



ISSN: 2395-7476  
IJHS 2016; 2(2): 113-114  
© 2016 IJHS  
www.homesciencejournal.com  
Received: 22-03-2016  
Accepted: 23-04-2016

**Geetika Sachdeva**  
Asst. Prof Dept. of Human  
Development J.D. Birla  
Institute, Kolkata, West Bengal,  
India.

## To study stress and frustration level of breast cancer patients

**Geetika Sachdeva**

### Abstract

The present study was undertaken with an aim to study the Stress and Frustration level of Breast Cancer Patients, as Breast Cancer has found to be the second most common cancer among women in India. The National Cancer Institute estimates that 12.7% of women born today will be diagnosed with Breast Cancer during the course of their lifetime. Breast Cancer can impact patients psychologically as well as physically, which can manifest as post-mastectomy depression, increased anxiety, shame, occasional ideas if suicide. The survey was designed with 51 cancer patients and post cancer survivors (for approx 2 months to 2 years) with mean age of 54 years. The data pertinent to the study was collected with the help of Stress Questionnaire (downloaded from internet) and Reaction to Frustration Scale by Dr B.M. Dixit and Dr D.N. Srivastava and was analyzed by using statistical analysis (Mean & S.D.). The obtained result indicates that breast cancer patients suffer from average stress but a very high level of reaction to frustration.

**Keywords:** Breast Cancer, Reaction to Frustration, Stress.

### 1. Introduction

Our body is made up of various types of cells. Normally the regulatory mechanism of our body does not allow the cells to grow in an unregulated manner. As a result of this an individual gets a definite shape and size of a particular organ. In cancer this regulatory mechanism is lost. Cells proliferate in an uncontrolled manner. This regulated cell division leads to a formation of tumor. The tumor may be of two types Benign and Malignant.

Benign tumors usually do not cause harm to the body, does not reappear after removal, and does not invade the surrounding tissues and spread through lymphatic or blood to distal organs. In most cases simple removal of these tumors, cures the patient. But in case of malignant tumors or cancer, the tumors recur after removal, invade the surrounding tissues and spread the distal organs through lymphatic or blood and eventually they are responsible for killing the host or patient.

In case of Breast Cancer, the cells invade the surrounding breast tissues, spread to the regional lymph nodes and goes to distal organs like lung, liver, brain, bone etc. and finally it kills the host by invading these vital organs [8].

The incidence of Breast Cancer in India is on the rise and is rapidly becoming the number 1 cancer in females pushing the cervical cancer to the second spot [4]. This is because more and more women in India are beginning to work outside their homes which allow the various risk factors like family history, late age at first childbirth, fewer children and shorter durations of breast feeding. In addition, early age at menarche and late age at menopause add to the risk by some extent [3]. There are 4 stages in Breast Cancer, in which curative surgery is possible only if cancer is limited locally to stage 1 and 2. In stage 3 and 4 the disease has spread beyond the breast to the distal organs and is therefore advanced case of cancer [10].

The available methods of treating Breast Cancer patients are Surgery, Radiotherapy, Chemotherapy and Hormone therapy.

In one of the researches Oktay has mentioned that Breast Cancer elicits concerns regarding a women's view of her as many treatment of cancer, challenges a women's body image and sexuality. The systemic treatment of Breast Cancer with chemotherapy or hormonal therapy may also affect self-image, fertility and libido-all important components of feminist. The combined effects of breast surgery, loss of hair, decreased libido, and early menopause

**Correspondence**  
**Geetika Sachdeva**  
Asst. Prof Dept. of Human  
Development J.D. Birla  
Institute, Kolkata, West Bengal,  
India.

Constitute a serious threat to a women's self-image. In addition, as the rate of Breast Cancer has increased in younger women, issues of femininity arising from the impact of disease on fertility are increasingly important [6].

Due to these issues psychological phenomena like Stress and Frustration affect patient's life. Studies have indicated that stress can affect tumor growth and spread to the other parts of the body [1]. The experience of cancer is different for each individual. Research, however, suggests that specific psychological factors play a role in disease onset and progression as well as psychological adjustment.

## 2. Methodology

The type of sampling used in the present research is "Purposive Sampling". The sample consists of 51 patients/survivors of breast Cancer and this study was carried out in Kolkata with the help of Bengal Oncology Society and Hitoshini an NGO. The technique used for the collection of data is Questionnaire Method and tools used were: Stress Questionnaire (downloaded from internet) [12]. And Reaction to Frustration Scale- by Dr B.M. Dixit and Dr D.N. Srivastava [9]. The data collection was processed by undertaking statistical tests (Mean and S.D.)

## 3. Results and Discussions

**Table 1:** Showing Mean and S.D. (Standard Deviation) Score of Breast Cancer Patients

So No.	Area of Study	Mean Level	S.D.	Obtained	Hypothesis
1	Stress	57.29	11.4	Average	Rejected
2	Frustration	108.86	11.9	Very high	Accepted
3	Aggression	24.64	4.7	Very high	Accepted
4	Resignation	22.12	5.6	Average	Rejected
5	Reaction	30.71	4.8	Low	Rejected
6	Regression	30.55	4.8	Average	Rejected

Breast Cancer is the commonest form of cancer in women worldwide. The situation of Breast Cancer in India is similar to many countries of Asia and other regions where dramatic economic and social changes are taking place.

Breast Cancer patients are influenced by high level of emotional distress both before and after diagnosis (Iwamitsu, *et al.*) [5].

From the obtained result it has been found that the Breast Cancer Patients are Average in Stress Level indicating that sometimes they get easily irritated, depressed, feel restlessness, tensed and fatigued, psychological intervention given to them is helping them to cope better with the situation. More or less they express their conditions and sometimes they get involved in activities which are appealing to them and reduce their Stress Level.

It has also been found during the course of study that Reaction to Frustration level of Breast Cancer Patients is Very High. This indicates that since Breast Cancer Patients suffer a lot of pain both psychological and physical during the treatment and also post treatment period, they meet a more or less insurmountable or obstruction in their route to the satisfaction of any vital needs. It is also because of their unmet needs and low quality of life, they get frustrated.

Frustration has a different set of behaviour mechanism. It is expressed in various modes like Aggression, Resignation, Fixation and Regression.

In the area of Aggression it has been found that the Breast Cancer Survivors are Aggressive in their mode of Reaction to

Frustration, because of the reason that their pleasure seeking behavior or pain avoiding behavior is blocked [2]. Feeling of fear of failure thus germinates Frustration.

In the second dimension Resignation, the obtained result shows the Breast Cancer Survivors are average in Resignation behavior indicating that these patients survivors are more or less not in dilemma and are trying to adjust with few changes in their lives and during certain situations to avoid conflicts that try to escape themselves from the society rather than trying to discuss and share their problem.

Result in fixation, another dimension in Reaction to Frustration show that, Fixated behavior of Breast Cancer Survivors is low, i.e., these patients or survivors adapt themselves in new situation with strong will power to survive and restart their lives after getting treated with Breast Cancer.

The last being Regression, describes that Breast cancer patients/ survivors has scored average in Regression mode in reaction to frustration indicating that more or less they have self-control and they are comfortable in sharing their past experiences with others and trying to adjust with reality by sometimes avoiding escapist behaviour.

## 4. Conclusion

In this study the feelings of Breast Cancer Patients/ Survivors has been reported as significant fatigue, body aches, pain, anxiety, irritability, tension, headaches, hot flushes, trouble in sleeping, mood swings, depression, sadness and complex conditions resulting from cancer diagnosis and treatment, aging, hormonal changes, their life experiences. They try to control their stress levels by identifying and avoiding sources of stress, talking about their emotional turmoil with their friends, family members and doctors hence they have been found to have average stress level but have very high frustration level. In different modes of Reaction to Frustration: Aggression Level is Very High, Fixation is low, and Resignation and Regression Level are high.

## 5. References

1. Anderson BL, Farrar WB, Golden-Kreutz D. Stress and Immune Responses after Surgical Treatment for Regional Breast Cancer. *Journal of the National Cancer Institute.* 1998; 90(1):30-36.
2. Freud S. *New Introductory Lectures on Psychoanalysis*, New York Norton, 1993.
3. [http://doctor.ndtv.com/storypage.ndtv/id/003617/type/feature/Test\\_tube\\_babies.html](http://doctor.ndtv.com/storypage.ndtv/id/003617/type/feature/Test_tube_babies.html)
4. [http://www.medindia.net/news/view\\_news\\_main.asp?x=7279](http://www.medindia.net/news/view_news_main.asp?x=7279)
5. Iwamitsu, Yumi, Shimoda, Kazutaka, Abe Hajima, Tani, Tohru *et al.* Department of Medical Psychology, Kitasato University, Japan. Anxiety, Emotional Suppression and Psychological Distress Before and After Diagnosis of Breast Cancer, *Psychosomatics. Journal of Consultation Liaison Psychiatry.* 2005: 46(1):19-24.
6. Oktay JS. *Psychological Aspect of Breast Cancer* Lippincotts Prime Care Pract, 1998.
7. Ries L, Harkins D, Krapcho M, Mariotto A, Miller B. *SEER Cancer Statistics Review, 1975-2003*, Bethesda: National Cancer Institute, 2006.
8. Sengupta Subrata, *Breast Cancer*, Acb Publications, India. 2001; 1(2):34.
9. Srivastava DN, Dixit BM. *Manual for Reaction to Frustration Scale*, national Psychological Corporation, Agra, 1987.
10. Srivastava SK. *Breast Cancer*, popular Prakashan Mumbai, edition Cancer of the Breast, 1999; 12:50-60.