WOMEN WITH BREAST CANCER VS CLINICALLY HEALTHY WOMEN

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Abstract: In this research I decided to study psychological changes that occur in women with the diagnosis of breast cancer, which form a diversified panel of essential aspects that reflect quality of life. All of affective reactions and tone of sadness, grief, acceptance, discouragement and anxiety, along with disturbances occurred in the perception of the image and self-esteem reflected in the couple relationship are very important aspects involving a qualitative change of life of a women diagnosed with breast neoplasia.

Keywords: *self-esteem, cancer, anxiety, depression, disease state management*

Among the diseases that dominate current overall pathology, neoplasms have a high percentage steadily increasing in recent decades, despite the obvious progress of research in various fields of medicine. For females, breast cancer continues to hold the supreme place among mortality.

Neoplasia have a high percentage reaching a maximum at age groups leading up to menopause. Breast cancer is very rare before the age of 25 years. His frequency continuous increase after 30 years, especially in the last half century.

The diversity of risk factors in the development of this disease may include previous medical history and family specific, but it cannot be determined precisely using only the criterion of age. However, factors such as the incidence of endocrine disorders (hormonal imbalance) in younger women may be responsible for developing this disease. There are studies that the women using combined oral contraceptives earlier than 18 years before the first pregnancy and for a period longer than 10 years have increased chances of breast cancer development.

Depressive personality, the anguish of loss is dominating in its various derivative forms: fear of isolation, separation, lack of protection and loneliness, of being left. Therefore, the person in depression, feeling "anesthetized" emotionally affective, search nearby the strongest possible bond, to protect and to feel safe. Depression in cancer patients arising from: diagnosis and treatment itself, medication, endogenous depression, bipolar mood disorder recurrence.

Objectives of research:
Objective 1: Highlighting the differences between women with cancer than those who are healthy regarding the self-esteem.
Objective 2: To study the relationship between emotional maturity and self-esteem size in healthy women.
Objective 3: Importance of health before and after finding the disease, how women react when it comes to their health.

Research hypotheses:
Hypothesis 1: Self-esteem is lower in women with cancer to healthy ones.
Hypothesis 2: The degree of emotional maturity to oncology patients differ from individuals who do not suffer from cancer

Hypothesis 3: People with cancer have higher levels of anxiety than clinically healthy persons.

Hypothesis 4: There are differences between cancer and healthy women in the disease management.

Hypothesis 5: There are differences between cancer and healthy women regarding prevention of disease.

Hypothesis 6: There are differences between cancer and healthy women with regard to health-related depression.

The sample of subjects:

- In this research participated a group of 60 subjects, divided into two samples: the first sample includes 30 women who were diagnosed with breast cancer aged between 35-75 years and the second sample includes 30 women healthy aged between 35-75 years.

Subjects participated voluntarily in the study, being elected in the Municipal Hospital, Department of Oncology in Arad, Romania

Research tools:

On all of the 60 subjects were applied following tests: Emotional Maturity Questionnaire by Friedman, Rosenberg scale comprising self-esteem and Multidimensional Health Questionnaire.

DATA PROCESSING AND INTERPRETATION OF RESULTS

Hypothesis 1: Self-esteem is lower in women with cancer to healthy ones.

Women tested		N	Average	Standard deviation	Standard error
Self esteem	With cancer	30	30.5667	3.75714	.68696
	Without cancer	30	32.8333	3.84244	.70153

Since for- group of patients with breast cancer, mean (M = 30,566) is more decreased than that of healthy patients group (M = 32.833), we consider only the patients with breast cancer is lower self-esteem.

		Levene test equality variants		t test for equality averages	
		F	Sig	t	Sig (2 tailed)
Self esteem	equal variations assumed	.010	.921	2.310	.024
	equal variants not assumed			2.310	.024

We note that materiality is less than .05 (p <.05). Independent t (58) = 2.310, p <.05. In conclusion, our hypothesis was confirmed by the data above.

Hypothesis 2: The degree of emotional maturity to oncology patients differ from individuals who do not suffer from cancer.

Women tested		N	Average	Standard deviation	Standard error
emotional	With cancer	30	30.5667	18.7693	.55360

maturity	Without cancer	30	32.8333	20.0853	.41298

Given that only in the group of patients with breast cancer, mean (M = 18,769) is more decreased than that of healthy patients group (M = 20,085), consider only healthy patients are more mature, so maturity differs.

		Levene test equality variants		t test for equality averages	
		F	Sig	t	Sig (2 tailed)
emotional maturity	equal variations assumed	.010	.921	2.310	.024
	equal variants not assumed			2.310	.024

Note that in the above tables maturity differs from the two samples. From the above tables we interpret that assumption is significant as independent t (58) = 1.856, p> .05.

Hypothesis 3: People with cancer have higher levels of anxiety than clinically healthy persons

	Women tested	N	Average	Standard deviation	Standard error
anxiety	With cancer	30	13.7333	4.18481	.76404
	Without cancer	30	6.5333	4.41575	.80620

To see which of the two groups showed higher values in anxiety level, we considered the central tendency (average) of the two groups. Thus, since for- group of patients with breast cancer, mean (M = 13,733) is considerably higher than that of healthy patients group (M = 6.533), consider only the patients diagnosed with breast cancer have a level of higher anxiety.

		Levene test equality variants		t test for equality averages	
		F	Sig	t	Sig (2 tailed)
anxiety	equal variations assumed	.009	.926	6.482	.000
	equal variants not assumed			6.482	.000

The hypothesis is significant because: independent t (58) = 6.482, p <.001, which means that it is very significant.

Hypothesis 4: There are differences between women with cancer and healthy in terms of disease management

	Women tested	N	Average	Standard deviation	Standard error
disease state management	With cancer	30	16.1333	3.98907	.72830
	Without cancer	30	12.1000	4.43614	.80992

To see whether there are differences in terms of disease state management between the two groups, we considered the central tendency (average) of the two groups. Thus, since for-

group of patients with breast cancer, mean (M = 16,133) is higher than that of healthy patients group (M = 12,100), consider only the patients diagnosed with breast cancer have a higher level the disease state management, so there are differences in terms of disease state management.

		Levene test equality variants		t test for equality averages	
		F	Sig	t	Sig (2 tailed)
disease state management	equal variations assumed	.243	.624	3.703	.000
	equal variants not assumed			3.703	.000

For quantitative analysis we observe that the hypothesis is significant in women who were diagnosed with cancer, which shows that they are more careful with what they eat and when and in what quantity. For quantitative analysis we realize that independent t (58) = 3.703, p <.001, this means that our assumption is significant, so there are differences in terms of disease state management.

Hypothesis 5: There are differences between cancer and healthy women regarding prevention of disease.

Women tested		N	Average	Standard deviation	Standard error
prevention of disease	With cancer	30	16.000	3.98272	.72714
	Without cancer	30	13.7667	3.65479	.66727

To see whether there are differences in terms of prevention of disease between the two groups, we consider central tendency (average) of the two groups. Thus, since for- group of patients with breast cancer, mean (M = 16.00) is higher than that of healthy patients group (F = 13.766), we consider only the patients diagnosed with breast cancer have a higher level prevention of disease, so there are differences in terms of prevention of disease.

		Levene test equality variants		t test for equality averages	
		F	Sig	t	Sig (2 tailed)
prevention of disease	equal variations assumed	.703	.405	2.263	.027
	equal variants not assumed			2.263	.027

It notes that this assumption is significant and we realize the following result: independent t (58) = 2.263, p <.05

Hypothesis 6: There are differences between cancer and healthy women with regard to health-related depression.

Women tested		N	Average	Standard deviation	Standard error
depression	With cancer	30	11.100	6.06488	1.10729
	Without cancer	30	3.2000	4.14729	.75719

To see whether there are differences in terms of health-related depression between the two groups, we consider central tendency (average) of the two groups. Thus, since for- group of patients with breast cancer, mean (M = 11,100) is significantly higher than that of healthy patients group (M = 3,200), consider only the patients diagnosed with breast cancer have higher depression level, so there are differences in terms of health-related depression.

		Levene test equality variants		t test for equality averages	
		F	Sig	t	Sig (2 tailed)
Depression	equal variations assumed	6.871	.011	5.889	.000
	equal variants not assumed			5.889	.000

For quantitative analysis is observed as a significant event and confirmed due next result: independent t (58) = 5.889, p <.001

Conclusions:

- In the final conclusion, the first assumption is lower self-esteem in women with cancer to healthy ones; the result was significant in that case what results hypothesis was confirmed.
- In the second hypothesis it was: emotional maturity that differ from oncological participants to individuals who do not suffer from cancer, hypothesis was confirmed because it was shown that women who have cancer are not emotionally mature than those who are healthy.
- The third hypothesis is that anxiety is higher in women who were diagnosed with cancer compared to those who are clinically healthy. The hypothesis was again confirmed.
- For the fourth hypothesis disease management is greater in women who have cancer compared to healthy women. Again hypothesis was confirmed. Management should not be found only in women with cancer should figure more prominently in healthy women but unfortunately these things do not happen.
- In the penultimate hypothesis is about preventing the disease and its awareness. Women who have cancer are more attentive to those who are healthy. Again hypothesis was confirmed.
- The last hypothesis is more significant depression in women with cancer than those who do not have cancer. We can confirm again that the hypothesis is true.

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