Relationship of Aggression and Methods of Confrontation-With -Stress with Life Quality of the Women Afflicted By Breast Cancer

Elham Shiroodaghahi, Morteza Tarkhan, Javad Khalatbari

Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran.

ABSTRACT

Background: Cancer is one of the most important diseases which after cardiac diseases, has allocated the second rank in mortality within a few recent decades. With- stress methods with life quality of the women affected by breast cancer, the current research has been carried out. Methods: Research method of this research is of correlation type. Statistical universe of this research has been consisted of the entire women suffered from breast cancer who referred to Tehran Milad hospital in 2013 out of which 70 individuals were selected as the statistical sample in the simple - random form. The tool used in this research consists of: life quality inventory (SF-36), Ahvaz aggression inventory and Lazarus and Folkman inventory of confrontation - with stress methods. (1985) The data obtained from the research were analyzed, using SPSS 18 software, by multi-variable regression analysis and Pearson correlation coefficient. Results: The obtained results showed that quantities of correlation between aggression and confrontation-with-stress methods with life quality of the women afflicted by breast cancer are significant statistically. (P<0.01 ). Conclusion: In other words, life quality of the women suffered from the breast cancer increases through decrease of aggression and by use of problem-centered skills.

INTRODUCTION

Cancer is one of the most important diseases which, after cardiac diseases, has allocated the second rank to itself from viewpoint of mortality within a few recent decades. Cancer is disease of the cells whose symptom is unlimited and uncontrollable reproduction of the cells forming the malignant neoplasm. (Sarafino, 2002, a group of the translators, 2009).

Among the various kinds of cancers, breast cancer is the most prevalent cancer in the Iran's and world's women. Rate of total survival in these patients was estimated to be 71% in a study which this, by itself, suggests that these individuals compared to those who are afflicted by some other cancers survive for longer time along with disease or short-term and long term complications and stresses resulted from it. (Fallah et al, 2011).

Possibility of affliction with this disease raises by increase of age. Women higher than 70 years old are 4 times as much as women lower than 40 years old exposed to infection with the breast cancer. Kind of diet, hormones, genetic factors and various cases in the life environment are, for example, from amongst the factors which are mentioned to occur the breast cancer.

Olivet to and colleagues (1998) On the basis of the last statistics declared by Shahid Beheshti Medical Sciences University's center for cancer researches, rate of affliction with breast cancer in the Iranian women is 5.27% in one thousand individuals. (Movahedi et al, 2010, quoted by Fallah et al). Since any kind of cancer leads to discomfort and fear in the people and, on one hand, because the breasts are of emotional importance for the women and treatment of cancer may lead to it's isolation and extraction, this disease has stimulated much fear and horror in the women and has led the women, by appearance of the signs in the breast, to delay to refer to physician and prohibit from on-time diagnosis and treatment of the disease by physician. (Bavem and colleagues 1999) Real causes of many cancers, including the breast cancer have not been specified accurately and, yet, the researchers have realized the causes which may be effective on the occurrence of cancer. It seems that the only way to confront with this disease is to increase defensive strength of body through health, healthy feeding, exercise, restraint from stresses and, on the whole, promotion of life quality. (Diamond 2001) Studies of Ginsberg et al (2008) showed relationship of breast cancer with psychological, social factors, stress generating events within life, social support and welfare.

Corresponding Author: Morteza Tarkhan, Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran.
All of us have experienced stress in our life. We need stress in home, school, work place and even exercise. Without stress, the life will be free of challenge and emotion. From a positive perspective, stress is a source of motivation and a required part for survival and life, but it will be harmful in the lengthy timespan and excessive forms certainly, and if it is not mitigated, it will be a threat for health and different from one individual to an other individual. (Mirhosseini, 2008) In the research of Moradimanesht et al (2013) carried out with aim of a study of relationship of psychological distress with life quality in the women infected with breast cancer, it was shown that stress is the most powerful predictor of physical health, psychological health and social relationships and depression is the most powerful predictor of satisfaction with environment. Lazarruss and Folkman (1984) propounded two methods of problem and emotion-centered-confrontation methods. Based upon this, some individuals reduce their own anxiety and worry through forgetting of the problem or attraction of emotional supports. (Concentrated on emotion) Some ones try to decrease the undesirable effects of the psychological tension through definition and accurate evaluation of the problem and study of possibility of change or domination over it. (Focused on the problem) (Klinke, 1989, translated by Mohammad Khani, 2004)

Various studies have shown the effectiveness of confrontation-with-stress methods in decrease of different outlooks and increase of social problem solving (Abolghasemi et al, 2013), improvement of life quality (Hedayatifard, 2012, Debbie et al, 2010, Dubye and Agerwal, 2007), increase of happiness (Hedayatifard, 2012) and increase of the pain threshold (Emery et al. 2006). Affliction with breast cancer stimulates a lot of challenge in the women, including adjustment to initial news of infection with it, planning and improvement after surgical treatments, mixed treatments, encountering with side complications, release from disease or it's recurrence and waiting for death in the progressive cases of disease. (Hack & Degner 2003) Diagnosis, treatment and recurrence of the breast cancer can have traumatic effects on the life quality of the patients suffered from it, (Browall M. et al. 2008) and the patients experience the long-term complications influencing on their life quality increasingly.

World Health Organization (WHO) has defined the life quality as the perception of each individual from life, values, objectives, standards and interests. (Vedat et al, 2001) Several researches have confirmed the negative effects of the breast cancer on the life quality. (Lee et al, 2011; Tel and Dogan, 2011; Fashi-E-Harandy et al, 2012, Turkman et al, 2013) Life quality has shown effect of processes of disease and treatments on the general aspects of life, and for surveillance of treatment's situation from viewpoint of patient, understanding of intensity of problem and presentation of the effective hygienic-therapeutic services to these individuals to promote life quality can be useful. (Gholami, 2009) One of the factors which influences on the quality of life is aggression. Aggressiveness is a consciously action which carries out with aim of inflicting the injury, loss and pain on some one. This act may be in physical or verbal form.

Aggression divides into two hostile and instrumental aggressions. Hostile aggression is an aggressive act which results from feeling of anger and it's purpose is to exert pain and damage. But, in the instrumental aggression, purpose and intention of damaging to some one else exists, yet damaging is accomplished as an instrument to reach an objective other than creation of pain and ache. (Orson quoted by Shokrkon, 2011)

Researches have shown that the cancerous patients have the features such as denial and repression of the emotions, particularly anger, un-submitability lack of self-assertion and defensiveness. (Hosaka and Fukunishi, 1999, Watson, 1984), and emotional disorders, depression, anxiety and hostile states have been reported higher in these individuals. (Ferrario et al., 2003, Kangus et al., 2005) With regard to increasing prevalence of this disease and it's destructive effects on the mental health of the infected individuals and their family and, also, loss of life quality of these individuals, this subject shows the necessity for execution of more studies in this regards.

Considering the previous resources and researches and, also, the interviews carried out to women with the breast cancer, the current research intends to take steps to present the cognitive-behavioral approaches in order to improve life quality and it's promotion, confrontation-with-stress method and prevention from aggression. The principal objective of execution of this research has been to determine a relationship between aggression and confrontation-with-stress methods with life quality of the women with breast cancer.

Method:
The current research is descriptive and being of correlation type. The statistical universe of this research consists of entire women affected by breast cancer who referred to Tehran Milad hospital in two timing periods from Jully, 2013 to May 2014 and were not aware of infliction with breast cancer whom they have been 120 individuals in number. Statistical sample in this research consists of 70 individuals out of the women with breast cancer who have been selected from the statistical universe randomly.

The tool used in this research consists of: Life quality inventory (SF-36): 36-term form was designed by Varosherbon in the U.S.A in 1992, and validity of it's reliability has been studied in the various groups of the patients. This inventory has 36 terms which evaluate eight various scopes of the health, including health of the general public, physical performance, limitation of playing a role for physical reasons, physical pain, social performances, fatigue or joy of the mental health. Validity of the species of this tool was confirmed in the previous studies. (r=75-9%) [Montazeri, Gashtasebi and Vahdaninia, 2006]
Ahwaz aggressiveness questionnaire (AGQ): In 2001, this test was made and validated by Zahedifar, Najarian and Shekarshekan in the Ahvaz Shahid Chamran University. In order to score this 30 article scale, four choices of (Never, Seldom, sometimes and always) have been considered for each question which have the weight of 0, 1, 2 and 3, respectively. On the basis of the obtained results, Chorronbach alpha coefficient for the questionnaire has been 0.87. Also, this inventory was given to 91 individuals of the subjects again after 6 weeks whom they participated in the first step. Correlation coefficients between two times of test for scale of aggressiveness were 0.70 which was satisfactory. (Zahedifar, Najarian and Shekarshekan, 2001).

Lazarrus and Folkman inventory of confrontation with stress methods (1985): This inventory which has been prepared by Lazarrus and Folkman (1985) includes sixty and six articles that eight confronted methods measure their problem (centrality) and emotion centrality. These octad patterns have been divided into two classes of problem-centered method (searches for social supports, responsibility-acceptance, planned problem-solving and re-evaluation) and emotion- centered method (confrontation, isolation and selection of separation, escape-avoidance and self-control). Lazarrus and Folkman (1985) have reported the internal constancy of a=0.66 up to 0.79 for each one of the confronting methods.

Finding:
With aim of studying the relationship between aggressiveness and confrontation-with- stress methods with quality of life of the women suffered from breast cancer, the current research was executed. With regard to research's plan, the method used for analysis of data was multiple regression and Pearson correlation coefficient, and the results obtained from analysis have been presented in the following tables.

**Table 1:** Correlation matrix between aggressiveness and confrontation-with-stress methods with quality of life.

<table>
<thead>
<tr>
<th>Quality of life</th>
<th>Problem-centered</th>
<th>Emotion-centered</th>
<th>Aggressiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of life</td>
<td>1</td>
<td><strong>0.427</strong></td>
<td><strong>0.456</strong></td>
</tr>
<tr>
<td>Problem-centered</td>
<td><strong>0.427</strong></td>
<td>1</td>
<td><strong>0.386</strong></td>
</tr>
<tr>
<td>Emotion-centered</td>
<td><strong>0.257</strong></td>
<td><strong>0.386</strong></td>
<td>1</td>
</tr>
<tr>
<td>Aggressiveness</td>
<td><strong>0.456</strong></td>
<td><strong>0.253</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

As it is observed in the above table, quantities of correlation between aggressiveness and confrontation-with-stress methods with quality of life of the women with breast cancer are significant statistically. (P<0.01)

**Table 2:** Test of variance analysis for significance of the model.

<table>
<thead>
<tr>
<th>Model</th>
<th>Total square roots</th>
<th>Degree freedom</th>
<th>Average of square roots</th>
<th>F</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressiveness</td>
<td>Regression</td>
<td>782.99</td>
<td>68</td>
<td>17.82</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Remainder</td>
<td>2987.38</td>
<td>68</td>
<td>43.94</td>
<td></td>
</tr>
<tr>
<td>Problem-centered</td>
<td>Regression</td>
<td>1173.27</td>
<td>68</td>
<td>586.63</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Remainder</td>
<td>12132.57</td>
<td></td>
<td>38.77</td>
<td></td>
</tr>
</tbody>
</table>

As seen in the above table, quantities of F obtained in each two steps are significant statistically. (0.001) Therefore, we conclude with 0.99 level of assurance that relationship between aggressiveness and confrontation-with-stress methods with quality of life of women afflicted by breast cancer is significant statistically, and the predictor variables (Aggressiveness and confrontation-with-stress method) are able to predict the criterion variable. (life quality) In order to determine the best predictor of quality of life, step-by-step regression model has been used.

**Table 3:** Multiple correlation between the predictor and criterion variables.

<table>
<thead>
<tr>
<th></th>
<th>Multiple correlation coefficient</th>
<th>Square roots of multiple correlation coefficient(R^2)</th>
<th>Square roots of correlation coefficient corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressiveness</td>
<td>0.456</td>
<td>0.208</td>
<td>0.196</td>
</tr>
<tr>
<td>Aggressiveness</td>
<td>0.538</td>
<td>0.311</td>
<td>0.291</td>
</tr>
</tbody>
</table>

Problem- centered: Results of regression, through step-by-step method, show that aggressiveness entered into the model as the most powerful predictor variable firstly and has been able to explicate 20% of variance of the criterion variable (Quality of life). In the second step, method of confrontation with problem-centered stress has been added to the model, and these two variables (Aggressiveness and method of confrontation with problem-centered stress) have been able to explicate 29% of variance of the criterion variable (Quality of life), and variable of method of confrontation with emotion-centered stress has not played a significant role in the explanation of the life quality of the women with breast cancer.

**Table 4:** Standardized and non-standardized coefficients of the predictor and criterion variables.

<table>
<thead>
<tr>
<th>Model</th>
<th>Variable</th>
<th>Standard error</th>
<th>Beta</th>
<th>t</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixed figure</td>
<td>47.76</td>
<td>6.61</td>
<td>11.3</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Aggressiveness</td>
<td>-0.54</td>
<td>0.13</td>
<td>-0.456</td>
<td>-4.22</td>
</tr>
<tr>
<td>2</td>
<td>Fixed figure</td>
<td>77.25</td>
<td>6.26</td>
<td>12.34</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Aggressiveness</td>
<td>-0.44</td>
<td>0.13</td>
<td>-0.371</td>
<td>-3.54</td>
</tr>
<tr>
<td></td>
<td>Problem-centered</td>
<td>1.31</td>
<td>0.41</td>
<td>3.33</td>
<td>0.001</td>
</tr>
</tbody>
</table>
As it is evident in the above table, variable of aggressiveness has entered into the mode in the first step and has played a significant role in the prediction of the criterion variable (life quality) \[P<0.001\] with (Beta=0.456); therefore, equation for prediction of quality of life is achieved from variable of the aggressiveness as following:

\[
\text{Quality of life} = 47.76 - 0.54 \times \text{(Aggressiveness)}.
\]

On the basis of data of the above table, in the final step, aggression with (B=-0.44, \(t=-3.54, P<0.001\)) and method of confrontation with problem-centered stress with (B=1.31, \(t=3.17, P<0.001\)) play a significant role in the prediction of criterion variable (Quality of life). Among these two variables, the aggressiveness with (Beta=0.31) has the maximum share in the prediction of criterion variable (Quality life).

Quality of life= 77.25 - 0.44 (aggressiveness) +1.31 (method of confrontation with problem-centered stress).

Discussion and conclusion:

Results obtained from data analysis showed that quantities of correlation between aggressiveness and confrontation-with-stress methods with life quality of the women suffered from breast cancer are significant statistically. \((P<0.01)\) Amounts of the obtained \(F\) in each two steps have been significant statistically; \((0.001)\) therefore, it can be expressed with 0.99 level of assurance that relationship between aggression and confrontation-with-stress methods with quality of life of the women with cancer is significant statistically, and the predictor variables (aggression, confrontation-with-stress method) are able to predict the criterion variable (quality life). Among these two variables, aggressiveness with (Beta=-0.371) showed the highest rate of share in the predicting of criterion variable (life quality). These results are in conformity with the researches carried out by Abolghasemi et al. (2013), Moradimanesh et al. (2013), Fazel et al., (2009), Delsuz Shekarani (2008), Taleghani et al., (2007), Debbie et al., (2010), Daniel et al., (2010), Keny Sarenmalm (2007).

Diagnosis of breast cancer is a stress generating event which influences on various dimensions of life deeply. The individual (who consists of physical, spiritual, psychological and social dimensions) is affected by cancer and it's treatment. Perceived worries in connection with cancer disease and it's consequences such as fear of premature death, relapse and metastasis of disease, fear of affliction of girl children with this disease, infancy of offsprings and fate of children after death of mother, economical problems, disability in performance of required cares, fear of handicap to tag along with others and all of these problems afflict the individual with stress. (Harandi et al., 2012) Also, worry about reduction of the apparent attractions has influenced on the mental health (Heath of psyche) and quality of life in them noticeably, and this worry becomes more obvious in presence of physical problems and leads to feeling of inability to play the assigned womanish roles and appearance of feelings, including inefficiency and uselessness, anxiety, depression, sense of tagging along and, subsequently, decrease of the life quality. In the study of Hassanvand et al., (2011) carried out to survey quality of life in the women with breast cancer, results showed that quality of life in most women with breast cancer is undesirable in the physical and psychological dimension and is desirable in the social dimension. In the study of Lee et al. (2011), it was, also, indicated that the patients, after diagnosis of the disease, show reaction immediately and level of life quality dependent on health in these individuals finds downward movement. Tel and Deugan (2011) expressed that, in the women suffered from the breast cancer, not-treated anxiety can be led to problems regarding control of symptom, weakness in adoption of therapeutic decisions, weak following from therapeutic diets, weak social interaction and disrupted life quality. Generally, in such a type of severe stress, individuals lose ability of the thinking concentration and usage of the efficient confronting approaches, and they act in such manners which not only don't improve status quo but also makes the conditions direr.

Negative thoughts are the initial reasons for negative emotions (such as anxiety, anger and depression) and such an affair leads to mala adaptation and severe stress on the individual. These factors influence on various aspects of an individual's life and lead to decrease of the optimum level of life quality. If an individual uses the right confronting capability, he can decrease complications of these ages on quality of life, if the right confronting method is not used, quality of life decreases tangibly. In the conditions that individual gets involved in derangement and fear of cancer disease, if he is able to study his own situation from the cognitive viewpoint, he enters into the situation directly and makes planning in direction of confrontation with stressful agent and abandons lateral activities. That individual uses the support of attendants, assists himself in the meaningfulness and forming of a new belief relative to life or disease, makes new plan and faces with subject realistically, and such an affair leads him to behave more logically, avoid vain pressures and stresses and increase quality of life. Results of current research showed that problem-centered confrontation method correlates with quality of life more powerfully and those individuals who use this method experience the life quality better relatively.

One of other reactions of individuals against the stressful conditions, including confrontation with a hard and chronic disease is inability against impulse control and, as a result, aggressiveness. When an individual feels that everything is finished for him, he may feel of anger at every body and every thing, including oneself and attendants and this case leads to the aggressive behavior and such an affair disrupts the social relationships of the individual and, thus, decreases quality of life.
With regard to the results obtained from the research which suggest positive effect of usage of problem-centered confronting methods and negative effect of aggressiveness on quality of life, it is suggested to potentiate the women with breast cancer through teaching of correct confronting skills, particularly problem-centered confronting skill as well as instruction of anger control and behavior management so that they are able to encounter with high-pressure and stressful situations via correct method and control over their anger and prevent from aggression, and this subject not only assists them in improvement of the social relationships, but also it can create better perceptions from life in their mind and provide the causations and foundations of increase of life quality.

REFERENCES


