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## The relationship between anxiety, depression and self-esteem in women with breast cancer after surgery

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### Abstract

Most women experience distress during the course of their breast cancer diagnosis and treatment. Psychosocial distress can be related to physical problems like illness or disability, psychological problems, family issues and social concerns related to employment, medical and social insurance, and access to care and other supports. Incidental diagnosis causes stupefaction, disbelief, confusion and a lot of suffering. The traumatic surgery and recovery period than psysical drive to install a depression manifested by social isolation, low self-esteem, anxiety and suicidal thoughts. These can be reduced through experiential counselling.

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*Keywords:* breast cancer; anxiety; depression; self esteem; counselling;

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### 1. Introduction

#### 1.1. The etiology and prevalence of breast cancer

Breast cancer is one of the major public health problems, with particular epidemiological interest both nationally and internationally. In the past 10 years breast cancer has been the most common malignancy in Romanian women. Statistics (Balanescu, Blidaru, 2003) documents about 4700 new cases /year in Romania, 45000 new cases /year in France and 172000 new cases /year in the USA. The trend is growing faster than the incidence of mortality rate.

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Most authors (Brown, Zora, LaSalle, Leffall & Platt, 2003) agree that breast cancer is curable when the diagnosis is made in preclinical stages of its evolution; however, there is a high variability in terms of manifestation and evolution of breast cancer in each patient.

The psychotherapy literatures discusses the impact of serious diseases such as breast cancer on the personality and suggests that for many people, cancer is the archetype of physical disease and human suffering, equivalent to extreme pain, mutilation of the body, prolonged agony and inexorable death. The mastectomy surgery produces changes at the level of body ego. The loss of breast is equivalent to the loss of femininity. In this context, many factors lead to the installation of depression. Anxieties, low self-esteem, inability to readjust to the social and professional life are some of the factors of depressing nature that we intend to study in this paper.

### *1.2. Phases of diagnosis communication*

After detecting and diagnosing cancer, doctor must consider three essential phases that influence the patient's mental health:

- **Phase I** is the moment of confirmation of the breast malignancy. At this stage, the sick persons have a state dominated by anxiety, fear of disease, fear of suffering caused by the necessary treatment, especially the crippling fear of intervention. In younger women, the fear of mutilation causes depression intensified by multiple concerns about their own future and future of the children and family.
- **Phase II** overlaps with the treatment period and the development of a strong doctor-patient relationship is critical at this time. Customized health and psychological support is needed to help affected women better understand their condition and cooperate through all stages of treatment. The family and other people from patient's social network have a critical role in supporting her to handle all the challenges attached to this particular stage of their illness.
- **Phase III** includes the post-therapy period. At this stage the mental health status of the patient depends on the post-therapy evolution of the disease.
  - a) In case of a favorable development, the doctor will help the patient to go back to work as usual, to live life as they used to do before the illness. During this period, it is important to create a positive environment at work and at home.
  - b) In case of adverse developments, the medical psychological assistance is more difficult. The patient's personality changes due to the prolonged sufferings and pain that is much harder to handle. They become irritable, lose confidence in medical staff and condemn the medical staff arguing that the applied treatments were unnecessary or even wrong. (Kovacs, Rush, Beck, & Hollon, 1981).

### *1.3. The psychological characteristics of breast cancer patients*

Elisabeth Kübler-Ross (1969) has studied the psychology of cancer patients and changes over time since the diagnosis until the terminal stage of disease. Her research shows that there are five stages undergone by the cancer patients as follows:

- "denial" stage, in which the diagnosis is rejected or labeled as not being the real;
- "fear stage", which invades patient life with anxiety in connection with disease diagnosis and prognosis;
- "the bargaining" stage, in which the patient considers different alternative treatment methods;
- "depression" stage, understood as a manifestation of various defense mechanisms prompted by the Ego of the patient;
- "acceptance" stage, a time when the patient disarm and accept her condition.

Much of the mood disorders are not caused by organic or chemical injuries, but a continuous hyper-reactivity in the psychosomatic functions generated by the day-to-day struggles. Fear, uncertainty about tomorrow, psychological conflicts and repressed desires produce vegetative disorders. The evolution of mental health status of the patient, associated with each of the stages of the disease were described by Iamandescu (1993), attributed to several defense mechanisms characteristic to each individual and classified as following:

- a natural and logical fear of mutilation which is specific to breast cancer interventions because they generate changes in body scheme;
- sudden confrontation with death, resulting in anxiety, depression and passive attitude even when the prognosis is favorable because the death replaces the plans for future;
- fear of loss of control due to the general turmoil that affect patient's life. (Elisabeth Kübler-Ross, 1969).

## **2. Purpose of the Study**

This experimental research aims to identify, investigate and describe various types of reactions associated with emotional level of postoperative anxiety and depression in women with mastectomy.

## **3. Research hypotheses**

1. It is assumed that there is an indirect correlation between the level of postoperative depression and the level of networking and social integration.

2. There is an indirect correlation between the degree of anxiety and self-esteem in women who experienced mastectomy surgery.

## **4. Place and duration of the research**

The research was conducted between November 2010 - May 2011, the Department of Oncology Hospital of Constanta County, on a group of 30 female subjects who underwent mastectomy surgery.

## **5. Research Methods**

The study applies Self-Esteem Scale (S.E.S) by Rosenberg, Burns Anxiety Inventory, Beck Depression Inventory and Psychosocial Post-operative Reintegration questionnaire proposed by the author of this article. The proposed investigative tool contains 20 items grouped into four categories: work re-integration, family re-integration, and social re-integration. There were 30 women diagnosed with breast cancer who underwent surgery in Constanta, Romania and who were investigated in this study. Findings were drawn based upon the results of correlations between the level of postoperative anxiety, the level of postoperative depression, the level of psychosocial postoperative reintegration and self-esteem,

## **6. Findings**

We intend to demonstrate that there is a correlation between the postoperative depression and level of networking and social integration have applied to the sample of women diagnosed with breast cancer inventory for measuring depression developed by Beck (BDI) and postoperative psychosocial scale that its own integration was validated and calibrated before. After diagnosis of depression level we correlated the results between the level of postoperative depression and the level of networking and social

integration and we obtained a significant indirect correlation  $r = -0.823$  at a significance level  $p < 0.0001$ . The results obtained at Scale postoperative psychosocial integration, capture these differences in the degree of psychosocial integration: women are more easily able to return to extended family and group of friends, but there are major problems in the couple and reintegration the socio-professional environment. After a mastectomy surgery type is cause when perception changes on body ego and self-image, leading to installation of depression and social isolation leading to a patient.

For the second hypothesis, we set out to prove that there is a correlation between the level of postoperative anxiety and self-esteem.

After correlating the results obtained from Burns Anxiety Inventory and Rating Scale Rosenberg self-esteem I have gained a significant indirect correlation  $r = -0.79$  at a significance level  $p < 0.0001$ . This is because after mastectomy women express a sense of inferiority, shame, social isolation, which correlated with the feeling of loss of femininity lead to lower self-esteem and depressive symptoms.

## 7. Conclusions

Anxiety is usually accompanied by uncertainty and sense of disability leading to a decrease in self-esteem. Depression for patients who underwent mastectomy surgery derives from several aspects. The first and most important aspect is the change in body structure. The breast removal is equivalent to the loss of femininity and shapes the sense of inferiority, prompts the feeling of embarrassment, isolation from society and even isolation from family. Unfortunately, these results in family dramas and often times to an increased distance between the patient and her partner.

Another source of depression is the loss of hair due to the treatment, which emphasizes the aesthetic sense of decay and prompts the desire for social isolation. Additionally, due to the chemotherapy the patients lose their appetite and can become anorexic.

In the group studied most striking difficulties of reintegration into employment took place and the couple. This phenomenon is due to the following causes.

- long period of hospitalization of the patient isolates professional. Many patients feel that they can not cope with work-related solicitation and most of them prefer to change jobs less demanding one. This notice a decrease in professional activity after surgery, with confidence in themselves.
- the feeling of embarrassment, inferiority after mastectomy is now felt in the couple relationship.
- changing the perception of body image brings with it a number of adverse consequences on the family and their relationships. Psychological and aesthetic significance of the breast lead to lower self-esteem which correlated with a sense of embarrassment, shame, rejection lead partner of the couple.

Due to the large number of cases of depression found in our research cancerous disease advocates adequate psychological support after mastectomy surgery.

## References

- Brown, Zora K., LaSalle D. Leffall and Elizabeth Platt. (2003). *100 Questions & Answers about Breast Cancer*. Boston: Jones and Bartlett Publishers, National Cancer Institute. "Cancer Health Disparities: Questions and Answers pp. 17-30.
- Balanescu I., Blidaru Al. (2003). Cancerul sanului. In *Tratat de patologie chirurgicala*. Bucharest: Editura Medicala, Vol I-II pp.1187-1206.
- Iamandescu B. (1993). *Stresul psihic si bolile interne*. Bucharest: All pp. 25-28.
- Kübler-Ross E. (1969). *On Death & Dying*. New York: Touchstone pp. 12-14.
- Kovacs, M., Rush, A. J., Beck, A. T., & Hollon, S.D. (1981). Depressed outpatients treated with cognitive therapy or pharmacotherapy. *Archives of General Psychiatry*, 38, 33-39.