ХАРАКТЕРИСТИКИ СИСТЕМЫ ОТНОШЕНИЙ ПАЦИЕНТОВ С КИШЕЧНОЙ СТОМОЙ

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Аннотация. Хирургическое лечение заболеваний кишечника с последующим наложением стомы сопровождается многочисленными отклонениями в личностном и социальном функционировании пациентов. Помимо весьма прогнозируемых тревожно-депрессивных состояний, стомированные больные склонны к развитию неудовлетворенности внешностью, утрате самооценности, самоэффективности и коммуникативной компетентности. Использование психологической категории «отношение» позволяет обобщить субъективный опыт стомированных пациентов в наиболее важных сферах – телесной, внутри- и межличностной.

В экспериментальную выборку вошли 30 пациентов (20 женщин, 10 мужчин) с колостомой, контрольную группу составили 30 условно здоровых респондентов (20 женщин, 10 мужчин). Группы сопоставимы по возрасту и социально-демографическим характеристикам. В исследовании были использованы: «Методика исследования самоотношения (автор – С.Р. Пантеев); «Опросник межличностных отношений» (автор – В. Шутц, адаптация А.А. Рукавишниковой); опросник «Ситуативная неудовлетворенность образом тела», краткая форма (автор – Т.Ф. Кэш, адаптация Л.Т. Баранской, С.С. Татауровой). Результаты эмпирического исследования свидетельствуют, что выборки статистически значимо различа-

ются по следующим параметрам: внутренняя честность, самопринятие, внутренняя конфликтность, самообвинение, выраженное и требуемое поведение в области «Включение», выраженное поведение в области «Контроль» и «Аффект». Стомированные пациенты испытывают дефицит самопринятия, склонны к самокритике, переживанию чувства вины и стыда. При этом они ориентированы на поиск новых социальных контактов и развитие близких отношений, но предпочитают ограничиваться узким кругом значимых других и в целом избегают принимать ответственные решения в ситуации общения.

Полученные сведения будут полезны для составления программы комплексного социально-психологического сопровождения пациентов с колостомой.

Ключевые слова: образ тела, дефект внешности, видимое отличие, отношение, самоотношение, межличностные отношения, колостома.

CHARACTERISTICS OF THE SYSTEM OF ATTITUDES IN PATIENTS WITH AN INTESTINAL STOMA

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Abstract. Surgical treatment of intestinal diseases followed by developing of an stoma is accompanied with a number of deviations in personality and social functioning. Besides very much expected anxiety and depression conditions, ostomy patients tend to develop body dissatisfaction; loss of self-worth, self-efficacy and communicative competence. The use of psychological category “attitude” allows generalizing subjective experience of ostomy patients in the most important scopes, such as bodily, intra- and interpersonal spheres.

The experimental sample consisted of 30 patients (20 females, 10 males) with colostomy; the control sample consisted of 30 conditionally healthy respondents (20 females, 10 males). The groups were equal in terms of age and social-demographic characteristics. The following techniques were utilized in the study: “The Self-Attitude Questionnaire” (author – S.P. Pantileev); “Interpersonal Relationships Questionnaire” (author – V. Shutz, adaptation by A.A. Rukavishnikov); “Situational Inventory of Body Image Dysphoria”, short form (author – T. Cash, adaptation by L.T. Baranskaya, S.S. Tataurova). The results of empirical study prove that the samples statistically significant differ by the following parameters: inner honesty, self-acceptance, internal conflict, self-accusation, expressed and required behavior in the scope of “Inclusion”, expressed behavior in the scopes of “Control” and “Affect”. Ostomy patients experience self-acceptance deficit, prone to self-criticism, tend to feel guilty and ashamed. At the same time, they are focused on finding new social contacts and developing close relationships, but prefer to limit themselves to a narrow circle of significant others and generally avoid making responsible decisions in a communication situation.

The obtained data will be helpful to compile a program of complex social-psychological support of patients with colostomy.

Key words: body image, defect of appearance, visible difference, attitude, self-attitude, interpersonal relationships, colostomy.

Relevance

In recent years, there has been a steady increase in the number of surgeries with the removal of an intestinal stoma in Russia. Based on the analysis of various sources, it is concluded that this number fluctuates between 120000 and 140000 cases, herewith the number of such surgical interventions increases annually [1]. According to the data provided by the Moscow City Department of Healthcare, in 2008, 2500 surgeries with the

imposition of an intestinal stoma were performed, in 2012 there were 2465 of them, in 2014 – 2650.

If we talk about the causes of the formation of intestinal stomas, then the vast majority of cases is associated with oncological diseases (94%) [2]. The remaining 6% are patients with non-specific ulcerative colitis, Crohn's disease, Hirschsprung's disease, and patients with traumatic injuries of a bowel [3]. Oncological diagnosis is an independent stress factor, which is expressed in the experience of the actual threat to life as well as feelings of helplessness and loss of control; the anxious anticipation of long and painful treatment.

The formation of an intestinal stoma is a difficult multi-step process, the outcome of which is the imposition of a section of the intestine to the anterior abdominal wall. This procedure leads to change of the habitual way of life, where care of the stoma and control of bowel function come to the fore. The key feeling is the loss of a sense of the integrity of one's own body [4]. Negative assessment of one's new physical appearance combined with the anxious expectation of reactions of people around forms a kind of “dependence” on an acquired defect of appearance, contributes to the loss of self-efficacy and the emergence of the feeling of inferiority [5, 6]. The most common symptom of emotional maladjustment is anxiety and depressive states [7, 8]. Such changes may lead to deviations in the system of attitudes in ostomy patients. In most cases, they start perceiving themselves as seriously ill who cannot be helped, cease to value themselves as individuals and subsequently lose interest in social interaction [9, 10, 11]. A so-called “relationships vacuum” is formed, in which a patient often feels lonely.

The system of attitudes in its developed form is an integrated complex of individual, selective, conscious connections of the subject with various aspects of the objective reality [12]. Among the whole variety of attitudes existed, self-attitude and attitude to one's own body were chosen for the empirical study, because surgical intervention and the imposition of an intestinal stoma lead to the formation of an objective defect in ap-

pearance, which naturally raises the existential question – “Did my identity remain the same?”. Moreover, the subject's attitude towards one's own body and its physical appearance is very “diagnostic” as it integrates significant personal characteristics and serves as an indicator of psychological well-being [13]. The choice for the study the scope of attitudes towards people around is determined by the fact that every patient has his or her own network of social contacts that can be negatively affected by a disease and consequences of its treatment [5].

According to the study by M.A. Piwonka and J.M. Merino, the success of social-psychological rehabilitation in patients after ostomy is influenced by the following factors: (1) the ability to take care about themselves; (2) psychological acceptance of a new body image; (3) social-psychological adaptation; (4) the time elapsed since the surgery [14]. The study of the system of attitudes in patients with an intestinal stoma can provide information about which aspects of self-attitude and complex of interpersonal relationships to undergo the most significant changes. The implementation of a specialized psychological support program developed based on the obtained results specifically for patients who have undergone the imposition of an intestinal stoma can significantly improve an attitude towards one's own body and personality as a whole, to increase satisfaction with the quality of life.

The aim of this research project was to study characteristics of the system of attitudes in patients with colostomy.

As a basic hypothesis, we used an assumption that ostomy patients differ from conditionally healthy respondents by the following parameters of the system of self-attitude: an attitude towards own body, an attitude towards own Self, attitudes towards people around.

Method

The research procedure. In order to identify and describe the basic characteristics of the system of attitudes in patients with colostomy one “transverse” empirical section was performed in the late post-operative period. It was assumed that after 4-6 months after the surgical intervention with the removal of an intestinal stoma, patients are thoroughly capable of structuring their own subjective experience.

The empirical study was performed at the Coloproctological Unit of the Ryazan Region General Hospital (Ryazan).

Sample. In the empirical study, thirty patients with colostomy took part, among them – 20 women and 10 men. The mean age of the respondents was $60 \pm 3,2$ years. The mean time elapsed since forming a colostomy was $33,2 \pm 17,0$ weeks. All the patients were treated due to cancer.

The control group consisted of 30 respondents (20 women and 10 men), who at the time of the empirical study had not been diagnosed with any bowel diseases requiring a surgical intervention and removal of a stoma. The mean age of the respondents in the control sample was $57,0 \pm 4,8$ years.

All the respondents signed the informed consent form, where they were guaranteed observance of the principles of confidentiality and voluntary participation in the experiment.

Techniques. In order to collect empirical data, methods of interview, survey and testing were utilized.

1) Self-attitude Questionnaire (author – S.R. Pantileev). This questionnaire contains 110 items describing cognitive, emotional, and behavioral characteristics of one's attitude towards his or her own Self. Stimuli are integrated into nine scales such as inner honesty, self-confidence, self-leadership, self-attachment, self-worth, self-acceptance, reflected Self, inner conflictness, and self-accusation.

2) Interpersonal Relationships Questionnaire (author – V. Shutz, adaptation by A.A. Rukavishnikov). This questionnaire consists of 54 items that are integrated into six scales: Inclusion (expressed and required behavior); Control (expressed and required behavior); Affect (expressed and required behavior).

3) Situational Inventory of Body Image Dysphoria, short form (author – T.F. Cash, adaptation by L.T. Baranskaya, S.S. Tataurova). This inventory contains 20 items that describe various situations that can provoke the feelings of dissatisfaction with one's own physical appearance. The final indicator is represented by the same scale.

The mathematical-statistical analysis of the primary empirical data included the calculation of central tendency measures as well as variability measures of changeability to determine a type of distribution; the utilization of the non-parametric Mann-Whitney U-test to compare two independent samples.

Results

In order to test the hypothesis about the existence of differences in the system of attitudes between the sample of patients with colostomy and the sample of conditionally healthy respondents, the non-parametric Mann-Whitney U-test was used. The results of the comparison are presented in the Table 1.

Table 1.

Results of comparing the experimental and control groups

Variable name	Mean in the experimental group	Mean in the control group	U_{emp} , p-level
Inner honesty	7,10	6,10	259, $p < 0,01$
Self-acceptance	7,00	7,43	337, $p < 0,05$
Inner conflictness	7,43	6,93	241,5, $p < 0,01$

Self-accusation	7,43	4,50	305,5, $p<0,05$
“Inclusion” (expressed behavior)	3,36	6,37	198, $p<0,01$
“Inclusion” (required behavior)	2,87	5,73	183,5, $p<0,01$
“Control” (expressed behavior)	4,03	6,33	243, $p<0,01$
“Affect” (expressed behavior)	2,73	4,73	284,5, $p<0,01$

The respondents from the experimental and control groups statistically significantly differ in the level of inner honesty (openness): patients with a colostomy are more closed in the situations of interpersonal communication, they less prone to reflection and frankness. We assume that such results are associated not only with the nature of the performed surgical intervention, but also with the peculiarities of the experimental interaction situation.

One of the most expected results of the empirical study was the discovery of a statistical tendency towards the different levels of expression of self-acceptance in the experimental and control groups. The deficit of self-acceptance in ostomy patients may be expressed in the absence of agreement with one's own Self, unconditional acceptance of one's Self with all inherent advantages and disadvantages, intrapersonal maladjustment. The loss of habitual physical appearance, physical and social constraints that have arisen are often perceived as a reason to doubt own physical attractiveness and, at the same time, self-worth.

Patients with colostomy and conditionally healthy respondents statistically significantly differ in the parameters of inner conflictiness and self-accusation that form the generalized factor called “Inner instability”. The high level of inner conflictiness is an

indicator of dissatisfaction with one's own Self, low self-esteem, doubts about self-worth and self-efficacy. A similar symptom complex is relatively often detected in patients who have undergone a disfiguring surgical procedure [15]. Self-accusation here is determined by attributing the responsibility to oneself over those circumstances and actions that might lead to the actual state of health. For example, a patient blames him/herself for the late visit to a doctor, which was the cause of complications.

The interesting findings include the absence of statistically significant differences in the situational dissatisfaction with the body image between the samples. It was assumed that the formation an intestinal stoma and associated with it defect of appearance will provoke the pronounced preoccupation with the physical appearance [5, 8]. The absence of differences can be explained by the fact that for respondents of the chosen age category (52-64 years) the criterion of physical attractiveness loses its significance. Another interpretation of this result is that in everyday Russian culture for a long time it was not customary to emphasize satisfaction with one's own appearance.

Statistically significant differences were also found in the scope of attitudes towards people around. Thus, the analysis of differences between the experimental and control groups in the levels of required and expressed "Inclusion" behavior suggests that patients with colostomy more often than conditionally healthy respondents are focused on finding new social contacts, but however, their current social circle is rather limited. Taking into account the results received by N.V. Deyneka, it is fair to assume that the need for establishing new interpersonal relationships is subject to frustration in ostomy patients [3]. The ostomy patients differ significantly from the control group in terms of expressed "Control" behavior. It means that they avoid making decisions and taking responsibility in the situations of interpersonal communication. Perhaps this pattern of avoidance is due to the fear of making a "wrong" decision, the consequences of which can negatively affect not only relationships, but also health. Another explanation is that the patients experience the fear of prediction associated with the underlying disease.

Significant differences between the samples were revealed in a level of expressed "Affect" behavior. According to this result, the patients with colostomy tend to experience caution and increased anxiety when establishing close intimate relations with a partner, which is consistent with the studies of other authors [3, 8, 16]. In this pattern, we may trace the psychological influence of this type of surgical intervention on physical attractiveness, patient's authenticity and his or her behavior.

Conclusions

This research project was devoted to studying characteristics of the system of attitudes in patients with colostomy. The setting of diagnosis, the overcoming a complex surgical intervention, the awareness and understanding of changes in physical appearance are the factors that force an individual to doubt about own self-worth and self-efficacy, about own ability to establish trusting relationships with people around.

Initially, it was suggested that the system of attitudes in patients with an intestinal stoma has its own specific characteristics and significantly differs from that of conditionally healthy respondents. According to the obtained results, we may conclude that the ostomy patients experience the deficit of self-acceptance, are prone to self-criticism and experiencing feelings of guilt and sham. Herewith they are focused on searching new social contacts and developing close relationships, but they do prefer to be limited by a narrow circle of significant others and generally avoid making responsible decisions in communication situations.

Among the limitations of this empirical study, the following should be identified: (1) the age range of respondents — both experimental and control samples included respondents aged from 52 to 65 years old, which limits the distribution of the revealed patterns to other age groups; (2) the experimental and control groups were mixed, the simultaneous inclusion in the sample of male and female respondents could also have an impact on the specificity of the results obtained.

This empirical study can be developed in the following areas: (1) comparison of groups of men and women after surgical intervention to impose an intestinal stoma to identify the gender characteristics of the psychological response to the fact of appearance change; (2) study of the influence of the age characteristics of the respondents on their experience of the situation of changes in appearance; (3) study of the subjective experience of ostomy patients in the context of other psychological categories (for example, personal potential, resilience, post-traumatic growth, life event).

There is no conflict of interest.

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