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ANGER MANAGEMENT TRAINING ON SELF-ESTEEM AND AGGRESSION OF BREAST CANCER PATIENTS

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ABSTRACT

The aim of this research was to examine the efficacy of train in anger management skills in reducing the aggression and improving self-esteem of breast cancer women.
Materials and Methods: This was a quasi-experimental pretest-posttest study with one control group. The study population consisted of all the breast cancer patients presenting to the Oncology Center of Yazd during October 2015 to February 2016. Of these, 30 women were selected with purposive sampling method using semi-structured interviews and randomly assigned to experimental and control groups. Bas and Perry Aggression Questionnaire and Rosenberg Self-esteem Questionnaire were performed on (administered to) the patients.
Results: Our findings revealed that the mean score of self-esteem increased in the experimental group compared to the control group. Also, aggression scores and its subscales decreased significantly in the experimental group compared to the control group.
Conclusion: Teaching of anger management skills affects aggression and self-esteem positively and increases their self-esteem.

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Introduction

Breast cancer is the most common, the most fatal, and, emotionally and psychologically, the most influential cancer among women [1]. It is an uncontrolled growth of abnormal cells in which the cells grow without any control and prolife rate wildly forming masses named tumors. These tumors are often painless initiating as lumps in the upper and external parts of the breast [2]. According to the national report, the documentation of cancerous cases in Iran during the recent four decades has increased rendering it as one of the most frequent malignancies among the Iranian women so that it affects them one decade earlier than their peers in the developed countries. The incidence of this cancer is increasing rapidly in women aged fifty years or more. From January 1988 to December 2005, the incidence of breast cancer among the Iranian women was 22 cases per 100,000 women affecting the 15-85 years age group with the highest prevalence among the 40-49 years age group [3]. The aggressive behavior due to exacerbation of this condition has been among the consequences of affliction with this calamity [4, 5]. Given that few studies have been conducted on the role of psychological factors effective in the incidence of breast cancer, it is mandatory to carry out some research to investigate the correlation between psychological factors like anger management and breast cancer.

Literature Review

Anger and aggression are among the most complicated human excitements which are considered as natural reactions to failure and misbehavior. Overall, aggression includes invasive hostile behaviors and a reaction to failure and suppression of wishes and inclinations resulting from a complex interaction between environmental conditions, biochemical changes, cultural factors, and the learned responses which manifest themselves as beating and blowing, annoying, and damaging others [4, 5]. Psychological damage to and reduced self-esteem of the breast cancer patients are among other complications of such disorders. Self-esteem is, in fact, one's perception of themselves which is highly damaged in patients with breast cancer is the enjoyment of being educated in anger management skills using a cognitive-behavioral approach.

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Anger management is a behavioral-cognitive intervention which characteristically focuses on anger as a force originating from aggression [9]. Anger management consists of various strategies including cognitive and behavioral strategies, muscular relaxation, and stress reduction which may overcome these disorders to some degree. Seeing the increasing rate of incidence of cancer in different communities, it appears that factors other than physical parameters, genetic tendencies, physical stimulants, and chemicals play a role in its increased incidence. Differences among individuals such as personality play a key role in the adjustment of the relation between environmental stressors, the immune system, and development of chronic diseases like cancer [10, 11]. Psychological parameters may affect the physical status through tissues such as skin, muscles, lymphocytes, the endocrine system, and sensory organs [12]. Preventive psychiatric treatment can help individuals suffering from inoperable cancer live longer compared to controls. Cancer as a chronic refractory disease, displays a gradual and quiet onset which progresses for a long unknown period [13, 14].

Material and Method

This was a quasi-experimental pretest-posttest study with one control group. The study population consisted of all the women with breast cancer who presented to Cancer Center in Yazd, central Iran who scored higher than mean in the AQ test. First, the aggression questionnaire was performed on (administered to) the breast cancer women and those who scored higher than average were identified. Of these, 30 patients were selected randomly and assigned to the experimental group (15 patients) and control group (15 patients). The dependent variable (aggression and self-esteem questionnaires) was measured in both experimental and control groups in the pretest phase. The experimental group was then exposed to the independent variable (teaching of anger management skills with cognitive-behavioral approach). In the posttest, the dependent variable (the aggression and self-esteem questionnaires) was measured in both groups. Two instruments were used to glean the required data: a) Buss and Perry aggression questionnaire, b) Rosenberg Self-esteem questionnaire. a) Buss and Perry Aggression Questionnaire: This tool consists of 29 items that assesses four types of aggressive behavior including physical aggression, verbal aggression, anger, and hostility. The responses are scored using a 5-point Likert scale. Items #9 and #16 are scored reversely. The minimal score obtained for this 29-item test equals 29 and the maximal score is 145. The total score of aggression is estimated by the sum of subscales scores. The results of re-test for the four subscales with a 9-week interval were 0.72-0.80 and the correlation between the four subscales were obtained as 0.38-0.49. Cronbach's alpha coefficient was used to estimate the internal consistency validity of the scale. The results indicated the internal consistency of subscales of physical aggression (0.82), verbal aggression (0.81), anger (0.80), and hostility (0.80) [15]. b) Rosenberg Self-esteem Questionnaire: This scale was developed by Rosenberg [16] and consists of 10 items used to measure total self-esteem. The internal consistency coefficient of this scale was obtained as 0.88 on 741 individuals. The educational program of anger management skills, consisted of 8 educational sessions performed at 1-week intervals each lasting 90 min. Both the experimental and control groups were assessed before the onset of interventions and at the completion of 8 sessions using the aggression and self-esteem questionnaires. Some educational tips were as follows: Definition of anger, awareness of anger and its difference with fear, performing self-breast examinations (SBE) by the breast cancer patients, investigation of cognitive-physical-behavioral changes at the time of anger, recognition of the correlation between anger and other excitements in breast cancer women, training in relaxation techniques, etc. Finally, to analyze the research hypotheses, between-group (intergroup) covariance was used depending on the nature of the hypotheses.

Results

The mean age of the participants in this study was 48 years (38-58 years). Additional information is given in (Table 1) and (Table 2).

Table 1. Mean and SD of self-esteem and aggression in the experimental and control groups in the pretest and posttest phases.

Cont group				**Exp group**				
Post-test		Pre-test		Post-test		Pre-test		
sx	**x**	**sx**	**x**	**sx**	**x**	**sx**	**x**	Variables
1/07	16/00	1/60	15/53	0/93	19/00	1/36	15/47	Self- esteem
5/50	29/50	6/98	28/83	7/57	26/07	8/20	26/33	Physical aggression

7/45	27/29	8/17	26/87	9/19	24/67	7/80	27/47	Verbal aggression
3/46	13/00	4/12	12/67	4/64	10/87	5/01	12/60	anger
2/49	8/79	2/27	8/00	3/17	8/20	2/23	8/60	hostility
12/63	80/79	16/54	85/87	20/86	67/80	20/10	85	Total(aggression)

The data indicate that self-esteem in the experimental group is different before and after educational intervention, i.e., teaching anger management skills to patients, so that the self-esteem mean score of the experimental group significantly increased after educational intervention. However, the self-esteem scores of the control group did not change significantly before and after educational intervention as they are almost equal in the two phases. Moreover, the scores of aggression and its subscales are different in the experimental group before and after educational intervention, i.e., teaching anger management skills to breast cancer women, so that the total mean score of aggression in the experimental group decreased after educational intervention. Nonetheless, the scores of aggression and its subscales in the control group changed a little before and after educational intervention, though the diffidence was not statistically significant (Table 1).

Table 2. The results of effects of teaching anger management skills on aggression and self-esteem in breast cancer patients

statistical power	eta	sig	F	MS	df	SS	Source	
1/000	0/624	0/001	41/462	43/379	1	43/379	Self-esteem	intercept
0/061	0/004	0/748	0/105	4/09	1	4/09	Aggression	
0/127	0/027	0/410	0/702	0/735	1	0/735	Self-esteem	Pre- test Self-esteem
0/050	0/001	/975	0/001	0/038	1	0/038	Aggression	
0/059	0/001	0/775	0/083	0/087	1	0/087	Self-esteem	Pre- test Aggression
1/000	0/880	0/001	182/613	7089/235	1	7089/235	Aggression	
1/000	0/70	0/001	59/790	62/554	1	62/554	Self-esteem	group
0/98	0/436	0/001	19/289	748/837	1	748/837	Aggression	
				1/046	25	26/156	Self-esteem	error
				38/821	25	970/527	Aggression	
					29	9058/0	Self-esteem	total
					29	168486/1	Aggression	

The results demonstrate that the difference between the mean remainder of self-esteem and aggression in the experimental and control groups is significant in the posttest phase. In other words, after controlling the intervening variables, the efefct of teaching anger management skills to breast cancer women has been statistically significant in increasing their self-esteem and decreasing their aggression (for self-esteem F=19.289, P-value=0.001). For self-esteem, the amount of this difference, i.e., the square of ETA was 0.705 with a statistical power of 1; furthermore, for aggression, the square of ETA was 0.436 with a statistical power of 0.98. Consequently, our findings suggested that teaching of anger management skills to breast cancer women was effective in increasing their self-esteem and decreasing their aggression in the experimental group with a statistically significant difference ($P<0.05$) (Table 2).

Discussion

The findings of this study are consistent with the results of studies [2, 6, 17]. Moreover, some parts of our findings are consistent with parts of the results of some scholars abroad including studies [4, 18, 19, 20], yet, they are not consistent with the results of study [21]. Study [2] investigated the effect of two cognitive-behavioral techniques (relaxation and mental imagination) on anxiety, depression, and optimism in breast cancer women and found that these techniques significantly decreased anxiety and depression and increased hopefulness in these patients. Study [6] revealed that 60% of women with breast cancer rendered counseling as necessary when they were under cancer treatment in the Chemotherapy Center in Kerman, Iran while 91.6% of these patients required therapeutic consultation. Also, the findings of study [21] demonstrated that although the symptoms of pain and psychological and emotional tensions were reduced in the first and second phases of interventions in the experimental group than in the control group, there was no significant difference between the two groups at the end of interventions. Hence, the researchers concluded that relaxation interventions do not relieve pain or distress in metastatic patients with breast cancer. In the study carried out by [22], the researchers surveyed the patients with progressive metastatic breast cancer. They selected 24 patients and assigned them randomly to experimental group (with cognitive-behavioral intervention) and control group (without treatment). The experimental group received 8 sessions of cognitive-behavioral treatment weekly followed by familial night meeting for more than 3 sessions. The patients completed the POMS and Copper-Smith Self-esteem questionnaires before and after intervention. The findings indicated that, on the whole, depression and mood disturbances had reduced. Also, the results suggested an improvement in the participants' self-esteem in the experimental group compared to the controls. Furthermore, the study by Aqabarari et al. [16] indicated that improved life quality of breast cancer women not only improves their health, but also leads to improved familial integrity. Study [23] explored the effect of group counseling program on the sexual health of breast cancer women and found that this program increased the patients' sexual performance. Additionally, the results showed that group consultation promotes body image criteria, sexual performance, and sexual pleasure. Also, it revealed that the life quality of breast cancer patients under chemotherapy improved by group consultation [24, 25]. The findings of the present study demonstrated that anger management intervention was effective in decreasing aggression and improving self-esteem in breast cancer patients. Thus, it could be generally concluded that the intervention was significantly effective in reducing aggression and fostering self-esteem in the patients in the experimental group compared to the controls. The confirmation of efficacy can be viewed as the suitability of the intervention program for the main domains of the psychosocial needs of the patients with breast cancer in this study. Also, it should be pointed out that regarding the cognitive nature of the problems induced by breast cancer in women, this intervention is partially able to improve the problems brought about by stubborn refractory diseases such as malignancies. In this regard, the issue ought to be re-emphasized and attended to, since the relatively high prevalence of psychological complications in breast cancer women is mainly attributed to the common belief of malignancy and fatality of this disorder or to the fear of social consequences like deformities or behavioral disorders such as sexual inefficiency, bad-temperedness, and hostility which ultimately culminate in reduced self-esteem in these women. On the other hand, the diagnosis of breast cancer and the related possible sequelae of therapeutic interventions are considered as major stressors for these patients. Hence, among the complications pertaining to breast cancer is hostile mood induced by this calamity. Anger and aggression are among the most complicated human excitements manifested as a natural reaction to failure, suppression, deprivation, and misbehavior.

Conclusion

Our findings clearly elucidated the point that along with the conventional methods of controlling anger, anger management education and cognitive-behavioral interventions are able to affect positively the rate of aggression among the breast cancer patients. Though it seems that a myriad of factors contribute to the incidence and reinforcement of anger, and its inhibition demands application of various methods and techniques, it is, nevertheless, appropriate to keep in mind that anger management is a behavioral-cognitive intervention which focuses on anger as the force originated from aggression. So, this intervention may prove to be useful, specifically for special patients like breast cancer women. It is recommended that the following strategies be entailed in any programs aimed at improving and treating this

population of patients to foster their self-confidence: creation of a positive self-image, methods of increasing self-confidence, anxiety coping skills, stress and depression, positive and constructive criticism, self-management, and confiding in God and His support and guidance.

Conflict of interest: The author declares no conflict of interest.

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