific dual defense mechanisms of mentality that makes it difficult for adaptation to the experienced disease and complex combination of negative emotional trials and reactions that are likely to consequence the disease and create deformation of personality structures, while reducing the quality of life among subjects and general performance of life.

The structure of the personal profile among the studied gr. 3 includes most of scales which are the norm in the corridor, and therefore the profile is close to concordant-standard. Leading peak was obtained on a scale of optimism that characterizes subjects as active, confident, cheerful with a positive self-esteem. Mostly positive-stained states and manifestations dominate in emotional response. Difficulties in life are perceived as those that can be easily overcome, in exceptional cases, the significance of unattainable can be impaired.

At the behavioral level there can be observed a promiscuity in contacts, speed in decision making, condescending attitude to their own failures, a wide range of communication, volatility of preferences. Performance on a scale optimism in couple with the results on a scale of impulsivity indicate a lack of conformity among subjects, desire of independence, displays of dominance in interpersonal interaction.

These low figures for the fifth scale (below 50T) show feminine style of sex-role behavior, which can be traced in softness, credulity, sentimentality, an effort to gain support from the husband, the love of children, devotion to family interests and values.

When using the U-criteria of Mann-Whitney the significance of differences was determined by personal characteristics of the studied groups. The results can be analyzed in two ways: 1) personality changes associated with the disease and surgery; 2) age-related changes in personality as a result of disease and mastectomy.

Table 1

Structural differences of feminine individuality in three research groups

Scales	U	Z	U	Z	U	Z
	1-2	1-2	2-3	2-3	1-3	1-3
1. Neurotic overcontrol	72,5**	-3,45	102,0'	1,85	121,0	-1,24
2. Pejorism	70,0**	-3,52	58,5**	3,23	155,5	0,14
3. Emotional lability	68,0**	-3,57	0,0**	5,09	45,0**	3,66
4. Impulsivity	46,5**	4,15	117,0	-1,37	52,0**	3,44
5. Femininity - masculinity	196,5	0,09	110,0'	1,59	109,0'	1,62
6. Rigidity	139,0'	-1,65	22,5**	4,38	36,0**	3,95
7. Anxiety	74,0**	-3,41	0,0**	5,09	7,0**	4,87
8. Personalism	62,5**	-3,72	0,0**	5,09	24,0**	4,33
9. Optimism	104,0**	2,60	104,5'	-1,77	116,5	1,38
0. Social introversion	169,5	-0,83	92,0*	2,16	102,5'	1,83

Notes: * - $p < 0,05$; ** $p < 0,01$; ' - $p < 0,06-0,1$ (level trend).

After analyzing the identified differences in the structure of individual among women, it should be noted that the general laws, which were obtained in the groups of women who have had the disease compared to somatic-healthy women is increasing of following scales: emotional lability, masculinity-femininity, stiffness, anxiety and individuality. Since these differences largely relate to the emotional sphere of women, such as instability of emotional reactions and feelings of the opposite direction, the prevalence of negative-stained reactions, high levels of anxiety, which replaces displacement problems that can not be solved in a constructive way, there is possible assumption that they are consequence of the disease and surgery. Also in the women's personality structures of 1 and 2 studied groups we defined internal conflict, accompanied by severe negative emotions and which may reflect the complex experiences of women regarding breast loss, and thus it is impossible to treat yourself to a full-fledged woman.

These differences from the 6th, 7th and 8th scales, namely the higher value among women in 1 and 2 studied groups indicate the severity of personal disharmony, maladaptive state of psychological discomfort. Women who experienced the disease also may get stuck and have too big attention towards this event and its aftermath, accompanied by separate personal attitude and interpersonal difficulties. These results indicate a complicated adaptation of women on a personal level as in the emotional plane, and social. In general, the differences obtained reflect the high level of personality neuroticism, which is caused by the disease and surgery.

In the group of subjects with reproductive age who underwent radical mastectomy, we defined raising the profile on a scale of impulsivity, which is a specific feature of this group. The resulting difference indicates active life position of women, high levels of search activity, targeting advances in the structure of the motivational sphere, and the risk of spontaneous activity. Since the main psychological defense mechanism of

personality structure is obtained displacement, we can say that women's personal adaptation to the disease is mainly caused by the activation of protective structures, which in turn led women to active finding of constructive ways when dealing with the situation that has arisen, namely find optimal treatments, disease management and more.

In MCS - 10 the extreme version of any of the following behaviors are presented in section F43.8 «Other reactions to severe stress» as «a syndrome of pathological denial of illness» - the dominance of ideas as for full restore at any cost in physical and social status, the elimination of the disease causes and its effects [8]. In this case, patients experience a potential to change the course of events, have a positive impact on the course and outcome of physical illness, modernize healing process by enhancing stress, or physical exercise that might be contrary to medical advice. Thus, obtained in the study group averaged profile, namely its normative and personal adaptation of women to the disease, to a greater extent is the result of mature defense mechanisms of the psyche.

It was also determined that the specific feature of women with menopause, who underwent radical mastectomy has higher scores on scales of pejorism and social introversion. The results indicate the severity of dissatisfaction and pessimistic estimates of future prospects, self-criticism, a diminished self-esteem, self-confidence and future life events. In the social field we have marked personal passivity, isolation, lack of interest in social interaction, introversion prevails.

We also determined the age structure of personality characteristics among women who performed mastectomy. Yes, we received significant differences on scales of neurotic triad, namely higher scores in the group of women with menopause and increase the scales of anxiety and individuality. In the group of women of reproductive age who performed mastectomy we observed higher values on the scales of impulsiveness and optimism. Basing on these data, we can say that with age one can observe distribution of maladaptive states and increasing on the level of neuroticism personality as a result of the disease, and radical mastectomy. In addition, women with menopause differ by reduced social adjustment as a result of disease, there is a predominance of passivity, decreased self-confidence, future events are mainly colored in negative emotions, depressive hypochondriacal states are prevalent.

Conclusion

1. It was noted that women who performed mastectomy due to cancer of the breast are characterized by increased rates of emotional lability, courage, stiffness, anxiety and individuality.

2. We found that the characteristic feature of women in reproductive age who performed mastectomy is increased impulsivity and optimism, which is reflected in the proactive stance of women orientation to achieve the structure of the motivational sphere and perhaps is one of the effective ways of overcoming traumatic situation due to displacement, which is the most common protective mental mechanism in this group.

3. We obtained the data on such features of women with menopause as increased anxiety and individualism, neuroticism of personality, social exclusion, lack of confidence, mainly negative color of future expectations, the spread of hypochondriacal depression. So we can say that radical mastectomy due to cancer of the breast has more traumatic influence on the personality of women in this age group.

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