ЭКСПЕРИМЕНТАЛЬНО-ПСИХОЛОГИЧЕСКОЕ ИССЛЕДОВАНИЕ ЭКЗИСТЕНЦИАЛЬНОЙ ИСПОЛНЕННОСТИ БОЛЬНЫХ РАКОМ МОЛОЧНОЙ ЖЕЛЕЗЫ

EXPERIMENTAL AND PSYCHOLOGICAL STUDY OF THE EXISTENTIAL
FULFILLMENT IN PATIENTS WITH BREAST CANCER

Шабалина В.В.¹,
Долганина О.А.²,
Руф Р.Р.³

¹Красноярский краевой клинический
онкологический диспансер имени
А.И. Крыжановского

²Красноярская университетская
психолого-педагогическая клиника

³Красноярский государственный
медицинский университет имени
профессора В.Ф. Войно-Ясенецкого

Shabalina V.V.¹,
Dolganina O.A.²,
Ruth R.R.³

¹Krasnoyarsk Regional Clinical Oncology
Center named after A.I. Kryzhanovsky

²Krasnoyarsk University Psycho-Educational
Clinic

³Krasnoyarsk State Medical University named
after professor V.F. Voino-Yasenetsky

Аннотация:

Экзистенциальная исполненность описывает особенности интегрального переживания человеком своей жизни в настоящий момент и определяется показателем того, что в жизни человека много осмысленного, он проживает свои ценности, живет с внутренним согласием, его решения и поступки соответствуют его сущности, и через них он вносит себя в мир. По мнению ведущего представителя экзистенциального анализа А. Лэнгле, цель экзистенциально-аналитической работы состоит в том, чтобы помочь людям жить и действовать с чувством внутреннего согласия, в котором и проявляется аутентичность человека и его подлинность. Изучение особенностей эмоционального развития человека является

Abstract:

Existential fulfillment describes the features of the integral experience of a person's life at the moment and is determined by the indicator that there is a lot of meaningful in a person's life, he lives his values, lives with inner harmony, his decisions and actions correspond to his essence, and through them he brings himself into the world. According to the leading representative of existential analysis A. Langle, the purpose of existential-analytical work is to help people live and act with a sense of inner harmony, which manifests the authenticity of the person and his authenticity. The study of the peculiarities of human emotional development is extremely an important factor of contact with yourself and

крайне важным фактором контакта с собой и благополучия, эмоции оказывают влияние на жизнедеятельность и внутреннее состояние человека в целом.

В статье описывается понятие экзистенциальной исполненности, а также приводятся результаты исследования особенностей экзистенциальной исполненности у больных раком молочной железы. Описаны критерии экзистенциальной исполненности: духовность, ответственность, свобода, наличие системы ценностей: ценности творчества, ценности переживания, ценности отношения, смысл. Особое внимание в работе уделено оценке особенностей экзистенциальной исполненности у женщин, больных раком молочной железы, которые могут выступать в качестве ресурсов в психологическом сопровождении лечебного процесса.

В основу исследования вошли клинические наблюдения за 60 пациентами со злокачественными новообразованиями молочных желез, получившими комбинированное или комплексное лечение в Красноярском краевом клиническом онкологическом диспансере им. А.И.Крыжановского в 2017-2018 годах.

Была разработана и описана психокоррекционная программа для психологического сопровождения лечебного процесса, основной целью которой являлись укрепление веры в выздоровление; преодоление страха, тревоги, напряжения; выработка новых жизненных смыслов; преодоление кризиса.

Ключевые слова:

экзистенциальная исполненность, самодистанцирование, самотрансценденция, свобода, ответственность, психологические особенности, психологическая поддержка, злокачественные опухоли молочной железы, жизненный ресурс.

well-being, emotions have an impact on the life and internal state of the person as a whole.

The article describes the concept of existential fulfillment, as well as the results of the study of the features of existential fulfillment in patients with breast cancer. The criteria of existential fulfillment are described, such as spirituality, responsibility, freedom, the presence of a system of values: the values of creativity, the values of experience, the values of attitude, meaning.

Particular attention is paid to the evaluation of the features of the existential fulfillment in women with breast cancer, which can act as a resource in the psychological support of the treatment process.

The study was based on clinical observations of 60 patients with malignant tumors of the mammary glands who received combined or complex treatment at the Krasnoyarsk Regional Clinical Oncology Center named after A.I. Kryzhanovsky in 2017-2018.

A psychocorrectional program for psychological support of the treatment process was developed and described, the main purpose of which was to strengthen faith in recovery; to overcome fear, anxiety, tension; to develop new life meanings; to overcome the crisis.

Key words:

existential fulfillment, self-destruction, self-transcendence, freedom, responsibility, psychological features, psychological support, malignant breast tumors, life resource.

Relevance

Information about cancer is destructive to the human personality and in this regard, recently much attention is paid to the study of the psycho-emotional state of

patients with cancer [1].

In the structure of morbidity and mortality from malignant neoplasms of the female population of Russia, breast cancer ranks first. The absolute number of cases in 2017 amounted to more than 71 thousand – 21.1% of all tumors. The increase in the standardized incidence of breast cancer over the past 10 years – 22.68%. 64.5% of patients with breast cancer in the Russian Federation receive combined or complex treatment [2,3].

Diseases of this kind are characterized not only by their severity, but also interfere with the existential fulfillment of man, reducing the quality of life. As a result, this disease is accompanied by excessive emotional stress, leading to various kinds of psychological and neuropsychiatric disorders. Underestimation of the importance of the inner world, personal characteristics, attitude to the disease and treatment do not allow a holistic approach to the treatment of the disease, and this, in turn, does not allow the use of personal resources of the person in full [4].

The concept of existential fulfillment, introduced by V. Frankl, describes the subjective human experience of the quality of his/her life. Fulfillment is the experience of deep inner agreement with what is to be, or with what is done; the experience of its conformity to its essence and circumstances [5].

Thus, this concept reflects the subjective assessment of the individual relative to his/her own past. As criteria of an existential fullness discusses spirituality, responsibility, freedom, the existence of a system of values (the values of creativity, values, experiences, values, relationships), and sense. This is possible if a person has access to his/her experiences, as well as actively participates in what seems to him/her valuable. Life with consent inside is filled with existential or existential-filled life. For the fulfillment of existence, it is necessary to accept reality, appeal to values in the world and relationships, respect for individuality (one's own and another's), as well as coordination with meaning.

The aim of the study was to assess the features of existential fulfillment in women with breast cancer, which can act as resources in the psychological support of the treatment process.

Materials and methods

The study was based on clinical observations of 60 patients with malignant neoplasms of the mammary glands who received combined or complex treatment in the Krasnoyarsk Regional Clinical Oncology Center named after A.I. Kryzhanovsky in 2017-2018 years. The inclusion criteria in the study were: histologically verified diagnosis of breast cancer; stage I-III disease according to TNM classification; age of patients from 30 to 55 years; a sufficient level of education (at least secondary).

All patients with breast cancer were divided into two groups: control (n=30) and experimental (n=30). The groups being compared were comparable in terms of the main inclusion criteria.

Diagnostics for an existential fullness had used the technique of "Scale of existence" by A. Laengle and K. Orgler. The method "Scale of existence" is aimed at measuring the subjective experience of existential fulfillment. The overall rate of an existential fullness includes 4 subscales:

Self-transcendence (ST).

Self-distancing (SD).

Freedom (F).

Responsibility (V).

The method also contains two summary indicators:

- Personality (the sum of the subscales "Self-transcendence" and "Self-distancing").

- Existentiality (the sum of the subscales "Freedom" and "Responsibility").

Statistical calculations were performed in IBM SPSS V. 22. The distribution of quantitative variables were tested for normality of distribution using the Shapiro-Wilk test. Descriptive statistics for normally distributed values are presented in the form of the mean value and its standard error ($M \pm m$); for nonparametric values – in the form of medians and interquartile intervals ($Me(Q1; Q3)$). The significance of group differences was checked by Student's T-test (under normal distribution of the value) and Mann-Whitney U-test (under nonparametric distribution). The significance of the differences in the parameters before and after the experiment was tested by dispersion analysis by Fisher criterion with the calculation of the intragroup sum of squares for repeated measurements. The differences were considered statistically significant at $p \leq 0.05$.

Results

Table 1 shows that no significant differences between the groups were observed in any of the parameters before the experiment.

Table 1.

Indicators in groups before the experiment

Parameter	Groups		p-level
	Control	Experimental	
SD Self-distancing	33,1 $\pm$ 1,68	33,6 $\pm$ 1,27	p=0,813
ST Self-transcendence	61,0 (49,00;72,25)	55,0 (45,75; 71,25)	p=0,544
F Freedom	45,2 $\pm$ 2,49	47,5 $\pm$ 1,53	p=0,434
V Responsibility	55,2 $\pm$ 2,73	59,7 $\pm$ 2,37	p=0,212
P Personality	96,0 (73,50;113,00)	87,0 (77,00; 112,25)	p=0,756
E Existentiality	106,5 (74,50;123,25)	111,0 (93,75; 121,50)	p=0,487
G Total value	194,1 $\pm$ 7,91	199,0 $\pm$ 5,26	p=0,605

The results show that there are no significant differences in the parameters of existential fulfillment. However, there is a specific manifestation of these parameters in the study groups.

1. Self-distancing. The control and experimental groups have a low ability to self-distancing. This means that they have no distance from themselves. It can be assumed that this is due to internal confusion (post-traumatic state) and loss of orientation (patients do not understand what is happening to them). Obsessive desires and thoughts predominate.

2. Self-transcendence. The low rate in both groups indicates emotional flatness and scarcity in relations with the world and people. Lack of emotion makes them helpless, insecure. They don't know what they want. Feelings felt like interfere and mislead.

3. Freedom. A low score means an inability to make decisions. Obstacles to the violation of freedom as a human ability can have various causes. Fear for the future, health and indecision prevent patients from making a decision. Prevailing self-doubt in their abilities and capabilities.

4. Responsibility. Low level was detected in the control group. Patients do not feel personally involved in life. They realize that their lives are beyond planning and control. There is much restraint. To make a responsible step, they need guarantees, guidance and determination. The average was found in the experimental group. Patients are more affected by the correlation with life and try to adhere to the mandatory, caring treatment with it.

5. Personality. Low indicator indicates closed. Their personal abilities are blocked and not used. It can be assumed that due to their own problems, mental stress or personal disorder, patients close in.

6. Existentiality. The low rate in the experimental group indicates that it is difficult for patients to deal with themselves and change their lives for the better. The predominant inaction associated with uncertainty in decision-making, ignorance of what to do. Small ability to withstand loads. The average in the control group. This means that patients have a growing degree of determination and responsibility for life. They seek to arrange their lives and their world.

7. Total value. A low rate in both groups indicates an unfulfilled existence. Self-centered and emotionally incapable of dialogue. Lack of responsible involvement in life. Under the influence of stress, it is easier to have mental disorders. Significant differences in patients with respect to existential fulfillment is not observed. According to the results, the majority of subjects from both groups have a low level of existential fullness.

For psychological correction of patients with breast cancer based on the principle of an integrated approach, a program was used, including suggestive, cognitive, behavioral methods, muscle relaxation, dance-motor therapy.

The first part of the program is a group psychological work. Each session is devoted to a specific topic, where through art therapy women can clarify their significant feelings, reveal experiences and fears that can be difficult to express in words, find ways of free release of accumulated emotions. Participants openly talk about what concerns them, discuss pressing issues that cannot always be voiced to family and friends, learn new ways to interact with the world and with themselves. In the circle of people who experience such a state, in an atmosphere of trust and acceptance, women receive support, the opportunity to look at the events quite differently than before, answer the questions "Where and why am I going now?", "What to do next?" and many others. It is important to realize "I am not alone", which gives spiritual strength in the fight against the disease. After group work, participants have the opportunity to receive individual psychological consultations within the framework of this project.

In the second part of the program, under the guidance of a professional artist, participants discover and develop their creative potential. The majority of women for the first time for themselves begin interaction with the world of paints and clay, create the first creative works.

The following topics were covered: "Learning to relax", "Visualization", "Draw a fear", "Down with the negative", "Fear of death", "What gave me the disease", "Coping with physical pain", "Strengthening the body", "My achievements", "Overcoming resentments", "Resentment", "Techniques for working with grievances", "Developing of the ability to relieve internal control", "Technology of working with fractals" (the technique of "Drawing a circle"), "Make-Up Therapy" (techniques "I'm different", "Fresh make-up", "Ship"), "My family in the way of flowers", "State of guilt", "Picture yourself", "Blacklist", "Five desires", "Internal caretaker".

Duration of correction program: 4 months. Frequency of sessions: 3 times per week.

After the experiment, the following changes were observed, presented in Table 2.

Table 2.

Indicators in groups after the experiment

Parameter	Groups	
	Control	Experimental
SD Self-distancing	33,9±1,71	44,3±1,48
ST Self-transcendence	61,0 (52,25;74,25)	78,0 (65,00; 81,00)
F Freedom	47,1±2,37	58,1±1,51
V Responsibility	57,5±2,51	67,8±1,47
P Personality	95,0 (76,75;114,50)	118,5 (101,75; 129,00)
E Existentiality	111,5 (80,50;126,00)	131,0 (109,50; 135,00)
G Total value	199,9±7,59	241,6±5,25

According to the results of the variance analysis of repeated measurements, the changes of all parameters in the experimental group before and after the experiment, as well as the differences of all parameters, except for the parameter "Personality", between the experimental and control groups were statistically significant.

Table 3.

Evaluation of statistical significance of differences after the experiment

Parameter	Statistical significance (p-level) of differences after the experiment	
	Between the control and experimental groups in the experimental	group before and after the experiment
SD Self-distancing	0,007	< 0,001
ST Self-transcendence	0,031	0,001
F Freedom	0,013	0,001
V Responsibility	0,012	0,048
P Personality	0,087	< 0,001
E Existentiality	0,007	0,004
G Total value	0,007	< 0,001

After conducting psychotherapeutic interventions, the following changes were revealed in the parameters studied.

Discussion

1. Self-distancing. Significant differences associated with an increase in the parameter were recorded in the experimental group ($p < 0.01$). The ability to shift attention away from oneself and gain clarity about the situation has increased. Increased self-control and the desire for high achievements.

2. Self-transcendence. With the growth of the index, the emotional inner world and the inner ability to feel the value bases and focus on them are enriched. Patients begin to feel an emotional inner correlation and accept themselves along with their desires and needs (self-acceptance is the basis for knowing what you want).

3. Freedom. Patients have increased clarity and strength in forming judgments and finding solutions. Against the background of the real possible patients see the most important thing for them – that on the basis of which it is possible to judge, freely choose and decide. There is confidence in their abilities and capabilities.

4. Responsibility. Responsibility has reached a high level. Patients act with

awareness of the obligation of this for themselves. To sustain the process of implementation of their own plans allows a sense of confidence that everything is done correctly. Lived responsibility is the basis for the formation of stable self-worth. The increasing index for this subscale indicates temporary constancy – the ability to withstand.

5. Personality. Increased openness in dealing with himself/herself and openness to the world. In this case, ST (self-transcendence) > SD (self-distancing), which indicates a strong emotional responsiveness, inner experience and empathy. It can be accompanied by difficulty in establishing distance and in preserving domestic free space.

6. Existentiality. The increase in the ability to navigate in this world, to come to decisions and responsibly implement them in life, thus changing it for the better. This means that patients have a growing degree of determination and responsibility for life. They seek to arrange their lives and their world. The combination F (Freedom) < V (Responsibility) shows a willingness to go into the world, and there may be problems with separation and a feeling that you are not free, but forced (a sense of duty). Sometimes these senses act as a load since SD (Self-distancing) < ST (Self-transcendence).

7. Total value. The ability to cope with oneself and the world has increased. This way of life helps to focus on the flair for their own needs and objectives, as well as the requirements of the situation, which are consistent with each other. P (Personality) < E (Existentiality), which means that patients are still relatively weak in emotional sensations, but strong in the realization of life.

Thus, a person with his/her developed personality and existentiality has a prerequisite for being in a dialogical exchange with the world and thus to come to the fulfillment of his/her essential structure (“existential fulfillment”).

The effectiveness of psychocorrective work in the experimental group (n=30) to increase the level of existential fulfillment is proved.

Conclusions

Thus, the carried out experimental-psychological study of an existential fullness in patients with breast cancer allows to identify the psychological characteristics of these patients and confirms the efficacy of the developed psychological intervention program for psychological support in the treatment process, whose main aim was to strengthen faith in the healing; overcoming fear, anxiety, stress; development of the new life; overcoming the crisis.

There is no conflict of interests.

СПИСОК ЛИТЕРАТУРЫ:

1. Карпова Э.Б., Чулкова В.А. Онкологическое заболевание как психологический кризис // *Ананьевские чтения. СПбГУ*. 2007. С. 556-557.
2. Состояние онкологической помощи населению России в 2017 году / под ред. А.Д. Каприна, В.В. Старинского, Г.В. Петровой. М.: МНИОИ им. П.А. Герцена – филиал ФГБУ «НМИЦ радиологии» Минздрава России; 2018.
3. Злокачественные новообразования в России в 2017 году (заболеваемость и смертность) / под ред. А.Д. Каприна, В.В. Старинского, Г.В. Петровой. М.: МНИОИ им. П.А. Герцена – филиал ФГБУ «НМИЦ радиологии» Минздрава России; 2018.
4. Сенина В.С. Психологический статус онкобольного пациента. Доступно по ссылке: <https://moluch.ru/archive/182/46815/>. Ссылка активна 19 апреля 2019.
5. Лэнгле А. Фундаментальные мотивации экзистенции как действенная структура экзистенциально-аналитической терапии // *Экзистенциальный анализ*. Бюллетень. 2009. №1. С. 9-31.
6. Чулкова В.А. Психологическое исследование больных раком молочной железы. В кн.: *Онкопсихология для врачей-онкологов и медицинских психологов*. СПб.: Любавич; 2017. С. 116-127.
7. Кривцова С.В., Лэнгле А., Орглер К. Шкала экзистенции // *Экзистенциальный анализ*. Бюллетень. 2009. №1. С. 141-171
8. Демин Е.В., Гнездилов А.В., Чулкова В.А. Психоонкология: становление и перспективы развития // *Вопросы онкологии*. 2011. Т. 57, № 1. С. 86-91.
9. Калачинская О.А., Васильева О.С. Экзистенциальный подход в процессе реабилитации – необходимое условие для восстановления социального здоровья личности // *Северо-Кавказский психологический вестник*. 2009. №2. С. 66-72.
10. Андриященко А.В. Распространенность и структура психических расстройств в общей медицине // *Психические расстройства в общей медицине*. 2011. №1. С. 14-28.
11. Русина Н.А. Психологический статус и

REFERENCES:

1. Karpova EB, Chulkova VA. *Onkologicheskoe zabolevanie kak psihologicheskij krizis. Anan'evskie chtenija. SPbSU*; 2007. 556-557. (in Russ).
2. *Sostojanie onkologicheskoy pomoschi naseleniju Rossii v 2017 godu*. Kaprin AD, Starinskiy VV, Petrova GV, editors. Moscow: MNIOI named after P.A. Herzen – branch of FSBI "NMHC radiology" Ministry of Healthcare of Russia; 2018. (in Russ).
3. *Zlokachestvennye novoobrazovaniya v Rossii v 2017 godu*. Kaprin AD, Starinskiy VV, Petrova GV, editors. Moscow: MNIOI named after P.A. Herzen – branch of FSBI "NMHC radiology" Ministry of Healthcare of Russia; 2018. (in Russ).
4. Senina VS. Psihologicheskij status onkobil'nogo patsienta. Available at: <https://moluch.ru/archive/182/46815/>. Accessed 19 April 2019. (in Russ).
5. Lengle A. Fundamental'nye motivatsii ekzistentsii kak dejstvennaja struktura ekzistentsial'no-analiticheskoy terapii. *Ekzistentsial'nyj analiz. Bjulljuten'*. 2009; 1: 9-31. (in Russ).
6. Chulkova VA. Psihologicheskoe issledovanie bol'nyh rakom molochnoj zhelezy. In: *Onkopsihologija dlja vrachej-onkologov i meditsinskih psihologov*. Saint Petersburg: Ljubavich; 2017. P. 116-127. (in Russ).
7. Krivtsova SV, Lengle A, Orgler K. Shkala ekzistentsii. *Ekzistentsial'nyj analiz. Bjulljuten'*. 2009; 1: 141-171. (in Russ).
8. Demin EV, Gnezdilov AV, Chulkova VA. Psihoonkologija: stanovlenie i perspektivy razvitija. *Voprosy onkologii*. 2011; 57 (1): 86-91. (in Russ).
9. Kalachinskaja OA, Vasil'eva OS. Jekzistencial'nyj podhod v processe reabilitatii – neobhodimoe uslovie dlja vosstanovlenija social'nogo zdorov'ja lichnosti. *Severo-Kavkazskij psihologicheskij vestnik*. 2009; 2: 66-72. (in Russ).
10. Andruschenko AV. Rasprostranennost' i struktura psihicheskikh rasstrojstv v obschej

адаптационные ресурсы онкологических больных // Российский медико-биологический вестник имени академика И.П. Павлова. 2012. №3. С.116-123.

12. Давыдов М.И. Психоонкология // Психические расстройства в общей медицине. 2007. №3. С.3.

13. Кондаков А.В. Реабилитация женщин после мастэктомии // Вместе против рака. 2005. №1. С. 14-21.

14. Кузнецова А.А. Эмоционально-аффективные расстройства в структуре отношения к болезни у женщин с онкологической патологией в зависимости от формы лечения // Обозрение психиатрии и медицинской психологии им. В.М. Бехтерева. 2008. №1. С. 14-16.

15. Русина Н.А. Психологические защиты и механизмы совладания: отличия, проявления в психотерапевтической практике, эффективность // Ярославский психологический вестник. М.; Ярославль; 1999. С. 157-173.

СВЕДЕНИЯ ОБ АВТОРАХ:

Шабалина Василина Васильевна – клинический психолог Красноярского краевого клинического онкологического диспансера им. А.И. Крыжановского; 660133, г. Красноярск, ул. 1-ая Смоленская, 16. email: vasilina.schabalina2017@yandex.ru

Долганина Ольга Андреевна – клинический психолог Красноярской университетской психолого-педагогической клиники; 660021, г. Красноярск, ул. К.Маркса, 124.
Руф Руслан Райнгольдович – кардиолог. Красноярский государственный медицинский университет имени профессора В.Ф. Войно-Ясенецкого; 660025, г. Красноярск, ул. Партизана Железняка, 1.

ДАТА ПОСТУПЛЕНИЯ: 29.05.2019

ДАТА ПРИНЯТИЯ В ПЕЧАТЬ: 28.08.2019

ССЫЛКА ДЛЯ ЦИТИРОВАНИЯ:

Шабалина В.В., Долганина О.А., Руф Р.Р.

Экспериментально-психологическое исследование экзистенциальной исполненности больных раком молочной железы // Личность в меняющемся мире: здоровье, адаптация, развитие: сетевой журн. 2019. Т.7, № 3 (26). Доступно по ссылке:

<http://humjournal.rzgmu.ru/art&id=391>. Ссылка активна на чч.мм.гггг. doi: 10.23888/humJ20193501-512

meditsine. *Psichicheskie rasstrojstva v obschej meditsine*. 2011; 1: 14-28. (in Russ).

11. Rusina NA. Psihologicheskij status i adaptatsionnye resursy onkologicheskikh bol'nyh. *Rossijskij mediko-biologicheskij vestnik imeni akademika I.P. Pavlova*. 2012; 3: 116-123. (in Russ).

12. Davydov MI. *Psihoonkologija. Psichicheskie rasstrojstva v obschej meditsine*. 2007; 3: 3. (in Russ).

13. Kondakov AV. Reabilitatsija zhenshin posle mast'ektomii. *Vmeste protiv raka*. 2005; 1: 14-21. (in Russ).

14. Kuznetsova AA. Emotsional'no-afektivnye rasstrojstva v strukture otnoshenija k bolezni u zhenshin s onkologicheskoy patologiej v zavisimosti ot formy lechenija. *Obozrenie psihiatrii i meditsinskoj psihologii im. V.M. Behtereva*. 2008; 1: 14-16. (in Russ).

15. Rusina NA. Psihologicheskie zaschity i mehanizmy sovladanija: otlichija, projavlenija v psihoterapevticheskoj praktike, effektivnost'. *Jaroslavskij psihologicheskij vestnik*. Moscow: Yaroslavl; 1999. 157-173. (in Russ).

INFORMATION ABOUT AUTHORS:

Shabalina Vasilina Vassilievna – clinical psychologist. Krasnoyarsk Regional Clinical Oncology Center named after A.I. Kryzhanovsky; 660133, Krasnoyarsk, 16 1st Smolenskaya street. email:

vasilina.schabalina2017@yandex.ru

Dolganina Olga Andreevna – clinical psychologist. Krasnoyarsk University psycho-educational clinic; 660021, Krasnoyarsk, 124 K. Marks street.

Ruth Ruslan Reingoldovich – cardiologist. Krasnoyarsk State Medical University named after professor V.F. Voyno-Yasenetsky; 660025, Krasnoyarsk, 1 Partizan Zheleznyak street.

PAPER RECEIVED: 29.05.2019

PAPER ACCEPTED: 28.08.2019

REFERENCE FOR CITING:

Shabalina VV, Dolganina OA, Ruth RR. Experimental and psychological study of the existential fulfillment in patients with breast cancer. *Personality in a changing world: health, adaptation, development: a network jourн*. 2019; 7 (3). Available at:

<http://humjournal.rzgmu.ru/art&id=391>. Accessed: dd Month yyyy. doi: 10.23888/humJ20193501-512