

Features of Analyzing the Issue Regarding the Attitudes of Female Patients who Are Ill with Breast Cancer

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Abstract: Several issues regarding psycho-oncology are learned in this article, especially attitude of female oncologic patients who are ill with breast cancer towards this illness is analyzed. Learning the attitudes of female oncologic patients who are ill with breast cancer plays an important role in the process of treating different aches and improving their lifestyle. When oncologic patients are diagnosed in the same way with the same diagnoses there can be observed different emotional cases. We observed that some patients are so depressed even on the 1 and 2 stages of illness, and some others are frightened and lose hope for their future life.

Keywords: Psychology, Psycho-Oncology, Cancer, Emotion, Attitude, Test, Attitude Towards Illness

1. Introduction

Currently, oncologic illness rates take the second place in the world after cardiovascular diseases. According to the data of World Health Organization oncologic illnesses increased to 15% within the last ten years. According to World Health Organization's statistics approximately 10 million people became ill with dangerous cancer while about 8 million of them ended with death in 2000 and in 2015 the number of ill people reached to 17.5 million and death rate showed around 13 million of them. Becoming ill with cancer is being estimated to increase to 70% within next 20 years.

According to the statistics of International Agency for research on cancer, number of oncologic patients will increase 19.3 million annually in 2025 years. According to the statistics of GLOBOCAN, global oncologic project regarding breast cancer which was organized in 2012, a number of people who recently became ill with breast cancer were 1 671 149 and among them death rate equaled to 521907. This type of illness composes the largest part among all oncologic illnesses and can be seen in 25% of all oncologic patients. According to statistics of cancer register department of specialized republic oncology and radiology practical scientific center a number of oncologic patients who became ill recently were 19115 in 2010 and this number accounted for 21055 in 2016, namely there was an 10.1% increase regarding this illness within 6 years. Primary breast cancer diagnoses amounted to 2273.11 (89%), and

2932.13. (92%), in 2010 and in 2016 respectively. Becoming ill with oncology was 7.9 in 2010 and 9.1 in 2016. Death rate equaled to 1001 and 1414 in 2010 and 2016 accordingly. Death rate regarding breast cancer increased to 41.3%. A number of oncologic patients that were primarily diagnosed were 23540 and intensive rate of illness accounted for 61.5 for 100 000 population in 2017. Regretfully, death rate of oncologic patients occupied the second place after cardiovascular diseases (61.9) with 7.6% among all death rates [1-3].

According to the statistics of RIORIATM breast cancer rates have been in the first place among all oncologic illnesses in the last ten years (13.0 people out of 100 000). Following to this, prostate cancer-8.7, lung cancer-7.0, neck and gynecologic-6.8, and dangerous lymphatic cancer-4.9. It is clear that becoming ill with cancer is sorrowful news not only for patients but also for their family and affects patients and their family members psychologically. In its own turn this cause social and psychologic problems as well as medical ones. Currently breast cancer which occupies leading positions among other cancer diseases both in Uzbekistan and in other developed countries is among main causes of such problems. Breast cancer is considered as one of the dangerous cancer. It has been main cause of death among middle aged woman in economically developed countries. In Uzbekistan also it in the first place among cancer disease and patient numbers as well as death rates are continuously increasing.

Low treatment efficacy and late diagnoses show that

patients with this illness need social aids. Although together with medical aids, psychologic aids also are very important, they are not sufficiently developed and provided. This case clearly shows the necessity for scientific researches, especially for the ones that can make difference regarding emotional sectors of female patients. These problems are explored with the integration of two fields: oncology and psychology. Domain of psycho-oncology includes not only to approach the illness medically but also psychologically and socially. Pscho-oncology learns the effects of illness, medical staff's and patient's family members on their psychologic condition. Besides this psycho-oncology looks through cognitive changes after laser and chemotherapy as well as placebo and non-placebo effects [4-5].

In this work, research is conducted with patients who are diagnosed with breast cancer. Aim of the research is to analyze inner view of the illness by learning patient's attitudes towards illness.

2. Methodology and Method

92 oncological ill patients that have been registered and being treated in the specialized Republic Oncology and Radiology scientific and practical medical center as well as its Khorezm and Tashkent branches including 18 patients who are diagnosed with primary stage (T1NOMO), 40 patients diagnosed with secondary stage (T2NOMO), 21 patients diagnosed with the third stage (T3NOMO) and 13 patients diagnosed with the fourth stage. (T4NOMO). Respondents ages are 22-65.

Scientific-methodologic basis of the research relies on Russian scientists' works (R. A. Luriya, V. V. Nikolaeva) and attitude theories (V. N. Myasishev) regarding inner view of this illness and effect of fatal diseases on human psychology.

Notion of "inner view of the illness" was applied into science by Russian scientist, R. A. Luriya. From one side scientist tried to prove the realization illness, its dangers and results by patients, from another side tried to focus on psychologic attitude towards this illness. He warned to be careful when treating patients, if not unclear or unnecessarily used words regarding their illness may cause the deterioration of patients' state, even may cause negative

psychic changes (yatrogeniya) in them. Inner view of the illness is against the alloplastic view of it which is explored by means of medical approaches and equipments.

Inner view of illness and attitude towards it was mainly learned by basing on P. Zotov, C. Ivanov, A. Txostov and G. Arinas researches [6-7].

Also we based on V. N. Myasishev's (1892-1973) "attitudes theory" from methodological point of view. he is the author of person's attitudes conception.

According to this conception, personal foundation is composed of people's attitude towards themselves and the environment around them. Attitudes' chain arises as a result of reflection of the events around people, and people themselves are also considered as parts of this reflection.

According to V. N. Myasishev, people's attitude types towards the environment includes emotions, interest and beliefs. Coming out of such theoretical views he supported the idea which says "psychic development of the person depends on the connection with people and its expansion.

Therefore, it can be said that being able to have a good connection with oncologic patients who are diagnosed with this illness can help to change their attitude towards themselves. Especially this point can show markedly positive results regarding their individual emotional sectors.

Also personal questionnaire of Bexterev Institution has been used in research for defining the language of connection between illness and patients' attitudes towards it. This questionnaire was created by several authors, by L. I. Vasserman, A. YA. Vuks, B. V. Iovlev and E. B. Korpovs in Leningrad psycho-neurologic institution named after Bexterev.

When oncologic patients are diagnosed in the same way with the same diagnoses there can be observed different emotional cases. We observed that some patients are so depressed even on the 1 and 2 stages of illness, and some others are frightened and lose hope for their future life [8-9].

However in some patients there can be seen harmonic, anosognosic and ergopathic types can be seen harmonic, anosognosic and ergopathic types. Difference among patients based on the results of "individual questionnaire of Bexterev institution" which was intended to learn attitude types towards illness.

Table 1. The results of "individual questionnaire of Bexterev institution" which was intended to learn attitude types towards illness.

№	Types	T1NM		T2NM		T3NM		T4NM		Жамн	
		n=18	%	n=40	%	n=21	%	n=13	%	n=92	%
1	Harmonic	2	11.1	5	12.5	3	14.2	0	0	10	10.8
2	Worrying	5	27.7	21	52.5	18	85.7	9	69.2	53	57.6
3	Ephondric	5	27.7	9	22.5	3	14.2	3	23.1	23	25
4	Melancholic	0	0	2	5	1	4.7	0	0	3	3.2
5	Apathetic	3	16.6	7	17.5	1	4.7	6	46.1	17	18.47
6	Neurasthenia	13	72.2	21	52.5	11	52.3	5	38.4	51	55.4
7	Obsessive-phobic	5	27.7	19	47.5	10	47.6	6	46.1	40	43.47
8	Sensitive	11	61.1	18	45	10	47.6	4	30.7	43	46.7
9	Egocentric	8	44.4	10	25	7	33.3	4	30.7	29	31.5
10	Euphoric	5	27.7	10	25	2	9.5	0	0	17	18.47
11	Anosognosic	2	11.1	11	27.5	5	23.8	2	15.3	20	21.7
12	Ergopathic	2	11.1	8	20	3	14.2	3	23.1	16	17.3
13	Paranoiac	7	38.8	18	45	7	33.3	5	38.4	37	40.2

According to the results of attitude methods towards illness among female patients who are ill breast cancer, mainly mixed diffusion types have been clarified.

Namely, on the first stage of illness 2 harmonic, on the second stage 6 harmonic and on the third stage 4 harmonic, all together 12 harmonic (13%) have been clarified regarding this type.

This type of attitude is explained with conscious evaluation of illness without any exaggeration, actively trying in order to make the treatment successful and not making others uneasy about themselves.

In harmonic type of psychic attitude it is important to be realistic and to understand objective case of the illness. And according to this, patients try to approach the illness basing on effective ways in medicine in order to eliminate it.

Worrying type of attitude towards illness is the most common one and can be seen in nearly all patients in a mixed way with others. Namely 5 on the first stage, 21 on the second stage, 18 on the third stage and 9 on the fourth stage, overall 68 participants in the research out of 92 (73.9%) have been identified in a mixed way and this has been shown as the main attitude type. Worrying type of attitude towards illness is explained with worry and fear about illness showing doubts considering the efficacy of treatments and fear from getting cured. For this type new treatment ways, extra information about illness, possible consequences, therapeutic methods and medical ways should be searched. Here differing from epochondry, patients are interested in objective data about illness like results of analysis as well as doctors' conclusions rather than individual emotions. Therefore, they prefer listening to others rather than complaining about their illness. In this type moods of patients are worrying and sorrowful [10].

Epochondric type of attitude towards illness have been identified in 5 patients on the first stage, in 9 patients on the second stage, in 3 patients on the third stage and in 3 patients on the fourth stage, overall in 20 patients out of 92 (21.7%). This type of attitude is explained by focusing on some unpleasant emotions and trying to talk about them to the others. It can be shown in over evaluation of real illness and its sufferings, exaggerating negative effects of drugs as well as demanding dangerous and painful procedures regarding treatment, patients tend to be egocentric in this type. In any conversation they make their listeners focus on the extra ordinarily and seriousness of their illness. In this type patients feel satisfaction if their listeners treat them with agreement and sympathy. Also patients tend to describe their condition in a detailed way to the doctors and listeners. There is a fear of possible emission of something important to understand their condition and for exact diagnoses in patients. Negative reaction of this type patients might be aroused by doubtfulness of surrounding people about their illness and thinking that they are exaggerating their own condition.

According to the results considering melancholic type there is no such type in the first stage, however there are 2 on

the second stage and only 1 patient on the third and fourth stages, 4 people out 92 patients have been identified in general. Melancholic or depressive type is interpreted with the signs of wariness about illness, clear doubts in terms of getting well and treatment efficacy as well as suicidal ideas from the severity of illness. Patients feel pessimistic about everything around them and act doubtfully even if it is possible to eliminate this illness completely. In its own turn this case is explained in connection with fatality which is very rare case [11].

Despondency regarding treatment, being able to use sanognez mechanisms, pessimistic attitude towards illness sometimes leads patients to suicidal acts. Even if it is common to form stereotype about fatality of illness in oncologic patients it is very rare case in melancholic type of attitude.

Apathic type of attitude has been identified in 3 patients on the first stage, in 7 seven people on the second stage, in only 1 person on third stage, in 6 patients on the fourth stage, overall in 17 patients out of 92 participants of the project. Apathic attitude type towards illness is explained with complete carelessness to treatment results, only passive obedience to treatment procedure when there are external effects. Apathic type is explained with loss of interest for all the things around them. This type can be observed especially on the last stages of illness in patients who are ill with breast cancer and also when there is no treatment efficacy.

Neurasthenia type of attitude is the most commonly observed one. According to this, neurasthenia can be observed in 13 people on the first stage patients, in 21 people on the second stage patients, in 11 people on the third stage patients, in 6 people on the fourth stage patients, overall in 51 patients out of 92 patients (55.4%). Weak nervous behavior is suitable for this type. Being suddenly nervous or capricious can be seen in unpleasant emotions, in failure regarding treatment and examining process. Patients' anger is usually expressed to the first person they meet with and usually finishes with tears and regret. Not being able to tolerate to the pain not being able to wait until getting better is observed and as a result grief and intolerance is thought as means of regret. Neurasthenia, more clearly asthenia type is commonly spread and it is considered as the non-specific answer of organism to the illness. Basics of this is considered as sensitivity to physical processes (e.g light in a high degree, loud voice, strong smells) as well as to the treatment of surrounding people. Usually patients become stubborn and demanding. They need care, peace, warmth and they search for them. If their expectations do not match with surrounding people's behavior, they tend to be angry. Therefore, psychologic help is necessary for the patients with high neurasthenia type. During our research, aggressiveness, stubbornness, sensitivity and crying a lot have been observed more than usual after the diagnosis of breast cancer in patients [12].

Obsessive phobic attitude type towards illness has been identified in 5 people on the first stage, in 19 people on the

second stage, in 10 people on the third stage, in 6 people on the fourth stage, overall in 40 patients (43.4%) out of 92. Not real dangers but possible difficulties, failure regarding treatment, bad results, also less possible connections with illness like failures in work and family affairs as well as doubts are suitable for this type. Usually imaginative dangers excite patients more than real ones. Rituals and signs start to be defense of worry. Patients start to become superstitious, they start to pay attention to each detail that has certain meaning for themselves (for example they evaluate their treatment chances with actually minor and unimportant things like whether a nurse or doctor comes into their room firstly, which route comes first to the station etc). Neurotic rituals are related with patients 'high panic and shows protective behavior.

3. Result and Discussion

Sensitive attitude type towards illness has been identified in 11 patients on the first stage, in 18 patients on the second stage, in 10 patients on the third stage, in 4 patients on the fourth stage, overall in 43 people out of 92 respondents. Sensitive type is explained with the fear of being away from the public because they might find out about their illness, they might feel pity for patients or they might feel that such patients are not available for all the things like others. Therefore, for this type of patients possible reaction of referent groups is more important rather than pain and unpleasant feelings regarding illness. Such patients usually feel themselves blameful. This type has been observed in large numbers in female patients who are ill with breast cancer. The reason for this is that as a result of chemotherapy loss of hair and eyelashes as well as partial or complete cut out of breast is considered as big as loss for women. After research it has been identified that woman can not go to the wedding parties as well as to the other social meetings as they try to hide their illness. Therefore, they avoid visiting the places where they might meet their acquaintances.

Egocentric attitude type towards illness has been identified in 8 people on the first stage, in 10 people on the second stage, in 7 people on the third stage and in 4 people on the fourth stage, overall in 29 patients (31.5%) out of 92. This attitude type is explained with obsession towards illness, exaggeration of illness-related sufferings and sorrows to capture surrounding people's full attention, demanding to be cared by all around them by ignoring their own business and appealing others to themselves during conversations with people. Reaction of self obsession towards illness is usually used to get upset from people and to blackmail them. People who require care and attention for themselves are considered as opponents for this type patients and they behave badly towards them. Complaints of patients are expressed very clearly with the help of expressive gestures and mimics. Emotion are also exaggerated and main purpose of their actions is to attract others' attention.

Euphoric attitude type towards illness has been identified

in 5 people on the first stage, in 10 people on the second stage, in 2 people on the third stage, overall in 17 (18.4%) patients out of 92. On the fourth stage no one has been identified. Patients in this type are usually carefree about illness and they try to get what life gives to them in spite of their illness and in its own turn this affects the routine that might make a negative difference on illness. In patients who are diagnosed with breast cancer, this type has been identified in only first, second and third stage patients but not in fourth stage.

Anosognosic type of illness has been identified in 2 patients on the first stage, in 11 patients on the second stage, in 5 patients on the third stage, in 2 patients on the fourth stage, generally in 20 patients out of 92.

This type is included in the first group and goes on without any negative social changes. Usually it is explained with active thinking, not behaving themselves as ill, not admitting exact view of illness not taking it serious, not agreeing with medical checking and treatment procedures. They support getting treated with their own ways. Patients' inner feelings are reflected on not considering illness and illness-related cases as real. From another point it can be explained that there might be improper views about signs of illness behind above-mentioned ways of thinking [12].

Ergopathic attitude type of illness is also included in types that show no social disorder. 2 people on the first stage, 8 people on the second stage, 3 people on the third stage, 3 people on the fourth stage, all together 17 people (17.3%) out of 92 patients have been identified regarding this type. Ergopathic type can be seen in "workaholicism" by ignoring the illness. Patients try to continue working hard with eagerness and curiosity, also they try not to distract their work because of medical checking and treatment procedures, in other words they try not to mix them with each other. Therefore, they do not admit their illness and get over it by being tough on themselves. Their point is that there is no illness that can not be got over with their patience and tolerance. Patients in this type are considered as fighters against illness and we observed their positive effect on the patients around them in their wards.

In paranoiac attitude type, 7 people on the first stage, 18 people on the second stage, 7 people on the third stage, overall 37 patients (40.2%) out of 92 have been identified. This type is explained by looking at illness with some kind of wickedness and with tendency to show negative effects of drugs and medical treatments prescribed by doctors and medical staff. It is suitable to punish all unreasonable blames and complaints of patients in this type. Paranoic type of effects shows mystic outlook to realize original causes and content of the illness. Namely it can be seen in words like "being punished by God», «being criticized a lot by people and others like this. This type of being affected arises on the basis of personal characters. This type goes along with inter-psyche disadaptation.

In the process of identifying attitude types in patients who are diagnosed with breast cancer, mixed attitude types have been observed inpatients. In this illness mostly worrying

(53), neurasthenia (51), sensitive (43), obsessive-phobic (40) attitude types have been observed, besides these, paranoiac

(37), egocentric (29) and epohondric (23) attitude types also have been observed in quite high degrees.

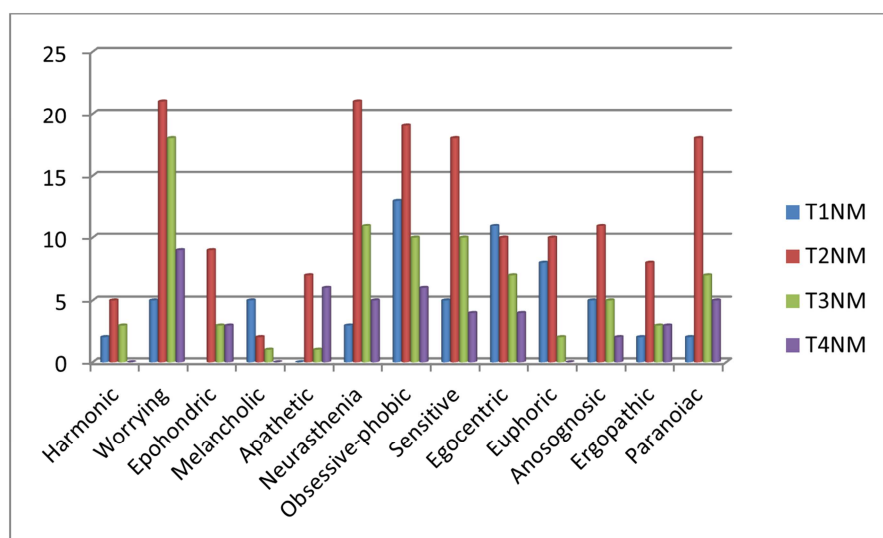


Figure 1. The results of "personal questionnaire of Bexterev institution".

Finally, it can be seen that tendency to get worried in a high degree, looking at the process as well as treatments regarding illness with fear and hesitation, searching for the new ways of treatment, becoming nervous, getting angry, high expectation of care and kindness from surrounding atmosphere, sensitivity, trying to hide their illness from their acquaintances, getting away from people who see them as not completely available for the lifestyle like others, failure regarding treatment, attentiveness towards superstition, blaming others on their illness, attempts to attract close people's attention around them and tendency to exaggerate their suffering have been observed during the research.

4. Conclusion

While we were diagnosing attitude types of patients who had succumbed to breast cancer, it has been identified that worrying, neurasthenia, obsessive phobic, sensitive, egocentric and apathetic types of attitudes have been observed in high degrees in all stages of the illness, also increase has been observed in paranoiac and neurasthenia attitude types together with worrying type. And this can show arising of serious changes, inadequate self-evaluation of patients, continual weak blows in emotional conditions, sometimes arises the thought of wicked forces in connection with treatment process on the last stage of the illness, namely in psyche of patients.

Taking all the points of research into consideration, it can be concluded that in treating female patients who are ill with breast cancer, not only medical treatments (surgery, chemotherapy, laser therapy) but also psycho-therapeutic actions that are based on optimizing attitudes towards illness should be conducted.

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