COPING STRATEGIES AS PREDICTORS OF SELF-ESTEEM IN OVERCAME BREAST CANCER WOMEN CANCER (BCW)

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INTRODUCTION

In 1995, the Beijing Declaration defined health as complete well-being, not just the absence of illness or infirmity, including social, physical, emotional and mental health as a fundamental human right. In order to know how coping strategies improve the health perception in BCW (especially with the self-esteem), we developed a study to find out which coping strategies is related to self-esteem in BCW that overcame their disease.

OBJECTIVES

- Providing empirical evidence to develop psychological interventions for improving the levels of BCW'S well-being.
- Finding out the possible predictive value for using different coping styles with self-esteem level in a sample of Spanish BCW, controlling age and disease stage.

METHOD

PARTICIPANTS

30 breast cancer patients *M*= 47.47 years old and *SD*= 6.35.

STAGE OF DISEASE
Stage 0 | Stage 1 | Stage 2 | Stage 3
3% | 14% | 24% | 59%
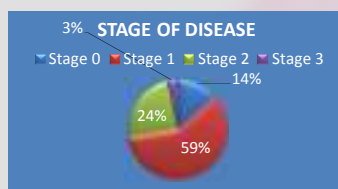
INSTRUMENTS

- Rosenberg Self Esteem Scale (RSES)
- Stress-Management Evaluation Scale (COPE)

RESULTS

Correlation analysis showed low-moderate significant associations between higher Self-esteem and Coping strategies: Acceptance, Restraint and Personal Growth.

Descriptive Statistics

	Mean	SD	N
Self-esteem (range1-4)	3.646	.537	30
Age (range 23-60)	41.40	12.49	30
Stage (range 1-4)	2.100	.803	30
Acceptance (range 1-4)	3.125	.778	30
Restraint (range 1-4)	2.141	.652	30
Personal Growth (range 1-4)	3.516	.688	30

Correlations between Self-esteem and Coping estrategies

		Seeking of Emotional Social Support	Religious coping	Humor	Active coping	Suppression of competing activities	Focus on and venting of emotions	Acceptance	Restraint	Personal Growth	Behavioral deisengagement
Self-esteem	Pearson Correlation	.114	-.076	-.040	.038	-.153	-.147	.284*	-.324*	.275*	.035
	Sig. (1-tailed)	.385	.565	.764	.771	.243	.264	.028	.012	.034	.791
	N	60	60	60	60	60	60	60	60	60	60

*p< 0,05

Hierarchical multiple regression analysis confirmed these findings and revealed that Personal Growth predicted part of the variance of Self-Esteem not accounted for age and the illness stages.

Model Summary

Model	R	R²	Adjusted R²	Std. Error of the Estimate	R² Change	F Change	df1	df2	Sig. F Change
1	.339ᵃ	.115	.049	.523	.115	1.754	2	27	.192
2	.786ᵇ	.618	538	.365	.503	10.511	3	24	.000

a. Predictors: (Constant), Stage, Age
b. Predictors: (Constant), Stage, Age, Acceptance, Restraint, Personal Growth

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	Stage, Ageᵇ	.	Enter
2	Acceptance, Restraint, Personal Growthᵇ	.	Enter

a. Dependent Variable: Self-esteem
b. All requested variables entered.

Coefficientsᵃ

Model		Unstandardized Coefficients B	Std. Error	Coefficients Standardized Beta	t	Sig.
1	(Constant)	5.335	.974		5.478	.000
	Age	-.026	.017	-.303	-1.500	.145
	Stage	-.225	.135	-.337	-1.669	.107
2	(Constant)	2.454	.895		2.742	.011
	Age	-.016	.012	-.183	-1.245	.225
	Stage	-.040	.101	-.060	-.399	.693
	Acceptance	.120	.091	.174	1.318	.200
	Restraint	-.074	.113	-.090	-.654	.520
	Personal Growth	.510	.109	.654	4.698	.000

a. Dependent Variable: Self-esteem

CONCLUSIONS

After controlling *age* and *disease stage*, Personal Growth would be an effective coping strategy, which might help to improve Self-Esteem levels of BCW. Apparently, the situation (dealing with the cancer) developed the potential traits for facing the disease. There is not data for knowing the impact of this strategy in the cancer's outcome. However, personal grow coping strategy could be important to influence in the health perception.

REFERENCES

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Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*, 267-283.

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