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Styl życia kobiet z chorobą nowotworową. Część III. Wpływ choroby nowotworowej na sferę psychiczną kobiet

Lifestyle of women with cancer. Part III. Impact of cancer on mental health of women

Streszczenie

Wstęp. Każda choroba, a zwłaszcza choroba nowotworowa, burzy dotychczasowy porządek wewnętrzny i zewnętrzny kobiety, jednocześnie stawiając ją w obliczu sytuacji, których wcześniej nie przeżywała. Najczęściej odczuwanymi negatywnymi emocjami są: lęk, przygnębienie, złość, stres oraz obawa co do dalszego funkcjonowania zarówno w rodzinie, jak i życiu towarzyskim czy zawodowym.

Cel. Głównym celem badania była analiza stanu emocjonalnego kobiet chorujących na choroby nowotworowe oraz wpływ wybranych czynników na prezentowany stan.

Material i metody. Analizowano wpływ wieku, miejsca zamieszkania, wykształcenia, stanu cywilnego oraz metod leczenia na sferę psychiczną chorych na chorobę nowotworową.

Wyniki. Najbardziej powszechnym stanem emocjonalnym, który towarzyszy chorym na raka od samego początku choroby jest lęk. Stan emocjonalny kobiet chorujących na choroby nowotworowe determinowany jest: wiekiem, miejscem zamieszkania, stanem cywilnym oraz zastosowaną metodą leczenia. Metoda chirurgiczna w największym stopniu wpływa u kobiet na poczucie mniejszej wartości. Często metoda ta jest tak drastycznym przeżyciem, że prowadzi do głębokiej depresji psychicznej.

Słowa kluczowe: stan emocjonalny, choroba nowotworowa, depresja.

Abstract

Introduction. Any disease, a neoplastic one in particular, shatters the internal and external order of the affected woman who has to face new, earlier unknown situations. The commonest negative emotions felt are: fear, depression, anger, stress and anxiety about further functioning in the family and social or professional life.

Aim. The main objective of the study was to analyse the emotional state of women with cancers and effects of some factors on their emotional state.

Material and methods. The impact of age, place of residence, education, marital status and methods of treatment on mental health of patients with neoplastic diseases was assessed.

Results. Fear is the commonest emotional state accompanying cancer patients since the onset of disease. The emotional state of women suffering from cancers is determined by age, place of residence, marital status and the method of treatment applied. Surgery is most strongly associated with low self-esteem. In some cases, the surgical method is such a dramatic experience that it may lead to severe depression.

Key words: emotional state, neoplastic disease, depression.

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INTRODUCTION

Any disease, a neoplastic one in particular, shatters the internal and external order of a woman who is faced with new, earlier unknown situations. The mixture and intensity of various emotional states often changes the emotional life of the affected women into a disastrous mental "holocaust", in which there is no boundary between physical and mental pain [1].

The commonest negative emotions experienced are fear, depression, anger, stress and anxiety about further functioning in the family as well as in social and professional life [2,3]. Fear accompanies patients with cancers since the very onset of disease. This feeling is the basic background of emotional life the other emotional states emerge from. Fear is an inseparable element of all experiences, such as depression, aggression, stress or hope [1].

AIM

The key aim of the present study was to analyse the emotional state of women suffering from neoplastic diseases and the effects of some factors on their emotional status.

MATERIAL AND METHODS

The study involved 331 women diagnosed with neoplastic diseases. The research tool was the questionnaire designed by the authors. The questionnaire was distributed amongst women attending prophylactic examinations in the hospital outpatient clinic (Teaching Hospital No 4) between March 2007 and April 2009. The analysis involved the emotional state of women and the impact of age, place of residence, education, marital status and methods of treatment on mental health of cancer patients. The results were statistically analysed. The values of parameters measured in the nominal scale were characterized by number and percentage whereas the relations between variables were assessed using the χ^2 test of independence. The 5% error of deduction was assumed; $p < 0.05$ was considered as statistically significant. The data base and statistical analyses were based on the Statistica 8.0 software (StatSoft, Poland).

CHARACTERISTICS OF RESPONDENTS

The study population consisted of 331 women aged 23-62 years. The mean age was 45.6 ± 8.9 years. The population was divided into three age categories (Table 1). The respondents aged 41-50 years constituted the largest group – 41.4% of the population, those <40 years of age constituted the smallest group – 90 individuals (27.2%). The majority of women had secondary education - 41.7%, the lowest percentage had elementary education – 4.2%. The highest proportion of women lived in towns < 100 thousand inhabitants – 42.3%, a substantial proportion lived in the country – 31.1%; 26.6% of respondents lived in towns

> 100 thousand inhabitants. According to the marital status, 70.1% of respondents were married; 10.6% were separated or divorced whereas only 7.9% were single (Tab. 1).

TABLE 1. Parameters studied.

Age	n	%
< 40 years of age	90	27.2 %
41-50 years	137	41.4 %
> 50 years	104	31.4 %
Education		
Elementary	14	4.2 %
Vocational	85	25.7 %
Secondary	138	41.7 %
Higher	94	28.4 %
Place of residence		
Town < 100 thousand inhabitants.	140	42.3 %
Town <100 thousand inhabitants.	88	26.6 %
Village	103	31.1 %
Marital status		
Single	26	7.9 %
Married	232	70.1 %
Separated or divorced	35	10.6 %
Widow	38	11.5 %

The neoplastic diseases most commonly mentioned by respondents were ovarian cancer – 45.3%, followed by cervical cancer – 32.3% and uterine body cancer – 11.5%. Breast cancer was diagnosed in 10.3% of respondents (Fig.1).

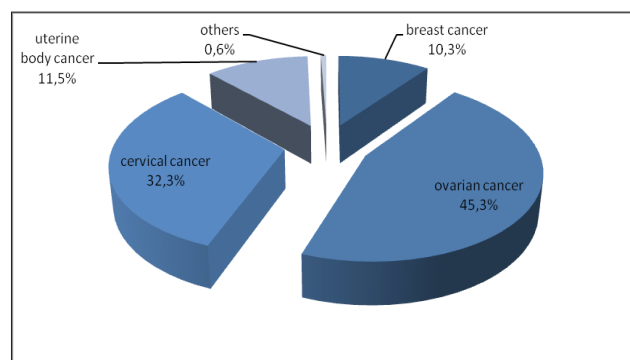


FIGURE 1. Cancers diagnosed in respondents.

RESULTS

Analysis of reactions to the diagnosis showed that the majority of respondents reacted with fear, anxiety – 68.6% (227 individuals) considering the information as a death sentence. The authors of numerous publications emphasize that fear is an emotion which has also a positive role in our mental life and external actions. The positive effect of fear involves mainly its warning function. Fear is a signal of internal or external danger, e.g. when cancer develops discreetly. It is the first feeling signalling that our body and

its organs function abnormally. Further symptoms confirm adjustment or justification of the fear felt earlier [1]. Sadness, depression accompanied 22.4% of respondents (74). The authors stress that such feelings develop when patients are helpless, powerless in the situation they were faced with. Sadness and depression are most common during the initial stage of disease when patients are surprised with the diagnosis and feel that their whole world “collapsed” [4]. Negation of disease was noted in 7.9% of respondents (26 patients). According to Karpińska [5], this is a very natural reaction even if a patient suspected some illness (Fig.2).

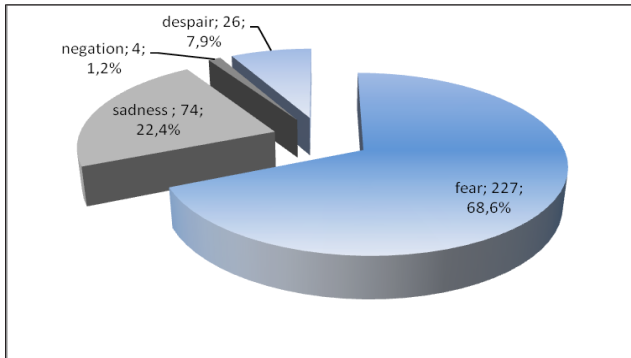


FIGURE 2. Emotional states of women once informed about the disease.

The emotional state of women was strictly correlated with the type of cancer ($\chi^2=35.01$; $df=12$; $p=0.00047$; Cramer’s $V=0.188$). Fear most commonly accompanied women diagnosed with ovarian cancer (44.4%) and cervical cancer (31.6%). Negation was most frequently observed in patients diagnosed with ovarian (53.9%) and breast cancer (30.8%). Despair – was mostly chosen by women with ovarian cancer (Fig.3).

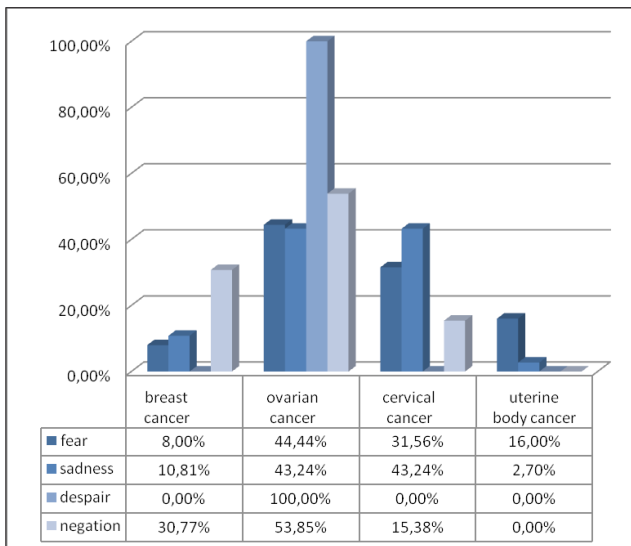


FIGURE 3. Emotional states of women according to the type of cancer.

The respondents were asked to provide information about the method of treatment used in their cases. The majority of them 47.1% (156 patients) underwent radiation therapy. Surgery was used in 26.9% (89) of patients and chemotherapy in 26% (86) of respondents (Fig.4).

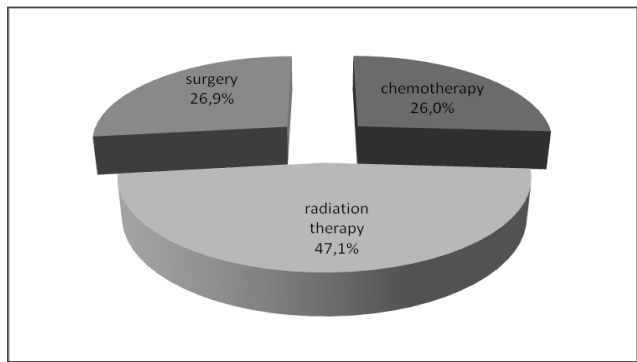


FIGURE 4. Methods of treatment used in respondents.

The emotional state after treatment was described by the majority of respondents as low self-esteem – 38.7% (128 patients); sadness, depression accompanied 32% (106) of respondents whereas fear about life was present in 28.7% (95 patients) of respondents (Fig.5).

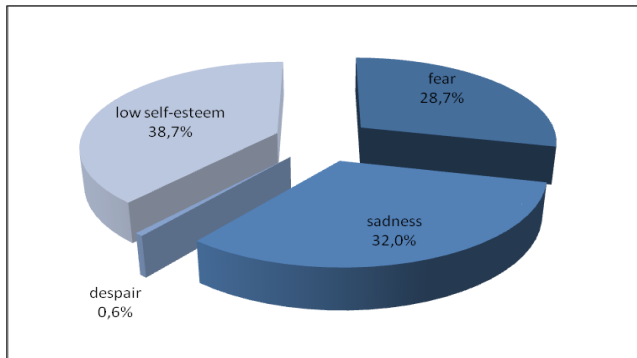


FIGURE 5. Emotional states of women after treatment.

The study findings revealed that the method of treatment had significant impact on emotional state of women. Irrespective of the level of education and type of cancer, the surgical method most extensively induced lower self-esteem ($\chi^2=16.00$; $df=6$; $p=0.00138$; Cramer’s $V=0.707$).

The authors of many publications emphasize that women after mastectomy, ovariectomy, or hysterectomy develop the so-called “half - woman complex”. The loss of a breast, being an attribute of femininity and motherhood, results in: low self-esteem or attractiveness, fear about family breakup and about sexual relations. The removal of genital organs, on the other hand, is associated with the loss of fertility and with sexual impairments. The situations mentioned above are so dramatic for women that they cannot cope with bodily injuries and consequently become severely depressed [2,4,6,7].

It was demonstrated that the emotional state of women was related to:

age ($\chi^2=15.4$; $df=6$; $p=0.0017$; Cramer’s $V=0.15$). Respondents <40 years of age significantly more often had low self-esteem whereas those from older age groups experienced mainly fear;

place of residence ($\chi^2=21.6$; $df=6$; $p=0.0014$; Cramer’s $V=0.189$). The place of residence had a significant effect on subjective feelings of patients. The respondents from town <100 thousand inhabitants significantly more often declared that the disease induced lower self-esteem whereas the

respondents from villages more often felt fear and sadness; marital status, another variable significantly affecting subjective feelings of respondents ($\chi^2=33.7$; $df=12$; $p=0.00075$; Cramer's $V=0,18$). Single women (maidens, divorced) significantly more often felt lower self-esteem. The married ones more commonly felt sadness, depression.

CONCLUSIONS

1. The commonest emotional state accompanying cancer patients since the onset of disease is fear.
2. The emotional state of the affected women is determined by age, place of residence, marital status and methods of treatment used.
3. The surgical method most extensively reduces self-esteem. In many cases, this method is such a dramatic experience that it leads to severe depression.

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