

• ТЕОРЕТИКО-МЕТОДИЧНІ АСПЕКТИ ФІЗИЧНОЇ РЕАБІЛІТАЦІЇ

• THEORETICAL AND METHODOLOGICAL ASPECTS OF PHYSICAL REHABILITATION

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**TYPES OF ATTITUDE OF WOMEN
AFTER RADICAL MASTECTOMY****Tetiana ODYNETS***Classic Private University, Zaporizhzhia, Ukraine***ТИПОЛОГІЧНИЙ РОЗПОДІЛ СТАВЛЕННЯ ДО ХВОРОБИ В ЖІНОК ПІСЛЯ РАДИКАЛЬНОЇ
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Анотація. Вивчення особливостей типів ставлення до хвороби є невід'ємною частиною побудови диференційованих програм психологічної та фізичної реабілітації пацієнтів різних нозологій. Мета дослідження: визначити особливості типу ставлення до хвороби жінок, що перенесли радикальну мастектомію. Методи дослідження: теоретичний аналіз і узагальнення; соціологічні; методи математичної статистики. До дослідження залучено 50 жінок після радикальної мастектомії за Мадденом. Виявлено типи ставлень з відносно достатньою адаптацією, а також ті, що супроводжувалися симптомами психічної дезадаптації (інтра- та інтерпсихічної). Вагомий внесок серед ставлень із психічною дезадаптацією інтрапсихічної спрямованості мав тривожний, неврастенічний та дифузний типу реагування на хворобу. Серед дезадаптації інтерпсихічної спрямованості було відзначено наявність сенситивного та егоцентричного типів ставлення до хвороби.

Ключові слова: мастектомія, ставлення до хвороби, адаптація, дезадаптація.

Statement of the problem. Breast cancer (BC) is quite common cancer pathology of women not only in Ukraine but throughout the world. Modern trends in incidence and mortality rates show a steady increase of the share of the localization of tumors for women [1, 2]. There are 157,722 patients with breast cancer registered in oncologic institutions of Ukraine in 2012. Paying attention to this disease is caused by the fact that according to Zaporizhzhya Regional Oncology Center in 2012 705 women were diagnosed with the breast cancer and the number of registered deaths totaled 356 cases [6]. One of the features of cancer is the psychopathological changes that occur in most patients because of the specificity of the disease. However, they deeply affect not only somatic but also the mental component [1].

Relationship with academic programs, plans, themes. The research was conducted within the theme "The individualization of physical rehabilitation for persons with special needs and athletes" according to the academic plan of Classical Private University for 2013–2018 (state registration 0113U000580).

Analysis of library resources. At present, the main method of treatment for breast cancer is surgery, after which there are a number of postoperative complications, leading to the development of mental and physical disorders. [2] The studies of the most experts [3, 4] clearly show that all of the patients, who underwent radical treatment for breast cancer, extremely needed psychological rehabilitation, which adequate conducting not only contributes to a noticeable improvement in health and physical condition, but also significantly improves the quality of life. The stressful factors are the detecting of malignancy, the presence of public understanding of the absence of the recovery possibility, a high percentage of deaths, possible surgery, radiation and chemotherapy which are closely related to somatic discomfort [4].

An integral part of the causes of psychological maladjustment is the psychological impact of radical surgery (removal of an organ or the formation of certain cosmetic defect). It serves as an additional stressful factor, since in the women's minds occurs psychological identification of breast cancer with female substance. The above has a direct impact on the recovering process, further prognosis for future disease, and patients' quality of life [1, 3].

All of the above determines the relevance of clarification of types of attitude to disease of women who underwent radical mastectomy. It can be the ground for development of differentiated psycho measures aimed at leveling of women' psychological maladjustment.

The aim of the research is to determine the typological features of attitude to the disease of women who underwent radical mastectomy.

Research Methods. 1. Analysis and synthesis of the library resources and empirical data. 2. Sociological methods (survey). 3. Methods of mathematical statistics.

Organization of the research. The study was conducted on the basis of Zaporizhzhya Regional Oncology Center. In ascertaining experiment 50 women who underwent modified radical mastectomy conducted for Madden were involved. The average age of the women studied was 55.44 ± 1.16 years. Initial survey of patients occurred on the 2nd -3d day after the surgery.

To determine the type of attitude to the disease we applied the questionnaire, developed in the Laboratory of Clinical Psychology at V.M. Bekhterev Institute which allows defining 12 types of attitudes to the disease: harmonious, erhopatya, anozognozic, anxious, hypochondriac, neurasthenic, melancholic, apathetic, sensitive, self-centered, paranoid, dysphoric.

Every type of attitude to the disease consisted of common feelings (wellness, mood, sleep, appetite), perceptions of the patients about their disease, treatment, attitudes toward medical staff, family, environment, work (studying), loneliness, past and future [5].

Results and discussion. Summarizing the results, all types of attitude to disease were grouped into three groups. The first group included the harmonious erhopatya and anozognozyc types of attitude which point out at the most favorable patient's response to the disease, the second group included – anxious, hypochondriac, neurasthenic, melancholic, apathetic ones which indicated on the intra-psychological personal response to the disease with disorders of social adaptation of patients and the third group – sensitive, self-centered, paranoid and dysphoric pointing to inter-psyche attitude.

Diffuse type of attitude predicted the presence of three or more assessment scales in the diagnostic area, while this type of women after radical mastectomy at inpatient phase was connected with intra-psychological direction [5].

According to the analysis of types of women's attitudes to breast cancer (Table 1) it was found that the rational attitude to the disease, which is accompanied by relatively sufficient mental adaptation, was observed only in 22 % of patients; symptoms of intra-psychological and inter-psyche maladjustment were observed in 54 % and 24% women respectively.

Table 1

Types of attitude of women after radical mastectomy for Madden

Types of treatment to disease	Number of cases	%
rational attitude		
harmonious	3	6
erhopaty	7	14
anozognozic	1	2
intra-psyche attitude		
anxious	6	12
hypochondriac	4	8
neurasthenic	6	12
melancholic	3	6
diffuse	8	16
inter-psyche attitude		
sensitive,	8	16
egocentric	4	8

Among the types of attitudes to the disease describing the relative psychological and social adaptation, erhopatya is the predominant type (escape from the disease to the work), which was observed in 14 % of women after radical mastectomy for Madden. For these women the main point was a job and they showed excessive liability and willful attitude to activity and therefore, despite the se-

verity of the disease they continued to perform their duties sought to maintain their professional status.

The anxious and neurasthenic types observed in 12% and diffuse – 16 % of women dominated among the types of intra-psychological maladjustment.

The presence of such anxiety in women after radical mastectomy was characterized by excessive anxiety, suspiciousness attitude to unfavorable course of the disease or its treatment. The result is a constant anxiety to depression and mental activity.

These patients are trying to get some advice on diagnose and treatment from various doctors. They are characterized by constant validation of diagnostic procedures based on new information from the medical literature and the Internet. Neurasthenic type of attitude indicated by the presence of irritation bursts, high sensitivity to the environment, restlessness, depression, lack of faith in the improvement of their condition.

In some cases patients showed the melancholic type of attitude, which was observed in 6% of women studied and it was characterized by excessively high level of awareness about existing problems, self-criticism, pessimism and assessment of future prospects for recovery.

It was established that patients after radical mastectomy for Madden have got fairly high incidence of diffuse type of attitude (16% of women), which combines the presence of three types of attitudes that are within the social and psychological maladjustment of intra-psychological orientation.

Inter-psyche attitude is characterized by prevalence of sensitive type at 16 % of women. This is manifested in excessive concern and effort to hide his illness, vulnerability, concern about the possibility of a negative impression on others through information about the disease and, as a result, avoidance of communication. The results of frequency analysis of responses to chosen themes characterizing the common feelings (wellness, mood, sleep, appetite) are presented in Fig. 1.

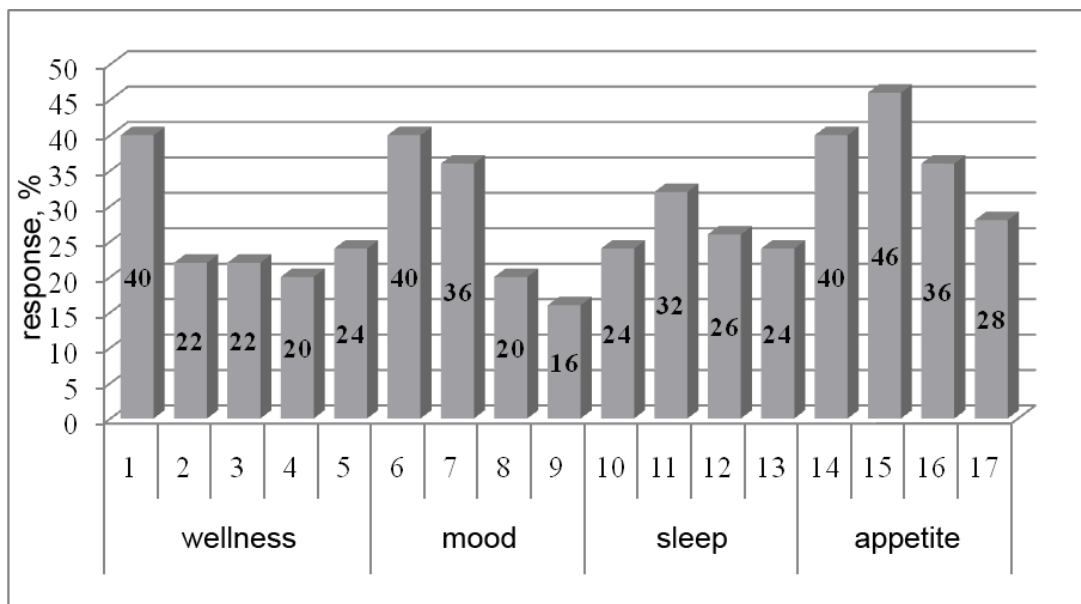


Fig. 1. The results of frequency analysis of women's responses of OGM and GPM after radical mastectomy on topics which characterize the common feelings (wellness, mood, sleep, appetite):

1 – Ever since I got sick, I am almost always feeling bad, 2 – I am trying to overcome the poor health, 3 – something always hurts me, 4 – I'm trying to patiently endure physical pain and suffering, 5 – my health is very dependent on how you treat me, 6 – due to illness, I am often impatient and irritable, 7 – I am in a bad the mood because of expectation of possible trouble, concern for loved ones, uncertainty in future 8 – I do not allow myself to be sad because of the disease, 9 – a minor trouble saddens me greatly, 10 – I do not sleep at night and feel sleepy during the day, 11 – if I am upset I can not sleep long , 12 – I have bad and restless sleep and often painfully melancholy dreams, 13 – at night I come in bouts of fear, 14 – I have a good appetite, 15 – I have a poor appetite, 16 – I can easily lose my appetite, 17 – I'm trying to stick to a diet developed by myself.

Analysis of the most frequently selected statements made by patients suggests that radical sur-

gery makes a significant impact on patients' wellness. This was found in 40 % of women, while only 22 % of patients try to overcome the feeling of bad mood.

The statement "My health depends greatly on how you treat me" was approved by 24% of respondents, "I feel unwell after unpleasant things or situations" – 16% while only 12% of women reported their health as quite satisfactory.

The presence of impatience and irritability associated with disease was found in 40 % of women, worsening of mood because of expectations of possible trouble, concern for loved ones, uncertainty in the future – 36%, that indicates about excessive anxiety, high sensitivity and susceptibility to the formation of fears and concerns for minor occasions.

Dominance of anxious mood is reflected in sleep disorders, resulting in poor sleep, feeling drowsy during the day, bouts of fear and melancholy dreams at night.

A good appetite was shown by 40% of respondents, while bad one – 46%. Excessive sensitivity and vulnerability of women after radical mastectomy impact on poor appetite under any circumstances was observed in 36 % of women.

Conclusion. Women who underwent radical mastectomy are in most cases characterized by intra-psychological personal attitude to the disease that causes the violation of social adaptation of patients. Maladaptive behavior of such women manifested anxiety, depression, and complete focus on their illness.

The inter-psychic attitude to the disease characterized by sensitized attitude toward their disease and aggressive moods toward others was observed at a lesser extent.

Prospects for future research include determining the effect of the traditional physical rehabilitation and author's program on the typological distribution and women's attitude to the disease after radical mastectomy.

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ОТНОШЕНИЯ К БОЛЕЗНИ ЖЕНЩИН ПОСЛЕ РАДИКАЛЬНОЙ МАСТЭКТОМИИ

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Аннотация. Изучение особенностей типов отношения к болезни является неотъемлемой частью построения дифференцированных программ психологической и физической реабилитации пациентов той или иной нозологии. Цель: определить особенности типов отношения к болезни женщин, которые перенесли радикальную мастэктомию. Методы исследования: теоретический анализ и обобщение; социологические методы; методы математической статистики. В исследовании приняли участие 50 женщин после радикальной мастэктомии по Маддену. Выявлены типы отношения с относительно достаточной адаптацией, а также те, которые сопровождались симптомами психической дезадаптации (интра- и интерпсихической). Весомый вклад среди отношений с психической дезадаптацией интрапсихической направленности имел тревожный, неврастенический и диффузный типы реагирования на болезнь. Среди дезадаптации интерпсихической направленности было отмечено наличие сенситивного и эгоцентрического типов отношения к болезни.

Ключевые слова: мастэктомия, отношение к болезни, адаптация, дезадаптация.

TYPES OF ATTITUDE OF WOMEN AFTER RADICAL MASTECTOMY

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Abstract. The investigation of some features of attitude type to the disease is an integral part of developing of the differentiated application of psychological and physical rehabilitation of patients of different nosology. The objective of the research is to identify features such as attitudes to the disease of women who underwent radical mastectomy. Methods applied: theoretical analysis and synthesis, sociological method, and method of mathematical statistics. Fifty women after radical mastectomy were involved in the study according to Madden. Types of attitude of relatively adequate adaptation, as well as those that are accompanied by symptoms of psychological maladjustment (intra- and inter- psychical) were revealed. An important place among of attitudes of mental maladjustment with intra-psychical has taken anxious, neurasthenic and diffuse type of response to the disease. At the maladjustment with inter-psychical orientation the presence of sensitive and egocentric types of attitudes towards the disease were found.

Key words: mastectomy, the type of attitude to the disease, adaptation, maladjustment.

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