

### Oncopsychology of Patients with Breast Cancer after Treatment

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#### ABSTRACT

Rehabilitation of a patient with cancer includes not only physical recovery and restoration of the functioning of the body, but also the maximum possible return to normal life before the disease. This is unattainable without taking into account the personality of the sick person. The success and high probability of a favorable outcome in the treatment of oncological diseases significantly contributes to an increase in the life expectancy of patients with malignant neoplasms of the breast, according to studies, five-year survival rates exceed 80% compared to the past decade.

**Relevance.** Cancer is currently one of the leading causes of morbidity and mortality in the world (World Health Organization, 2021). For example, the annual increase in the incidence of cancer in the Russian Federation is approximately 4–7%. In the world, 7 million people die every year from malignant tumors, and many of this huge number make up the able-bodied part of the population (Vagaitseva M.V., Chulkova V.A., Karpova E.B., Leonenkova S.A. 2015). There is a gap between a large number of somatic treatment options and a lack of knowledge about the features of the mental processes of a patient with cancer. Therefore, oncopsychology is an approach that integrates various methods of treating patients. The success and high probability of a favorable outcome in the treatment of oncological diseases largely contributes to an increase in the life expectancy of patients with malignant neoplasms of the breast, according to studies, five-year survival rates exceed 80% compared to the past decade (A.D. Kaprin et al., 2017). This fact makes us pay more attention to the quality of life of patients than to their life expectancy. Some studies conducted on this topic indicate that the pathology of oncological genesis affects mental activity as a psychogenic and somatogenic factor: the treatment of such a disease is usually accompanied by a complex of mental and physical exhaustion, which naturally reduces the mental functioning of the patient (E.F. Bazhin, A V. Gnezdilov, 1983; A. E. Kolosov, N. B. Shipovnikov, 1994; V. D. Mendelevich, 2002; N. V. Tarabrina et al., 2007; I. E. Kupriyanova et al., 2009).

Breast cancer is the most common malignancy, affecting 1 in every 8 women, and is the second leading cause of cancer death in women. Breast cancer is associated with many risk factors, which are generally divided into non-modifiable, such as the hereditary factor BRCA1/2, and modifiable, such as lack of physical activity. About 25% of cancer cases worldwide are caused by being overweight and having a sedentary lifestyle. The International Agency for Research on Cancer has estimated that 13,000 cases of breast cancer could be avoided in the European Union each year by maintaining normal body weight and physical activity.

The American Cancer Society recommends at least 30 minutes of physical activity a day, and preferably 45-60 minutes, at least 5 days a week, in addition to daily activities. Unfortunately, two-thirds of patients do not achieve this recommended amount of exercise.[11] Also, the American Cancer Society conducted a meta-analysis, including 12,108 women with invasive breast cancer, which concluded that physical activity before diagnosis significantly reduced all-cause mortality by 18% [14]. In women with estrogen receptor positive (ER+) tumors, physical activity has been shown to reduce disease-specific mortality by 64%, respectively. On the other hand, no benefit has been shown among women with ER-negative disease. The inverse relationship between physical activity and mortality, especially among patients with ER-positive disease, is potentially explained by the beneficial effect of exercise on estrogen levels. Other large studies have found similar effects. More than 21 hours of physical activity per week is associated with a reduced risk of breast cancer recurrence and better survival. They were associated with a dose-response trend. The risk of breast cancer recurrence can be reduced by 50% among breast cancer patients with ER2/PR2 tumors. These huge benefits are mainly observed in women with ER-positive tumors [9; 11-13;15]. Holmes found that the 5-year survival rate for women who exercised 9 or more hours per week was 97%, and those who exercised less than 3 hours per week had a 5-year survival rate of 93%. The 10-year survival was 92% and 86%, respectively. The risk reduction was 4% at 5 years and 6% at 10 years for women who were physically active 9 or more hours per week compared with women who were physically active less than 3 hours per week [9]. All of these results indicated that physical activity is a relatively convenient, easy, and affordable risk modifier that can change the outcome of breast cancer in millions of women. This risk reduction is achieved through various biological mechanisms. with the participation of sex and metabolic hormones, adipokines, immune system factors and oxidative stress. The above benefits can be much better than most invasive interventions currently available. The above benefits can be much better than most currently available invasive interventions [14]

Rehabilitation of a patient with cancer includes not only physical recovery and restoration of the functioning of the body, but also the maximum possible return to normal life before the disease. This is unattainable without taking into account the personality of the sick person. Successful rehabilitation of a patient with oncological pathology involves the following: • partnership between the patient and the doctor; • versatility of the impacts, which are aimed at different areas of the patient's life; • the unity of biological and psychosocial factors influencing a person; • phased measures designed to restore human functioning, taking into account dynamically the changes that occur in the physical and mental state of the patient (Karitsky A.P., Chulkova V.A., Pestereva E.V., Semiglazova T.Yu. 2015) .

**The purpose of the study:** to identify the features of the perception of one's body, attitude towards oneself and the level of self-esteem in women with malignant neoplasms of the breast.

#### **Materials and methods of research:**

The study was conducted at the Bukhara State Medical Institute named after Abu Ali ibn Sina in the oncology department. The research procedure included three stages: 1. Analysis of the scientific literature on the psychological characteristics of women with malignant neoplasms of the breast. Definition of the object and subject of research, setting goals and objectives. 2. Visiting patients on the department, describing the objectives of this study and its format, obtaining informed consent and conducting a brief clinical diagnostic interview. 3. Conducting the experimental-psychological part of the study - filling out questionnaires with patients. 4. Feedback to the participants of this study included the provision of the results of the passed methods by mail or in person, with subsequent answers to questions that arose. To fulfill the tasks presented at the beginning of the work and achieve the goal of the study, clinical-

psychological and experimental-psychological methods were used.

**Results:** When studying the attitude towards oneself in the personality structure, the constituent components of this psychological phenomenon are analyzed. One of these components is "internal honesty". This characteristic is expressed by average values. In general, patients are characterized by self-criticism, but there is a tendency to be unwilling to disclose important information about themselves. "Self-confidence" is also at an average level. Patients evaluate themselves as independent and quite self-confident people who have something to respect themselves for. The next factor that determines self-attitude is "self-guidance", as the idea that the main source of activity and results, which relate both to activity and to the personality itself, is the person himself. This characteristic is also expressed at the middle level. Patients tend to believe that their fate is in their own hands, that they are able to organize their activities, behavior and communication.

The "reflected self-relationship" was assessed at a high level, reflecting a person's idea that his activity and personality as a whole are capable of evoking approval and understanding in others. "Self-value" is also at a high level. This factor reflects the value of one's own personality and at the same time the perceived value of one's "I" for other people. "Self-acceptance" as one of the factors of self-attitude, reflects a feeling of sympathy for oneself, agreement with oneself, and also implies a friendly attitude towards oneself. All participants in the sample are characterized by self-acceptance at a high level. "Self-attachment" reflects the rigidity of the "I-concept", the unwillingness to change against the backdrop of a positive attitude towards oneself. For the majority of participants in the study, this component of self-attitude is at an average level of severity. It should be noted that such factors of self-attitude as "internal conflict" and "self-accusation" are expressed at an average level. Probably, some of the women who took part in the study are worried about unresolved internal conflicts, and they are also prone to intrapunitive reactions.

According to the results of the study of attitudes towards their bodies, it was revealed that the participants were generally satisfied with their appearance. At the same time, in the judgments of patients, there is a tendency to assume that appearance is of great importance, they are ready to pay more attention to it. There is sufficient satisfaction with body parameters as an assessment of certain aspects of one's appearance. Patients in this sample are not characterized by concern for being overweight. However, some patients tend to overestimate their weight, ranging from underweight to overweight.

Investigation of the characteristics of the perception of one's body and self-esteem in women with malignant neoplasms of the breast We conducted a comparative analysis between the subgroups of the studied using the analysis of variance. "Group 1" consisted of women with MN of the breast of a young age (18-44); "Group 2" included women with advanced breast cancer (45-59 years); "Group 3" - women with advanced breast cancer (60-74 years). The next subgroup included: married women with children (Group A); and women who are not married and without children (Group B). The sample was also divided according to the duration of the disease: women who have been ill for less than 1 year; and women who have been ill for more than one year.

3.2.1. Analysis of the subjective attitude towards oneself in patients with breast cancer depending on age, marital status and duration of the disease As a result of the comparison, statistically significant differences were found between the subgroups in terms of such an indicator as "self-esteem". The level of self-esteem in patients differs depending on age, marital status and duration of the disease. It was found that the level of self-esteem is higher in married young and elderly women with children who have been ill for more than one year. The "reflected self-relationship" was assessed at a high level, reflecting a person's idea that his activity and

personality as a whole are capable of evoking approval and understanding in others. "Self-value" is also at a high level. This factor reflects the value of one's own personality and at the same time the perceived value of one's "I" for other people. "Self-acceptance" as one of the factors of self-attitude, reflects a feeling of sympathy for oneself, agreement with oneself, and also implies a friendly attitude towards oneself. All participants in the sample are characterized by self-acceptance at a high level. "Self-attachment" reflects the rigidity of the "I-concept", the unwillingness to change against the backdrop of a positive attitude towards oneself. For the majority of participants in the study, this component of self-attitude is at an average level of severity. It should be noted that such factors of self-attitude as "internal conflict" and "self-accusation" are expressed at an average level. Probably, some of the women who took part in the study are worried about unresolved internal conflicts, and they are also prone to intrapunitive reactions.

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