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.



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	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	
	Pearson Correlation	.114	076	040	.038	153	147	.284*	324°	.275	.035	
em	Sig. (1-tailed)	.385	.565	.764	.771	.243	.264	.028	.012	.034	.791	
	N	60	60	60	60	60	60	60	60	60	60	

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 o							
		Adjusted Std. Error of Change Statistics										
	Model	R	R ²	R ²	the Estimate	R ² Change	F Cha	nge d	lf1 df2	S Cr	ig. F nange	
	1	.339*	.115	.049	.523	.115	1	.754	2	27	.19	
	2	.786 ^b	.618	538	.365	.503	10).511	3	24	.00	
	a. Predictors b. Predictors	a. Predictors: (Constant), Stage, Age b. Predictors: (Constant), Stage, Age, Acceptance, Restraint, Personal Growth										
Variables Entered/Removed* Model Unstandardized Coefficients Standardized B Std. Error Beta												
Variables Entered/Removed*				Model		Un	Unstandardized Coefficients Coefficients Standardized		Coefficients Standardized	t	Sig.	
	variables Entered/	Removeu-				В	5	td. Error	Beta		-	
Model Variat 1 Stage, A		bles Removed	Method	1	(Consta	nt) 5	.335	.974		5.478	.000	
					Age		.026	.017		-1.500	.14	
Accepta 2 Restrair Growth	nt, Personal	. Е	Inter		Stage	-	.225	.135	337	-1.669	.10	
a. Dependent Vari	able: Self-esteem				(Constar	nt) 2	.454	.895		2.742	.01	
b. All requested va	ariables entered.				Age	-	.016	.012	183	-1.245	.22	
				2	Stage	-	.040	.101	060	399	.693	
					Accepta		.120	.091	.174		.20	
					Restrain		.074	.113	090	654	.52	
					Persona Growth	ı	.510	.109	.654	4.698	.000	
				a Dene	endent Variabl	e: Self-esteen	n					

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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