

COMPARATIVE ANALYSIS OF THE PREFERRED COPING STRATEGIES AND DEFENSE PSYCHOLOGICAL MECHANISMS IN PROSTATE CANCER PATIENTS COMPARED WITH PATIENTS IN OTHER CANCERS

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This paper discusses the results of a study of psychological defense mechanisms and coping strategies in patients with prostate cancer, as well as to compare them with a group of patients with other cancer and the control group. Just study the dependence of the severity of anxiety and defense mechanisms of coping strategies and interpretation of the information obtained. The results can be the basis for the development of rehabilitation program to work with this group of patients.

Keywords: men-s health, mental health, prostate cancer, cancer, oncopsychology

The prostate cancer is the most widespread among other forms of cancer at men in the United States to America. Annually more than 180 000 new cases and 37000 deaths from it are found. In America about 1 billion dollars are allocated for patient care with prostate cancer [1]. In Russia the prostate cancer takes the 6th place on prevalence and mortality among other forms of cancer at men. It promotes number of features of treatment of this disease, such as late diagnostics of disease and lack of psychological patient care [2].

As, the prostate cancer proves severe stress for the man, and in its mentality there are considerable changes. The organism is reconstructed in protective states and its resources will be mobilized to neutralize negative impact of stress. At the behavioral level it is shown in coping-strategy, and at the unconscious level in psychological protective mechanisms.

The coping strategy is individual way of overcoming stress. Allocate constructive coping-strategy and maladaptive coping-strategy can stabilize conditions of sick prostate cancer [3]. To give maladaptive strategy strong internal tension of the patient. For neutralization of negative emotional charge psychological protective mechanisms are used by the person.

These features also define individual types of response of patients to the disease. Someone meets disease face to face and begins fight against it, and someone aims to forget about it [4]. Studying of features of psychological protective mechanisms and coping-strategy at patients with cancer of prostate will allow to create theoretical base for the psychological rehabilitation program

Studying of individual psychological characteristics, such as the preferred coping-strategy and psychological protective mechanisms, for definition of their features of reaction and difference from other oncological patients was the purpose of our research.

Results of research and their discussion

The research included 65 people. From them 40 people have prostate cancer, 25 people of patients with other types of oncological diseases (intestines cancer, cancer of urinary bladder). All patients are men whose average age of $62,4 \pm 7,1$ years. Suffering from cancer prostates (experimental group) and patients with oncological diseases were at the initial stage of treatment (stage of laboratory diagnostics). Selection of group of patients with cancer of prostate formed on the basis of sex, age, existence of disease and stage of its treatment. Examination was conducted by N to voluntary basis. The research was conducted by questioning method. To find out indicators of such characteristics as levels of situational, personal anxiety, coping-strategy and expressiveness of psychological protective mechanisms techniques "Scale of uneasiness of Spilberger" (7), by "Coping-test of Lazarus" (8) and "Index of Vital style" were used (6).

The purpose of our research – to study indicators of expressiveness of psychological protective mechanisms and coping – strategy at patients with cancer of prostate and group of the people sick with other oncological diseases, and also level of expressiveness of uneasiness and its dependence on psychological protective mechanisms and coping-strategy.

Statistical analysis of data was carried out by means of SPSS Statistics 17.0 package, and also the Microsoft Excel program and included descriptive statistical characteristics of selection (arithmetic average, standard deviation) and the correlation analysis which was carried out by means of rank coefficient of Spirmen. Reliable considered differences at $p \leq 0,05$.

As a result of our research it is revealed that at men, patients with cancer of prostate gland the level of personal and situational uneasiness is much higher than normative values of uneasiness. In this regard it is possible to assume that understanding of the disease, fear of the forthcoming procedures and loss of the social status frighten men.

At experimental group, as well as at patients with other oncological diseases, the Denials mechanism is strongly expressed ($\bar{M} = 90,6$). It is probable that they try to perceive, not to admit the fact that their health is threatened by serious danger to consciousness. It appears, cancer patients have prostates, as well as at patients with other oncological diseases such indicator as "reactive education" is strongly expressed ($M = 81,9$; $M = 83,2$). It can demonstrate that these groups try not to allow to themselves information which can do much harm to their social status or health, and also their unconscious fears and experiences come to light in the form of somatic symptoms. But at experimental group the protective mechanism as "Suppression" dominates ($M = 95,6$) that can demonstrate that this triad promotes and strengthens psychosomatic manifestations [3]. The withheld emotions the "suppression" and "denial" mechanism do not find way out of consciousness of the patient that forces them to pass into corporal form. It is worth investigating in more detail psychosomatic phenomena at this group of patients that to define reliability of this conclusion, by projective techniques.

Correlation indicators between level situational and personal uneasiness with degree expressiveness of protection "suppression" ($r = -0,9876$; $r = -0,72901$ at $p > 0,05$) show that it has high performance and holds leading position, in relation to other protection.

Low, in comparison with other values, the indicator of expressiveness psychological the protective projection mechanism at patients with cancer of prostate can say that they are less inclined to attribute the experiences and negative emotions. This fact proves that these patients do not give exit to the experiences, locking in itself negative emotions.

In comparison with other groups, protection "Regression" tells expressiveness about

aspiration of the personality in the behavioral reactions to stress and alarm to go to earlier, children's types of reaction. Opening subject of psychosomatic manifestations, the children's type of reaction means somatization because cannot cope with it by means of other, more mature psychological protection. Also it was revealed that use of this mechanism of protection does not lead to decrease in alarm, and on the contrary increases it. ($r = 0,7723567$; $r = 0,6545767$, at $p > 0,05$).

By results of technique of "Coping-test of Lazarus" strong deviations from control group are not revealed. However, at group of patients with cancer of prostate strategy "distancing" is expressed. Most likely, examinees from experimental group try not to be involved emotionally in the problems with health, to underestimate effects and threat to the health. "Positive revaluation" says low indicator of expressiveness of strategy that patients do not see in the disease positive aspects, possibilities of personal growth for themselves. But at the same time at patients with cancer of prostate increase in personal and situational uneasiness when using strategy distancing is observed that testifies to inefficiency of this strategy and at them, as if they did not try to depreciate the diagnosis.

In the analysis of data, it is revealed that patients use such strategy as "search of social support" less often ($M = 44,9$), however it correlates with decrease by personal uneasiness ($r = -0,51254$, at $p > 0,05$). Other researches showed that men, as a rule, do not prefer to divide the experiences with others though support from the spouse does them by surer [6].

Conclusions

Thus, it was revealed that at group of the people having the diagnosis prostate cancer, high level of personal and situational uneasiness. For its suppression they use preferential such protective mechanisms as "Suppression" and "Denial", unlike control group. This acquired information demonstrates that at this group is much higher risk of psychosomatic disorders, than at patients with other oncological diseases. At the behavioral level it is confirmed by results of research of system of coping-strategy of patients. Men address for social support less often, but its receiving reduces their uneasiness.

From everything is higher than told follows that patients with cancer of prostate need to create absolutely new system of psychological rehabilitation which will rely on the received results. This program has to include integrated effect on mentality of the patient, work with

its a close social circle, especially with the spouse. Main objectives for work are the high level of uneasiness, the suppressed emotions and unwillingness to accept support from the relatives. It is also necessary to study more profoundly existence at this group of people of psychosomatic diseases.

References

1. Landis SH, Murray T, Bolden S, Wingo PA. Cancer statistics, 1999. *CA Cancer J Clin* 1999; 9:8–31.
2. Brown M.L., Fintor L. The economic burden of cancer. In: Greenwald P, Kramer BS, Weed DL, editors. *Cancer prevention and control*. New York (NY): Marcel Dekker; 1995. – p. 69–81.
3. Kopyltsov E.I., Novikov A.I., Kosenok V.K., Leonov O.V., Pigeon N.N., Akulinin V.A., Jacqmin D., Massard G. *Oncological diseases of bodies of urinogenital system*. – Omsk: Publishing house of the MO and IT Center Omsk state. medical academy, 2008. – 197 p. (Oncology. Book 4).
4. Gardanova Zhanna Robertovna, Abdullin Iskander Ilfakovich, Chernov Dmitry Nikolaevich, Chernov Anton Vyacheslavovich, Kekteeva of Yuli Igorevn Koping-strategiya at patients with cancer of prostate // *Research'n Practical Medicine Journal*. 2015. No. 4. – P. 66–69.
5. Rasskazova E.I., Gordeeva of T.O. Koping-strategiya in stress psychology: approaches, methods and perspectives [Electronic resource]//Psychological researches: electron. nauch. zhurn. 2011. N 3(17). URL: <http://psystudy.ru> (date of the address: 29.06.2106).0421100116/0027.
6. Carlson L. E. et al. Mindfulness-based stress reduction in relation to quality of life, mood, symptoms of stress, and immune parameters in breast and prostate cancer outpatients//*Psychosomatic medicine*. – 2003. – T. 65. – No. 4. – P. 571–581.
7. Isaeva E.R. Mechanisms of psychological adaptation of the personality: modern approaches to research of koping and psychological protection//*Bulletin of the St. Petersburg university. Series 12. Sociology*. – 2008. – No. 2.
8. Wasserman L.I., Eryshev O.F., Klubova E.B. *Psychological diagnostics of index of vital style*. – SPb.: Publishing house: SPbNIPNI of V.M. Bekhterev, 2005. – 50 p.
9. Batarshv A. V. Basic psychological properties and self-determination of the personality: Practical guidance on psychological diagnostics. – SPb.: Speech, 2005. P. 44–49.
10. Kryukova T.L., Kuftyak E.V. Oprosnik ways of sov-ladaniye (adaptation of technique of WCQ) / *Magazine of the practical psychologist*. – M., 2007. No. 3.