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Особенности личностного реагирования на заболевание, психологической защиты и стратегий копинг-поведения у женщин с онкогинекологической патологией

Peculiarities of the response to the disease, psychological defense types and coping strategies in women with oncogynecological pathology

Резюме

Актуальность. Онкологическое заболевание – сложная жизненная ситуация, представляющая новые условия для человека и нарушающая обычные механизмы адаптации.
Цель исследования. Изучить особенности личностного реагирования на заболевание, психологической защиты и стратегий копинг-поведения у женщин с онкогинекологической патологией.
Материалы и методы. Исследование основано на исследовании эмоционального состояния 210 пациенток со злокачественными женскими опухолями.
Результаты и обсуждение. Анализ результатов показал, что у онкогинекологических пациенток чаще всего диагностируется смешанный тип отношения к заболеванию с определенными особенностями в зависимости от стадии диагностики и лечения с преобладанием тревожного (68,7±2,2%), неврастенического (62,4±2,3%), меланхолического (48,4±2,4%), сенситивного (33,8±2,2%) и ипохондрического (30,7±2,2%) типов. Согласно данным, полученным с помощью методики LSI, большинство пациенток использовали такие механизмы психологической защиты, как: отрицание, интеллектуализация, рационализация и регрессия. В структуре совладающего поведения пациенток с адаптационными расстройствами преобладали умеренно выраженные стратегии самоконтроля, поиска социальной поддержки и дистанцирования. В структуре совладающего поведения пациенток с симптоматическими расстройствами среди доминирующих были неконструктивные неадаптивные стратегии, такие как конфронтационное преодоление и избегание.
Выводы. У пациенток с онкогинекологической патологией наблюдалась активизация психологической защиты, формирование стратегий преодоления стрессовой ситуации диагностики и лечения опухолевого заболевания, что позволило выявить мишени для психотерапевтического воздействия.

Ключевые слова: пациентки со злокачественными опухолями, внутренняя картина болезни, типы реакции на онкологическое заболевание, типы психологической защиты, стратегии преодоления.

Abstract

Background. Oncological disease is a difficult life situation, which presents new conditions for a person and violates the usual adaptation mechanisms.
Objective. To study the structure of psychological defense and its relationship with the response to the disease, the strategies of coping behavior in women with cancer.
Material and Methods. The research is based on the study of emotional condition of 210 patients with malignant tumors.
Results. Analysis of the results showed that in oncogynecological patients, the mixed attitude to disease with certain features, depending on the stage of diagnostics and treatment, is most often diagnosed. There was observed anxiety (68,7±2,2%), neurasthenic (62,4±2,3%), melancholic (48,4±2,4%), sensitive (33,8±2,2%), and hypochondriac (30,7±2,2%) attitude to disease. According to the method of Life Style Index, the majority of patients used the mechanisms of psychological defense such as the following: negation, intellectualization, displacement, rationalization, and regression. In the structure of coping behavior of patients with adaptation disorders, the moderate strategies of self-control, search for social support and distancing statistically dominated. In the structure of coping behavior of patients with symptomatic disorders, the unconstructive maladaptive coping strategies (such as confrontational coping and avoidance) were among the dominant ones.
Conclusions. In patients with oncogynecological pathology, the activation of psychological defense, formation of the strategies for overcoming the stressful situation of diagnosis and treatment of tumor disease was observed, which let to identify the targets for psychotherapeutic effects.
Keywords: patients with malignant tumors, inner picture of the disease, types of response to cancer, types of psychological defense, coping strategies.

■ BACKGROUND

Improvement of the methods of specialized antitumor treatment contributes to the fact that the life expectancy of women suffering from oncogynecological diseases is increasing. Oncological disease is a difficult life situation, presenting new conditions for the person and violating the usual adaptation mechanisms. In this regard, it is important to study the mechanisms of stress development that women are experiencing, the psychological response features and the psychological protection formation, as well as strategies and resources aimed at coping with the oncogynecological disease.

Attitude to the disease forms an «individual style of response», which depends on the nature of experiencing difficulties due to illness, and is also associated with the patients personality. In psychological literature, there are several strategies of human behavior in the illness: it is a passive adaptation to new conditions («dive into disease»), repudiation of the diseases fact, when psychological protections that cause resistance to the disease are activated, which provokes the personalities refusal to solve the problem, and when formed adequate the situation of coping strategies,

implying the necessity to show constructive activity, to survive the event without deviating from the situation of the disease.

Inner picture of the disease is formed with protective purposes to reduce emotional tension and overcome difficulties caused by cancer. Motivational-behavioral aspect of the internal picture of the disease in cancerous pathology (activity or passivity in the personal conflicts processing and traumatic situations, overcoming the disease and the desire for recovery) is reflected in the characteristics of conflict, the pathogenic situation, the mechanisms of psychological protection [1] and coping behavior [2].

There are a lot of work devoted studying the problem of the type of response to somatic diseases, but the study of this question in patients with cancer pathology, despite high relevance, unfortunately, remain sporadic and often are fragmentary or incomplete [3–5].

■ OBJECTIVE

Study the psychological defense structure and its relationship with the response to the disease features and coping behavior strategies in women with cancer.

■ MATERIAL AND METHODS

The research is based on an emotional condition study of 210 patients with malignant female tumors, which were treated at the Donetsk Regional Tumor Center.

Inclusion criteria were the presence of the same type of cancer and anticancer treatment. The study was excluded patients with exogenous-organic (including metastatic) brain damage, endogenous mental disorders and age older than 60 years.

In 72,4±3,1% of women with cancer were found emotional disorders. According to the International Classification of Diseases, 10th revision, there are anxious and depressive disorders within symptomatic anxiety disorder (F 06.4, 11,4±2,2%), symptomatic depressive disorder (F 06.32, 31,0±3,2%), and adjustment disorder with prolonged depressive reaction (F 43.21, 5,2±1,5%), mixed anxiety and depressive reaction (F 43.22, 11,4±2,2%) and prevalence of anxiety reactions (F 43.23, 13,3±2,3%).

In 27,6±3,1% women with oncogynecological pathology emotional disturbances did not reach a clinical signs level and they formed psychiatric norm group (Z 85). All patients knew or guessed about the disease nature and gave informed consent for their participation in the study.

To determine the type of psychological response in women with cancer was used method to study the type of attitude to the disease [6], based on the typology by A.E. Lychko and N.Y. Yvanov (1980) [7], which can diagnose 12 types of response to disease: harmonic – correct, adequate assessment of condition and unwillingness to burden others with the hardships of caring for themselves; ergopathic – «leaving from illness to work» with the desire to keep working capacity; anosognostic – active rejection of thoughts about the disease; anxiety – continuous anxiety and suspiciousness; hypochondriac – an extreme focus on subjective sensations and their significance exaggeration, fears of side effects of medication or/and procedures; neurasthenic – behavior type «irritant weakness»: impatience and irritation flashes, which are accompanied by remorse; melancholic – depression due to illness; apathy –

indifference to own fate, health and future; sensitive – excessive concern about the impression of illness on others, heightened sensitivity to other people's attitudes; egocentric – «dive into the disease» with exaggerated suffering demands a special attitude due to illness; paranoiac – confidence that the disease is the result of someone's intent and complications are the result of negligence of medical staff; dysphoric – dominated by a morbidly embittered mood, envy and hatred for healthy.

For generalized analysis of the results relevant to all types of psychological response to disease were grouped into three blocks. The first block includes harmonic, ergopathic and anosognostic types of attitude to disease, in which mental and social adaptation does not significantly disturbed. In the second (anxiety, hypochondriac, neurasthenic, melancholic and apathy types) and third blocks (sensitive, egocentric, and paranoiac and dysphoric types) include the types of attitude to diseases that are characterized by psychological maladjustment due to illness and differ mainly intrapsychological or interpsychological orientation attitude to the disease.

In the structure of attitude to cancer one of the most important components is the psychological protection, the purpose of which is reduce emotional tension and anxiety and prevent behavior disruption, consciousness and psyche as a whole. To study the characteristics of psychological defense of women with oncogynecological pathology, we used the «Life Style Index» (Diagnosis using frequency and severity of psychological defense mechanisms) (R. Plutchik, H. Kellerman, H. Conte, adaptation by L. Wasserman, O. Erishev, E. Clubova) [8], allowing to diagnose the entire system of psychological defense mechanisms, to identify the leading or the basic mechanisms, and to assess the tensions degree of each of the eight psychological defense mechanisms: negation, crowding out, regression, compensation, projection, substitution, intellectualization, reactive formation.

For identifying the patients coping strategies to overcome the stressful situation the malignant neoplasms presence we used the method «Coping Lazarus test» (R. Lazarus, S. Folkman, 1984) [9]. Statistical analysis of the results was carried out in batches statistical analysis MedStat, Statistica Neural Networks 4.0 (StatSoft Inc., 1999).

■ RESULTS

The concept of the «inner picture of the disease» (IPD) proceeds from the fact that any illness is not a neutral event in a person's life, as a new component of reality, it is built into the subject's activity, into the system of his relations. IPD is a dynamic system in which mutual transitions are possible both in the direction from the feelings connected with the disease to the meaning, and from the semantic formations to sensations.

Attitude to the disease integrates all psychological categories, within the framework of which the concept «internal picture of the disease» is analyzed. This knowledge of the disease, its awareness of the individual, understanding the role and impact of the disease on the vital functioning and emotional and behavioral reactions associated with the disease. The strategy of adaptive or disadaptive behavior of patients in the present and the future suggests various options: active struggle with the disease, acceptance of the patient's role, ignoring the disease and other protective adaptive mechanisms of the personality.

Oncological disease is a particularly dramatic context for the IPD formation, the concept of which was created by studying of patients with cancerous tumors. In the process of the formation of the IPD, a certain «mythologization» of its condition is observed on the basis of philistine ideas about cancer, which contributes to the development in the patient misconceptions about the hopelessness of the situation. There are not lot diseases carrying an equally powerful stress load, like a malignant tumor. This exceptional severity is explained by the fact that for most patients and their relatives, the word «cancer» is a direct synonym for doom, a kind of death sentence related to inhuman suffering.

Analysis of the results showed that in oncogynecological patients most often diagnosed mixed attitude to disease type with certain features according to the diagnostic and treatment process stage. The total assessment rank dominated anxiety (68,7±2,2%), neurasthenic (62,4±2,3%), melancholic (48,4±2,4%), sensitive (33,8±2,2%) and hypochondriac (30,7±2,2%) attitude to disease types, indicating the intrapsychological personal direction of inner picture of disease and causes a violation of social adaptation and behavior of cancer patients with these attitude to disease types, typical the irritant weakness reactions on the anxiety and depressive mood basis and «immersion in disease» with the struggle for recovery rejection.

It was found some attitude to cancer features depends of emotional disorders clinical variants. Thus, in patients with symptomatic disorders (F 06.32; F 06.4) significantly more frequently diagnosed mixed anxiety-melancholic and neurasthenic type inner picture of the disease (62,6±3,72%). In patients with adjustment disorder (F 43.21; F 43.22; F 43.23) – anxiety-sensitive (36,6±4,1%), anxiety-hypochondriac (27,5±3,9%) and melancholic-hypochondriac (23,9±3,6%) types, which manifested in excessive focus on subjective feelings, anxiety and depressive mood. The anxiety component presence was due to the physical condition severity and uncertain prognosis, but a several methods anticancer treatment combination subjectively perceived by patients as an indicator of adverse disease prognosis.

In cancer patients who represented psychiatric norm group (Z 85) was typical ergopathic-anosognostic attitude to the disease (78,1±3,5%), which reflected the desire of patients to overcome the terrible disease, patient role rejection, saving the value structure and active social functioning without distinct mental and social exclusion manifestations.

Another aspect that should be noted is the «non-simultaneously» of the reaction to the disease appearance: distinct differences in reactions are revealed at different cancer diagnosis and antitumor treatment stages. In connection with this, the following cancer stages are distinguished, each of which is associated with certain patient reactions.

In cancer patients who were at the diagnostic stage, there was significantly more mixed anxiety-melancholic-sensitive type. Patients experienced general disquiet, obvious anxiety, feeling of hopelessness, futility of existence, the thoughts about unfavorable disease with permanent attentions fixation to their health and subjective body sensations, listened to the affected organ functioning, interpreted the vague and undefined feeling like the tumor symptoms or/and metastasis in the internal organs. Expressed concerns about possible complications during diagnostic procedures, ineffective anticancer treatment, extremely disquieted because

of the specific cancer diagnosis impression on others and patients overly worried that because of the cancer they are considered inferior, despise and avoid communication, and afraid to become a burden for the own family.

Patients who were in the preoperative stage, diagnosed mixed anxiety and hypochondriac-sensitive type of psychological reaction which is manifested in anxiety surgery waiting, fear of possible fatal interventions complications, fear of possible death during surgery and complications associated with the effect of anesthesia, crippling consequences of this type of treatment. Patients categorically demanded successful surgery guarantees from doctors, insisted on their own operating surgeon choosing. Typical for this period was the appearance in the attitude to the disease structure obsessions as any kind of protective ritual, special attention to the dreams content, and various signs etc.

In patients with malignancies who were at the postoperative stage anticancer treatment, dominated anxiety and hypochondria, neurasthenic variants of responding to the disease. These inner picture of the disease features related not only a decline in emotional stress after prolonged psychotraumatic situation, but exaggerated fears about a possible postoperative prognosis, fear of complications appearance, lack of confidence in the restoration of violated surgery functions and a strong fixation on their health. Typical behavior by "irritant weakness" type: frequent outbursts of irritability, especially for pain, discomfort, failure treatment. Negative emotions poured out on others, and then the patient feels remorse.

The vital threat arising from cancer pathology mobilizes all the adaptive resources of the patient's personality, therefore, the psychological protection system is aimed both at active processing of disturbing, significant information from the outside, and on the reassessment and distortion of emotionally unacceptable reactions for the individual himself to the developing disease. Peculiarities of the psychological defense profile indicate that a protective response to negative events or a negative object develops in two ways: either by aggression on the «victim» associated with the «projection» psychological defense mechanism, or by a positive or neutral reaction to the traumatizing situation, which in reality should cause a negative reaction.

Analyzing data obtained by the method of Life Style Index, found that cancer patients who formed psychiatric norm group and patients with adjustment disorder use exactly mechanisms of psychological defense for overcome stressful cancer diagnosis event, unlike cancer patients with symptomatic disorder. According to the method of Life Style Index, the predominant mechanism was the psychological defense of negation, which is completely justified, since this form of protection is the leading one for oncological patients. With sufficiently high points of the intellectualization mechanism, they try to reduce the significance of the disease, the psychotraumatic situation. For patients who received surgical intervention, a significantly higher expression of the mechanism of displacement is characteristic, which is logical: psychotraumatic circumstances are forced out of consciousness, but outwardly it manifests itself as an active counteraction to the disease. So, most of patients who formed psychiatric norm group used the mechanisms of psychological defense such as: negation (negation of the malignant nature of the disease; 36,8±2,9%), intellectualization

(control of emotions through the predominance of reasoning about them instead of immediate experience; 29,4±1,4%), displacement (replacement of information about the disease and its malignant character from the conscious sphere to the unconscious; 25,2±2,1%) and rationalization (explanation of information about the disease in such a way that it becomes acceptable: «The disease is heavy, but it is detected in time»; 8,6±2,3%).

In patients with adjustment disorder in the profile of psychological protection, the most often revealed a defective protective mechanism of regression (78,2±23,96) associated with the return to stressful conditions of infantile forms of behavior and the development of affective disorders.

Research situational-specific coping strategies which are representing the actual personality response to stress were carried by us through «The coping methods questionnaire». In the structure of coping behavior of patients with adjustment disorder statistically dominated by moderate intensity strategy self-control (39,6±4,7%), search for social support (31,2±3,2%) and distancing (29,2±3,4%). The dominance of these strategies reflects the hope of patients to save lives and the desire to consciously overcome the life-threatening disease, rather than avoid it.

In the structure of coping behavior of patients with symptomatic disorder among the dominant were unconstructive maladaptive coping strategies, such as confrontational coping (52,5±1,7%) and avoidance (41,6±1,9%), reflects the aspirations predisposition to mental and behavioral efforts to avoid or escape from problems related to health and shows commitment to cognitive efforts to separation from the situation and reduce its significance. Using confrontational coping by women with cancer indicates the presence of aggressive tendencies aimed at changing the situation involves a degree of hostility. Less popular in the coping strategies repertoire of women with cancer is an adaptive coping mechanism - search for social support (5,9±3,3%), which includes and is confirmed in national studies, to overcome the problem through efforts in the search for information and emotional support social networks.

Predominant coping strategies in cancer patients who formed psychiatric norm group were constructive coping strategies search for social support (38,5±1,3%), reflecting a degree of maturity and personal autonomy; self-control (33,2±1,7%), which emphasizes the personalities' ability by actual cognitive processing of negative stressful situation saw its positive side and find acceptable ways of being in unpleasant circumstances and planning to solve the problem (28,3±1,1%).

■ CONCLUSIONS

In patients with oncogynecological pathology, activation of psychological defense types was observed, which allowed increasing the level of adaptation of patients. Cancer patients coping behavior is characterized by an active desire to solve problems, finding a way out of a difficult situation, willingness to enter into cooperation with meaningful people, but at the same time control, the inability to express emotions, the desire for self-control. A specific feature of coping behavior is the internal conflict between the search for social support and the lack of opportunities for expressing one's emotions. The study of protective coping behavior has great potential for practical application both in the process of therapy,

through awareness of the mechanisms of protection and coping strategies used, assessing their adequacy and developing new strategies, and for prevention, through development and training in adaptive behaviors in stressful life conditions.

The modern arsenal of psychotherapeutic methods (with adequate psychopharmacological support) can significantly correct the «scope of the disease experience», taking into account the various mechanisms for protecting the person, to create more realistic (adaptive) settings for treatment, to restore interfamily and wider social connections, to prevent distresses for secondary and tertiary prevention.

REFERENCES

1. Rusina N.A. (1999) Psihologicheskie zaschiti i mehanizmi sovladaniya: otlichiya, proyavleniya v psihoterapevticheskoi praktike, effektivnost' [Psychological defense and coping mechanisms: differences, manifestations in psychotherapeutic practice, effectiveness]. *YAroslavskii psihologicheskii vestnik*. M.; YAroslavl', pp. 157–173.
2. Zapesotskaya I.V. (2016) Sotsial'no-psihologicheskie determinanti koping-povedeniya onkologicheskih bol'nih (na primere bol'nih rakom molochnoi zhelezi) [Social-psychological determinants of coping behavior of cancer patients (on the example of patients with breast cancer)]. *Klinicheskaya i meditsinskaya psihologiya: issledovaniya, obuchenie, praktika: elektron. nauch. zhurn.* (electronic journal), no 1 (11), URL: http://medpsy.ru/climp (accessed: 20.04.2017).
3. Markova M.V., Martinova YU.YU. (2009) Osoblivosti vnutrishn'oï kartini hvorobi patsientok, yaki perenesli mastektomiyu [Features of internal picture of disease in patients who underwent mastectomy]. Chem_Biol, vol. 13, no 1 (46), pp. 48–52.
4. Kuznetsova A.A. (2009) *Emotsional'no-affektivnie rasstroistva v strukture vnutrennei kartini bolezni u zhenschin s onkologicheskoi patologiei reproduktivnih organov* [Emotional-affective disorders in the structure of the internal picture of the disease in women with oncological pathology of the reproductive organs], dis. … kand. psihol. nauk, Arhangel'sk, p. 179.
5. Zotov P.B. (2013) Tipi vnutrennei kartini bolezni i suitsidal'naya aktivnost' bol'nih zlokachestvennimi novoobrazovaniyami [Types of internal picture of the disease and suicidal activity of patients with malignant neoplasms]. *Meditsinskaya psihologiya v Rossii: elektron. nauch. zhurn.*, no 2 (19), URL: http://medpsy.ru (accessed: 12.04.2017).
6. Vasserman L.I., Iovlev B.V., Karpova E.B., Vuks YA.A. (cost.) (2001) Usovershenstvovannii variant oprosnika dlya psihologicheskoi diagnostiki tipov otnosheniya k bolezni (TOBOL) [An improved version of the questionnaire for psychological diagnostics of the types of attitude to the disease (TOBOL)]. *Metodicheskie rekomendatsii*, SPb., p. 33.
7. Lichko A.E., Ivanov I.YA. (1980) Mediko-psihologicheskoe obsledovanie somaticheskih bol'nih [Medical-psychological examination of somatic patients]. *ZHurn. nevropatol. i psihiatr.*, no 8, pp. 1195–1198.
8. Plutchik R. (v adaptatsii L.I. Vassermana, O.F. Erisheva, E.B. Klubovoi) (2005) Diagnostika tipologii psihologicheskoi zaschiti (indeksa zhiznennogo stilya) [Diagnostics of typologies of psychological defense (life style index)]. Psihologicheskaya diagnostika indeksa zhiznennogo stilya, SPb., Izd-vo SPbNIPNI im. V.M. Behtereva, p. 54.
9. Lazarus R.S., Folkman S. (1984) *Stress, Appraisal and Coping*. New York: Springer Publishing Company.

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