



Defense mechanisms of women with breast cancer

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Abstract:

Breast cancer affects one of the most vulnerable organs which can lead automatically to a psychological and emotional damage, that is because the women with such a type of cancer are more overwhelmed by anxieties and delusions (Death, Lumpectomy, tumour growth, mastectomy, etc). They thus find themselves in a painful situation, enabling them to use common defense mechanisms as a protective tool that lends to subsequent psychological adaptation. The main purpose of this research, is to give an objective answer to the following problematic: “Can defense mechanisms achieve an appropriate adaptation between the psychological and emotional state of women with breast cancer?”

According to the research process, there were a defense mechanism observed before and after the surgery, as a result of this, the defense mechanisms, denial and avoidance, were selected as the most used mechanisms before being operated (Lumpectomy or mastectomy). Furthermore, the sublimation was the most common used defense mechanism postoperatively.

We can say that the defense mechanisms as an unconscious psychological function, play a major role in order to protect women with breast cancer from anxiety and from producing negative thoughts, it is about maintaining a healthy psyche.

Key words: Defense mechanisms, breast cancer, post traumatic disorder



Introduction:

Human beings are distinguished by a set of dimensions: Emotional, behavioural, cognitive and affective. These determinants can be explored through “psychology”, a science that came as an in-depth study of human life, which includes numerous explanations and observations according to specific methods that came to give meaning to everything that is intuitive in the human being. Direct confrontation with conflicts, shocks and events since his/her birth and contact with the external world, requires the ability to visualize and form a special vision that moves him according to his current and future inclinations and aspirations.

Women have a fragile psychological structure, which is easily hurt, especially when they are exposed to a chronic disease in the most sensitive female area (breast), which led me to study the effects of organic disease on the psychological life of women, through defense mechanisms as a means of stepping away from the bitter reality that she suffers from, this suffering that hurts her to a sense of inferiority, and thus exposure to depression, anxiety, and fear of the expected. Overall, it is important to have a deep knowledge of this disease and its psychological impact on the personality, as well as how to avoid it without being traumatized.

Research Problematics and hypothesis:

Women with breast cancer are at high risk of developing a general anxiety disorder, and try to create an adaptation using defense mechanisms in order to build an appropriate adaptation to their critical situation.

- Can defense mechanisms achieve an appropriate adaptation between the psychological and emotional state of women with breast cancer?

Since the relationship between mental state and disease is a continuous and interactive one. the patient must find a way to break this relationship.

- What are the dominant defense mechanisms observed in the responses of women with breast cancer?

Through the patient's psychosocial and family situation, a number of defense mechanisms can be detected depending on the questions asked and the patient's personality.

Materials and Methods:

I. The clinical interview:

The clinical interview is a situation in which two or more parties exchange a dialogue for the purpose of obtaining information. The clinical interview is one of the techniques that allows the examiner (researcher) to know the individual's situation (environmental, historical), thus clarifying the development of the pathological condition. The interview has another role that is manifested in the



examination, through which elements of behavioral observation associated with the dialogue module and psychological assessment indicators (tests) are employed to help make a diagnosis, taking into account two basic dimensions:

First, the context in which it takes place, and then the purpose or goals to be reached.

The clinical interview has three models, each has its own characteristics in terms of structure, methods of conducting the interview and objectives:

1. Indirected interview:

The researcher proposes to the interviewee the topic of the interview in its general and open format, and then leaves the interviewee free to speak and express his/her point of view, and the researcher's interventions are limited to motivate, encourage, and facilitate the conversation.

2. Directed interview:

The questions to be asked are predetermined in a controlled manner by the researcher. This type of interview is very similar to an open questionnaire, but the respondent is allowed to answer at length as they wish, and can be prompted to do so by the researcher.

3. Semi directed interview:

In order to carry out this interview, it is necessary to define the interview guide, which includes all the topics and themes related to the research question and the type of information that the interviewer wants to obtain from the interviewee, but leaving the order of these topics and themes to the context of the questioning and the circumstances of the interview.

The semi-structured interview technique was more familiarized through its use in the research.

II. The case study:

The case study is one of the main tools that help the researcher or psychologist to diagnose and understand the condition of the individual and his relationship with the environment. The case study is meant to collect detailed and comprehensive information about the case to be studied in the present and the past, and the case study is a comprehensive history of the life of the individual concerned with the study.

Through the case study, a set of epistemological issues are examined. It is a systematic work that collects information through techniques and methods that are used to enrich a particular study.

III. The clinical observation:

The clinical observation plays an essential role, through which data and information are collected to study the personality, the changes and transformations that occur in it.



Results:

- The inventory and interpretation of the various indicators that would identify the recurring defense mechanisms in the four cases and the context in which the other defense mechanisms were used:

The defense mechanisms were able to explain the case of the breast cancer patients who were observed during the field research. Through them, a set of points that help to understand what is going on inside them were detected using the semi-structured interview, where the dominance of specific mechanisms such as denial, avoidance, and sublimation was observed.

The first case:

The defense mechanisms explained “Z”’s condition and her quiet and mysterious personality, where denial and avoidance were observed, which led to gradual withdrawal from the atmosphere of the interview, the content of which evolves with the depth of the questions and the context of the interview. This is before the operation, where “Z” had a double fear (fear of not succeeding the operation and fear of seeking other treatment, which requires a large amount of money, as well as fear of losing others (husband - family members, etc). However, after the operation, her fear and anxiety decreased significantly, as she replaced the defense mechanisms used before the operation with others through which she tried to block the psychological impact of the operation by using the mechanism of sublimation to compensate the pain and the presence of the scar with the word “Thank you God” and trying to block and prevent her inner suffering from appearing by isolating her feelings from the context of the disease and talking about it coldly.

From here, after linking “Z”’s family and marital situation with her unexpected illness, it is possible to come up with an analysis that identifies the real point or reason for “Z”’s change and mood swings before the operation, while after the operation, she was able to emerge from that introverted, shy and resigned personality to a personality with a smooth character and the ability to answer questions directed to her, in addition to her use of the sublimation mechanism. On the other hand, “Z” realized after the operation that her condition was not as bad as expected, due to the removal of the tumor only, so that when I asked her: “As for the scar, how will you deal with it? Won't it represent a change for you?”, she replied with a smile: “No, thank God I'm fine and I will return to my home safely.”

The second case:

Unlike the first case, “S” tried to hide her fear of the surgery, so she can be able to avoid everything related to the disease using defense mechanisms. from the answers provided by “S”, it is noticeable that she used the isolation mechanism in order to defending herself and her personality, for example, when I asked her about the quality of her sleep before the operation, she answered: “I sleep



comfortably and nothing hurts.” Do you think about anything else? ” No, why would I think about that, it's what God wrote for me.

“S”'s avoidance mechanism was also evident when I asked her how she accepted the news of the disease. She replied: “I cried a lot at first, but then I got used to my condition.” She then moved on to another topic (her relationship with her mother): “I was surprised by my mother's reaction, which was characterized by crying and getting terrified for what happened. We had a troubled relationship, and now she is the one who takes care of my children.” She attributed the cause of her illness to what is making her anxious and stressed: “I think that stress and negative emotions are the main causes of my illness. I am trying to prepare myself mentally”.

Hence, it is noticeable that “S” is trying hard to keep her self-image the same, which was evident after the surgery, where she used the denial mechanism as a tool to hide what she feels about the scar, even if it is small (tumor removal only). With the repeated use of the avoidance mechanism, which coincided with her denial of the change she experienced on the physical level, this situation would affect the psychological aspect as well, as “S” made an attempt to hide her emotions and what she feels about the scar and the change in her body. This shows that “S” has not yet accepted that she has the disease.

The third case:

“N” has lived a contradictory life in which she went from fulfilled desires and a decent life with her parents to a gloomy and unsmiling life for familial and health reasons. These circumstances have made “N” an anxious and melancholic woman. These sufferings would create an intense and involuntary use of a set of defense mechanisms discovered after the surgery, (after the removal of her right breast), reflecting a numerous justifications and facts, she used the projection mechanism while attributing the cause of her illness to her husband and held him fully responsible for her health condition, as evident in her statement: “I am here bedridden because of my husband, he is the cause of my illness.”

The denial mechanism was detected through “N”'s statement that she was afraid to confirm the truth of her doubts about the disease “I did not have the courage to detect the disease due to my doubts until 6 months after the onset of symptoms”, this shows that she was trying to deny the possibility of the existence of cancer, which also shows the extent of her knowledge of cancer and its symptoms. Hence, according to “N”'s personality, she is expected to use the anticipation anxiety mechanism, which is manifested by doubting the doctor's explanations. This led to depression due to what she went through and due to several factors, including guilt (for giving up her home to her husband), and her husband, who made her depressed years before she became ill, as she said: “I have known suffering and resentment since my marriage, I never imagined that my life would turn out like this...”.



With this combination of trauma, disappointment, and guilt, it can be said that N's mechanisms are a reflection of her situation and a translation of what she has experienced.

The fourth case:

“F”'s defense mechanisms clearly portrayed her psychological state by showing the magnitude of the trauma she received, which coincided with her lactation period, as she experienced extreme fear and anxiety. In addition to her frustration, which was revealed through “F”'s use of the transfer mechanism, where she transferred her anger to objects, by smashing furniture and using violent speech with her husband: “Chemotherapy made me a violent wife, breaking and destroying everything that bothers her...”.

Due to “F”'s mental fatigue, she began to suffer from the abandonment issue (abandonment by her husband), so much so that she confronted him and asked him: “Will you divorce me after my illness?” Hence, she resorted to using the active functioning mechanism, as evidenced by her statement: “I do not like to sit idle, I have become very mobile and love doing household chores.” With the accumulation of all the tragic events and the distance from her baby during chemotherapy sessions, which was followed by a hospital stay while waiting for the surgery, during this waiting and after she finished her chemotherapy sessions, she kept saying: “Thank God, this is his will”. The sublimation mechanism, which continued until the surgery, after which she faced the image of a foreign body, by removing her breast, which made her deny this strange image by saying: “My intimate relationship with my husband will not change.” Furthermore, she tried to avoid talking about the scar or the location of the breast, which is clear through the denial mechanism.



Conclusion:

Defense mechanisms play an important role in reflecting a set of unconscious facts that have an impact on the individual's behavior and attitude according to the issues "she" is going through, as a result of the accumulation of a number of events that the individual has known since childhood and according to the family circumstances, the quality of the relationship and the atmosphere in which the woman grew up. These experiences, moments and attitudes are embedded in the subconscious and expressed subconsciously through defense mechanisms that cannot be touched but can be inferred according to the individual's expressions and statements depending on the specific situation. This answered the research problematic question: "What are the dominant defense mechanisms observed through the answers of the patients?". This answer came in the context of the hypothesis that was verified through the research problematic, which states that through the patient's psychosocial and family situation, many defense mechanisms adapted to the patient's personality can be detected (during the research problematic it became clear that It was observed that there are strong and in-depth defense mechanisms present in different cases depending on the situation (before or after the surgery), as the denial mechanism is often present before the surgery (due to the difficulty in accepting the disease), as well as the avoidance mechanism by avoiding everything that raises the subject of the disease according to the patient's personality and the degree to which the disease affects her psychologically (as observed in the fourth case).

In the context of the dominant or frequently observed mechanics among patients, there is the sublimation mechanism used by most cases, which came before and after the surgery, depending on the woman's situation and psychological state, as there are those who resort to worship and praise God before the operation, which comes with a kind of anxiety and fear of the expected, but in most cases it appears after the treatment (surgery), intending to thank and praise God Almighty.

Hence, it is noticeable that the questions posed according to the "Interview Guide", allow the possibility of synchronizing several mechanisms in one answer, as in the third case, for example, who once I asked about her husband's work, she automatically answered the next ten questions without directive intervention, and the opposite is true when the patient is in a state of fear, shrinking and highly traumatized, as observed in the first case. Depending on the way of answering and according to the woman's psychological state. There are those who answered the interview questions using close and similar mechanisms in terms of interpretation and meaning (avoidance, isolation, denial, compensation), these are all mechanisms of escape from reality, but in a way that is characterized by boldness, confrontation and adaptability to reality, as characteristics observed before and after the operation.



This research was carried out at Sidi Mohamed Ben Abdallah Hospital in the National Center for Anatomy, in the Department of Surgery. The research was conducted through a series of interviews with different cases and situations, depending on the circumstances and situation of women with breast cancer. Certain criteria were adhered to, through which the methods of conducting the research in the field were codified through the case study approach and the semi-directed interview technique, by pre-defining the interview guide. This technique allowed me to detect a range of defense mechanisms in each individual case, due to the freedom of expression and speech granted to the case, which is enhanced by some interventions or directions aimed at leading the direction of the interview towards the context of the questions defined according to the guide of interview.

➡ As a final conclusion, it can be said that it is undeniable that cancer has a great impact on the sufferer, especially if we are dealing with a sample of women with breast cancer. Hence, it can be said that it is normal for patients to be traumatized by cancer, which threatens them with death and the loss of their previous body image, which leads to the formation of a deep chasm in the psyche of women with breast cancer, this negative impact that varies in intensity according to the woman's social, family and psychological status, as her psychological well-being becomes the focus of a collision and intertwining of a group of elements, through the emergence of indicators that are defense mechanisms to avoid and negate the bitter reality that she suffers from, which would generate a sense of inferiority and make her a victim of depression, anxiety and fear of the future.

In summary, defense mechanisms have an important role in lifting women with breast cancer from their internal psychological conflicts, even if this is relative. It is considered the most appropriate option for the patient's situation, which does not allow her to face the suffering of the disease consciously, but only subconsciously by using defense mechanisms that help her cope with life and its challenges.



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