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Oncological diseases and sexuality: Psychological perspective

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Abstract. In this paper we describe some psychological features of oncological disorders and their impact on emotional and sexual life. We analyzed some case studies of patients from Romania, one of the countries with a high incidence of oncological diseases in women in Europe.

Keywords: oncological diseases, sexual identity, self-esteem

1. Introduction

1.1. Oncological diseases

Oncological diseases are all types of cancer, tumors, sarcoma and even some diseases. Among the many examples of oncological diseases, we can list: breast cancer, leukemia, neurofibromatosis, brain tumors, etc. The most common types of oncological diseases are: skin, lung, blood, breasts, prostate, etc. Both the psychological load and the diagnosis and medication along with therapy-based treatments affect the general condition of women with cancer and their sexual function. Sexual disorders in patients with cancer affect the quality of life. Cancer is a tumor with a malignant evolution, which, if not treated in time and properly, develops and leads to the death of the person. Many cancers occur as a result of the cumulative actions of risk factors, but some cancers are hereditary and are caused by a mutation in inherited genes that creates a sensitivity to them.

"Beyond satisfying only a primary biological instinct of sexual reproduction, this erotic endowment that we all have can lead us on the paths of a spiritual adventure that aims at deification." (Dâneț G., 2012).

Sexual health is strictly related with general health in both genders. In presence of a sexual dysfunction, the expert in sexual medicine aims to discover the specific weight of the physical and psychological factors can cause or con-cause the sexual problem. (Mollaialoli, D., Ciocca, G., Limoncin, E., Di Sante, S., Gravina, G.L., Carosa, E., Lenzi, A., & Jannini, E.A., 2020)

Sexuality is closely related to health, hence the term "sexual health". Sexual health and sexuality are a part of every person's life and are associated with different needs and convey different meanings (Cărcea E., 2016). On women diagnosed with oncological diseases, two
major and important aspects must be considered: the first being related to the emotional and physical impact and respectively the particular impact induced by medication and treatments of gynecological cancers (Navolan D., Stoian D., Marius Craina M., 2020).

The burden of disease is a correlation represented by the real state of health of the population, with various excellent situations, in which people would live without suffering from disease and disability. Depending on these aspects, they are based on premature mortality, as well as persistent health disorders that participate in the onset of the disease. It is important to know that the share of certain diseases in the general morbidity of the group does not always reflect the share in mortality caused by these diseases.

The term cancer is defined as a multitude of human diseases, which are characterized by an abnormal, chaotic growth of cells in a particular organ or tissue. The causes of the disease are innumerable and there is not a single risk factor to be blamed for cancer. But, in general, there are various factors related to the living environment, individual behavior and various habits such as diet, smoking, sedentary lifestyle, etc., but also genetic factors, inherited.

Oncology is a medical specialty that deals with the diagnosis and treatment of cancer, malignant tumor is cancerous tumor, and benign is non-cancerous tumor that does not cause distant lesions and generally no local recurrences.

The prognosis is to estimate the patient's development once he has been diagnosed with a malignant tumor, the chances of curability, depending on the type of tumor and the individual characteristics of each patient (Mateescu D., Bălăceanu A., Ciochinaru M., Vlad Ş., 2010).

Thus, in oncological diseases there are 4 main stages of malignancy noted from I to IV in which I and II are considered early stages with good prognosis, often curable, and stages III and IV are advanced stages of disease with less prognosis. friendly or even reserved. "There is and a preclinical stage of the so-called stage 0 disease, or microscopic, discovered (often by chance) before the usual clinical or paracultural changes. In order to determine the stage of the disease, all the imaging and laboratory investigations necessary for each type of cancer location are carried out, because the treatment plan depends essentially, among other factors, on the stage of the disease." (Mateescu D., Bălăceanu A., Ciochinaru M., Vlad Ş., 2010).

Specific treatments are represented by all types of surgical therapy, radiotherapy, chemotherapy, immunotherapy, hormone therapy, targeted therapies, etc. used in the fight against cancer by doctors, to eradicate primary tumor and metastases. Metastases are so-called secondary, distant lesions and are characterized by the appearance of malignant tumor in other tissues and organs than the initial one in which the malignant tumor is present.

Most cases of cancer occur as a result of cumulative action, risk factors, but nevertheless, some types of cancer are hereditary and are caused by a mutation in inherited genes that creates a predisposition for them. So, identifying a hereditary predisposition to cancer allows people and their families to have early access to screening tests and benefit from personalized management and treatment.

"In recent decades, the incidence malignancies has greatly increased and continues to increase in women of child-bearing potential. The diagnosis of onco-hematological diseases during pregnancy is difficult with conditions in which certain symptoms are common and the possibilities of imaging investigation are limited. To these barriers is added the lack of data on the toxicity and efficacy of anti-neoplastic chemotherapeutics. The main goal of clinical trials is to find a therapy with a high chance of cure and survival, and on the other hand, with minimal toxicity to the fetus and for possible future pregnancies. Thus, in the first trimester of pregnancy, if an onco-haematological condition is diagnosed, abortion is recommended in order to perform
in wholeness of the chemotherapeutic cure, while in the second and third trimesters, it is recommended to keep the pregnancy with the assumption of the risks related to the chemotherapy.” (Diminescu O., 2016)

Various aspects of medical and psychological care in oncological practice are analysed by the psychologists as (Krivonis, T., 2020, Westheimer, RK, & Lopater, S., 2004). “In work with cancer patients use various psychotherapeutic methods, such as short-term psychoanalysis, cognitive-behavioral therapy, relaxation, art-therapy, music therapy, creative visualization.

Psychological help in oncology provided in the form of individual counseling, support groups, family psychotherapy, psychological counseling for couples. Based on the general principles of medical and psychological help in oncology, were developed different support programs depending on the stage of the treatment, specificity of antitumor therapy, and location of the disease. Psychogenic and somatogenic effects of cancer caused the need to add psychopharmacotherapy in treatment”. (Krivonis, T., 2020)

1.2. Sexuality
"Finding "sexual identity" involves a number of small characteristics such as accepting sexual impulses, bonding with romantic or sexual attachments, recognizing one's sexual orientation but even considering oneself a sexual being (Papalia D., Wendkos Olds S.W., Feldman R.D., 2010).

From a psychosocial point of view, sexuality refers to sensual pleasure (which satisfies the senses), given by the stimulation of the body and often accompanied by emotions, pleasant feelings, erotic in nature.

Sexuality idealizes both the body (namely the totality of organs and characters related to sexual function) and the spirit (eroticism, sensuality, the feeling of love). Sexuality is a central part of the human being's identity and personality development.

Sexuality is closely related to health, hence the term "sexual health". The World Health Organization (WHO) describes the term "sexual health" by the idea that a man is doing well in terms of his sexuality. By this description is meant that not only physical well-being in relation to sexuality, but also that from an emotional, mental and social point of view (Westheimer, RK, & Lopater, S., 2004).

“Relational and sexual problems are frequent in patients with a diagnosis of gynecological cancer, because this disease has a strong negative impact on female identity and sexuality. Psychological and sexual functioning is affected by auspicious diagnosis. Furthermore, therapies may compromise reproductive function”. (Valentina Lucia La Rosa, Mohsin Shah, Ilker Kahramanoglu, Taís Marques Cerentini, Michal Ciebiera, Li-Te Lin, Martha Dirnfeld, Patrizia Minona & Jan Tesarík, 2020)

From a psychological point of view, stress can alter emotional and cognitive states, preventing the individual from focusing on sexual stimuli during sexual activity. The presence of chronic stress seems therefore to produce harmful effects on sexual desire and genital arousal (Salemink E, van Lankveld J., 1986)

For many decades menopause had been considered one of the most stressful periods in a woman’s life. Some changes reported are: fatigue and difficulties in sleeping, palpitations and dizziness, anxiety, irritability, nervousness and depression, headaches and body aches, atrophic changes in the vagina and osteoporosis.
2. Case studies

2.1 Female oncological diseases in Romania. Study conducted by ISRA Center, for the Coalition, for Women's Health and Roche Romania - commented

This study conducted by the ISRA Center, for the Coalition, for Women's Health and Roche Romania, is an action developed to "diagnose" problems such as cancer.

These researchers included in their research both qualitative and quantitative methods to create a broad picture of the issue under discussion.

The study includes a number of categories of respondents: healthy women who could participate in screening programs, doctors involved in the screening process, and respectively women affected by oncological diseases, and in this project carried out by the students LM Ionescu and A. Gherghilescu, we will strictly approach the part with women affected by oncological diseases.

The doctors’ perspective was qualitatively verified, and will be confirmed quantitatively. At the same time, the same research structure was applied to healthy women, in order to balance the two perspectives. The feelings of patients and relatives were qualitatively explored through in-depth interviews.

The statistics made in this study inform us that Romania ranks on the penultimate place in Europe in terms of the percentage of women who have a breast test at least once in their life and in last place in terms of performing a Babes-Papanicolau test.

According to the study, the main types of cancer that affect women are: breast cancer (breast cancer), cervical cancer and ovarian cancer.

In order to make a real and significant contribution to improving the way these three types of cancer are managed in Romania, the Coalition for Women's Health has launched the largest study to "diagnose" existing problems in the medical system and beyond. In 2014, 52,410 cases of cancer in women were diagnosed in Romania, of which: 33,390 cases of breast cancer, 14,830 cases of cervical cancer, 4,190 cases of ovarian cancer. For breast cancer, the impact in Romania is almost 2 times lower, which may show that either Romanian women are less exposed to the risk of developing this type of cancer (for example, because there would be fewer hormone replacement treatments), or that we face under-diagnosis.

Due to the absence of centralized data on patient history, we can only observe the reasons for these differences.

On the other hand, mortality in Romania is not twice lower than the European average (as we would expect if mortality were related to the incidence in the same way), which supports the possibility of underdiagnosis - Romanian women are diagnosed later, when the chances of survival are significantly lower. The major difference is identified in terms of the annual incidence of cervical cancer in Romania compared to the European average: 12.2% of all cancers in women versus 2.8%, more than four times higher.

Most likely, this fluctuation is due to the very low penetration of HPV vaccination in Romania compared to other European countries. The difference decreases in the case of prevalence at 5 years - almost three times higher in Romania - a fact explained by the mortality rate, four times higher in Romania compared to the European average.

Therefore, a large proportion of patients are no longer alive 5 years after diagnosis. Regarding ovarian cancer, there is a noticeable difference only in the case of mortality (twice lower in Romania, compared to the European average), an aspect that is difficult to clarify. The survival rate for cervical cancer is 56% in Romania, for breast cancer it is 63.9% and for ovarian cancer 44.9% these survival rates are below the European average. The biggest difference
between the survival rate in Romania and the European average occurs in the case of breast cancer.

2.2. Fighting breast cancer from a woman's perspective

The fight against cancer is always difficult, and for a woman it is quite difficult when the disease affects the sexual or reproductive organs, as in the case of gynecological cancers and breast cancer.

The patient in question has to deal with the fear induced by the disease itself, the necessary treatments, as well as the image of the consequences that can affect self-esteem and unbalance the couple's life. A peculiarity of this type of cancer is related to the affected organ, which has a symbolic value in a woman's life such as: femininity, motherhood and sexuality.

The impact on sex life is confirmed by several studies where it has been found that certain disorders may persist for several years after treatment. Breast cancer reaches three cardinal dimensions of female sexuality, namely:

- sexual identity, sex with which he was born, which included the possibility of motherhood
- sexual function, with everything that includes desire, physical and emotional satisfaction
- sexual intercourse, because the repercussions of the tumor can affect the couple.

"25% of couples in which the partner is affected by a breast tumor end up divorcing, compared to 7% of couples in which the partner is the one who develops a form of cancer."

The impact it has in all its aspects is higher in the context in which the patient is young. Unfortunately, 25% of women suffering from this disease have not yet reached menopause at the time of disease discovery. "Many patients are in their thirties or forties, when much of their life cycle is still fertile. Many are looking for a stable relationship or have small children. The diagnosis of cancer at such a stage can open up an infinite number of questions that go beyond personal survival."

In the context of chemotherapy, it causes ovarian damage that can lead to premature menopause, which is a big problem for the young woman. Thus, in this fight there are three obstacles that can disrupt self-confidence. These are: the tumor itself, with all its burden of therapeutic suffering, premature menopause, with all the associated symptoms and the possible loss of the partner.

At the same time, another reason that appears in the form of a "wall" in the sex life of a woman suffering from breast tumor is the depression that accompanies the recovery process and which in turn diminishes sexual desire, the ability to react sexually.

In other research (Enache R.2012) we mentioned that "the psychotherapy literatures 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".

2.3. Case study - M., 48 years old

M. is a 48-year-old woman, mother of two children, aunt and grandmother from Romania, and moved to Italy for over 10 years. He had a quiet life full of plans and great dreams that he could not wait to implement, but everything changed in 2015 when he received the results of a thorough check investigating his "fatigue" that he had for more than a year. month.
The positive and increased results gave M. a state of blockage. She suffers from 'promyelocytic leukemia' (a type of blood cancer) and needs to start treatment and blood transfusions as a matter of urgency.

Before this oncological condition, his sex life was normal, everything went perfectly, without any problems or traumas. After the illness, her sex life underwent changes because she felt tired, traumatized, she is afraid that a mistake might make her relapse.

Therapies and treatments for her type of leukemia gave her tiredness, nausea, headaches, she no longer thought that her life could ever return to normal, that she could ever have sex again “Doing therapy, I felt various states that made me lose hope and sexual activity”.

M. mentions that although she went through the disease, the desire from a sexual point of view did not decrease after the oncological condition, but sometimes she has the impression that certain states and feelings that stop her from sexual intercourse are due to her leukemia and trauma. "Trauma is all the time, even after 2 years of torment, especially since I was diagnosed positively on a set of tests after the disease had already passed and I had to repeat all my tests. I was scared, and this trauma made me live in fear that it could happen again."

The woman lives with these conditions for years and tries with all her might to overcome all the obstacles that arise, appealing to all the support provided by family, relatives and friends, as well as professional psychologists.

Currently, M. lives her life every day, lives every moment and takes full advantage of all the beautiful moments in her life. She prefers to hide his fears and always build a new wall at every obstacle that comes his way. She is a strong woman, who is not ashamed or afraid to say "I am no longer what I was, I have changed".

3. Conclusions

Oncological diseases are seen as the worst possible diseases because of the risks involved, but also the strong impact both emotionally and physically, and last but not least, of social reintegration problems. The emotional consequences depend on the type of cancer, the time of surgery and the types of treatment used, respectively the expectations and the degree of information of the patient about the present pathology.

The interest in this sexual activity depends on the general well-being of the patient, which varies depending on the patient's physical and mental condition, respectively influenced by opinions about the impact of sexual activity on health. The resumption of normal sexuality with healing remains a touchstone for many patients. Excessive fear, major impairment of libido and sexual arousal, fears related to the possible negative impact of sexual intercourse on the operative tranche, which can lead to the choice of abstinence, which can sometimes lead to sexual aversion.

Lack of information related to the operation performed, the possible consequences, which lead to an increase in the probability of excessive or disproportionately high fears compared to the objective reality.

Patients must be guided to know the elements of sexuality, to know that satisfaction does not strictly mean the sexual act itself, to understand that it can be a quality communication, a balanced relationship, a hug. (Navolan D., Stoian D., Craina M., 2020, p. 153-154).

The conclusion of our study is that oncological diseases have a negative and persistent impact on sexuality and sexual interest. The impact of sexuality needs to be discussed with each patient before any intervention.
References


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