

PERSONAL RESOURCES IN WOMEN DIAGNOSED WITH BREAST CANCER HAVING VARIOUS SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

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Acknowledgements: The research has been funded by the Russian Science Foundation (grant project No. 19-18-00426).

Abstract: Breast cancer is the leading oncological disease among all malignant neoplasms. This is a severe medical and social disease. The objective of the research is to analyze the correlation of hardiness and coping strategies as personal resources in women having breast cancer with various social and demographic characteristics. The study involved 186 women diagnosed with breast cancer not earlier than 6 months before the point of the survey. Comparative analysis of personal resources (hardiness, coping strategies) in the women having breast cancer with various social and demographic characteristics has found some distinctions in manifestation of personal resources aimed at coping with the serious illness.

Keywords: oncopsychology, breast cancer, personal resource, hardiness, coping strategies, social and demographic characteristics.

1 Introduction

According to the world statistics, over 1,5 million women have been diagnosed with breast cancer, and around 400 thousand cases face the lethal outcome (Bray et al., 2018). Even with the advanced methods of breast cancer diagnostics and treatment, the survival rate remains insufficiently high. The incidence of this oncological disease is broad throughout all developed and developing countries. The disease affects all strata of the population, with their social status and age varying. Some 30% women die within the first year after being diagnosed. Getting the oncological diagnosis is an extreme situation for the women which demands from them powerful psychological resources to be able to cope, level out the stress, realize, and build a new life strategy aimed at treatment.

The chronic nature of the life threat due to the oncological disease present and new stressful events can trigger its recurrence (Lukoshkina et al., 2016). V. L. Matrenitsky (2018) sees the cause of breast cancer recurrence in women's realizing the role of stress in the oncological disease only partially. O. D. Rozhkova (Matrenitsky, 2018) notes that after the treatment process is completed, female patients go on using the same coping strategies which they used to have before the malignant neoplasm was found – they make no attempts to change their repertoire of coping strategies, which increases the risk of aggravation. Coping behavior in women with breast cancer was explored in the works of N. A. Rusina (2019), N. A. Sirota and B. A. Fetisov (2014), D. V. Moskovchenko (Sirota & Moskovchenko, 2014), I. V. Zapesotskaya (2016), N. V. Deineka (2018); it was also discussed in studies of N. V. Tarabrina, M. A. Padun (Tarabrina et al., 2008), and others.

Studying the contribution of personal traits into the self-regulation and self-determination processes, the authors of research works use such terms as the "potential", "resources", and "resources of personality". In psychological literature, resources are considered as significant predictors of well-being and quality of life (after Ivanova, 2013; Diener, Fujita, 1995; Holohan, Moos, 1990). According to S. E. Hobfoll's conservation (Hobfoll, 1989; Hobfoll & Shirom, 1993) of

resources theory, the latter are classified into the objective, personal, and energetic ones. Within studying psychological predictors of the course of the oncological disease, it is personal resources that are of interest: they act as fundamental components of the individual capacity for adaptation and they play the primary part in the context of coping with stress. Personal resources are personal features, such as optimism, self-efficiency, hardiness, coping strategies, locus of control, etc. It has to be noted that resources do not exist independently of each other but they represent a system, a resource reserve, possessed by an individual. Resources are interrelated and interdependent; the lack or loss of one resource can be compensated for by the presence or acquisition of another one. However, medical studies do not have any data dealing with exploration of the set of psychological factors which are associated with particularities of the disease course, which help extend the periods of remission and reduce the recurrence risks, and which would be considered as a personal resource. Sufficient attention is not paid to psychosocial, social and demographic factors determining successful adaptation to the disease, and to psychological resources in overcoming the recurrences – i.e., those individual psychological features of the patients which can act as favorable factors of the disease course and elements to rely on in psychological support. There are only occasional research works studying the positive role of certain psychological particularities of personality in the struggle for survivability in conditions of the oncological disease (Finaghenova, 2009; Chulcova & Pestereva, 2018; and others).

As psychological resources of personality, the authors identify strategies of coping behavior (coping strategies) and hardiness. These psychological features are conventionally discussed in the psychological science as a resource for overcoming difficult life situations.

2 Literature Review

Studies of psychological particularities and mental state of breast cancer patients are quite relevant as of today. The problem of the role played by psychosocial factors in the development of malignant neoplasms remains unresolved, and there has been no conclusive opinion on this question so far. Finding out and studying the factors which influence the incidence and survival rate of breast cancer patients, understanding the mechanisms of stressful events acting on an individual's mind can contribute to solving the problem of the psychosomatic nature of this disease, as well as possible somatic psychological consequences.

Breast cancer is accompanied by the strong emotional tension; it has a psycho-traumatic impact on the patients and touches on many aspects of their life. J. Fasano et al. (2020) note that the contribution of life events into the forecast of breast cancer is not high; however, the author emphasizes the leading role of the particularities of coping with the diagnosis situation, as well as with the stress caused by the prolonged treatment process. Understood as the "conscious behavior aimed at intensive interaction with the situation – changing it (for the controllable ones) or adapting to it (for the uncontrollable ones)" (Kryukova, 2008, 2010) within this research, coping behavior implies the use of coping strategies for overcoming the difficult life situation. A limited repertoire of coping strategies hinders productive coping with the stress which accompanies female breast cancer patients at the point of their oncological diagnosis being announced, during their preparation for surgery, throughout the post-surgery treatment, and after discharge from the hospital (Tsiring & Evstafeeva, 2020; Tsiring et al., 2019; Lukoshkina et al., 2016). The psychological science has amassed numerous works discussing the coping behavior strategies in patients with malignant neoplasms of various localizations. Coping strategies are studied within the context of treatment motivation of oncological patients (Zapesotskaya, 2016), with regard to personality features of cancer patients (Tsiring & Evstafeeva, 2020), to varying degree of emotional

maladjustment (Makhnach, 2011), and in relation to cognitive and emotional indicators (Sirota & Moskovchenko, 2014). Coping resources are explored on samples of women having breast cancer (Sirota & Fetisov, 2012).

According to S. R. Maddi, hardiness is a personality trait fulfilled by a special pattern of the structure of attitudes and skills enabling one to consider whatever changes happening to one as new opportunities. The pronouncement of this quality helps not only develop one's personal potential but also assess adverse events as less traumatic and form a new experience of successful coping with the stress (Nalivaiko, 2006; Leontiev & Rasskazova, 2006). Research of hardiness in patients having oncological diseases gives evidence about the manifestation of constituent elements of hardiness in cancer patients being not homogeneous. The Commitment indicator is validly higher in persons receiving chemotherapy treatment alongside other methods of treatment of the oncological pathology. The found higher value of Control as a feature of hardiness allows supposing significance of the Control indicator within the structure of hardiness during the patients' interaction with their close social environment (Sharova, 2016).

Thus, each of the described psychological phenomena is studied in relation to personality features of cancer patients, to the etymology and course of this chronic disease; however, there has been no research of psychological characteristics as a set serving as predictive markers of the course of the oncological diseases. The necessity of an integrated study of personality features which represent the personality's systemic mental organization of patients having malignant neoplasms is evident. This approach to exploring psychological predictors can serve as a scientific basis for developing the system of psychological support for patients with malignant neoplasms, identifying the risk groups of getting malignant neoplasms of certain localizations. Analysis of relevant scientific sources points to the lack of integrated studies of psychological predictors of the course of oncological diseases, their functioning as a coherent personal resource, and the structure of the said resource. Applying the resource-centered approach to studying the disease course in patients having the oncological diagnosis can open up the opportunity of gaining an idea about the mechanisms by which particularities of cancer patients' psychological personality organization influence the course of their disease. It can also help analyze the existing relationships and assess resource factors possessed by the patients which can determine the disease outcome.

3 Research Methodological Framework

The objective of this research is to analyze the correlation of hardiness and coping strategies as personal resources in women having breast cancer with various social and demographic characteristics. According to the research objective, the following empirical tasks were determined: to diagnose personal resources (coping behavior and hardiness) in women having breast cancer; to compare particularities of coping behavior in the respondents having different social and demographic characteristics (age, marital status, employment status, the level of education); to compare indicators of hardiness in the tested ones having different social and demographic characteristics (age, marital status, employment status, the level of education); to find out and analyze correlation relationships of the indicators of hardiness and coping strategies in the women.

The general layout of the empirical study was determined by the objective of the work. According to the research objective, the sample of the tested ones included 186 women aged 26 to 80 (with the average age being 55 years old, Med = 57, Min = 26, Max = 80) and living in Russia. The study was conducted within June, 2019 and May, 2020. In the entire sample of the women, breast cancer was diagnosed not earlier than 6 months before the point of the survey. All the female patients had the luminal tumor type, with the following distribution in stages: stage I – 59%, stage II – 22.7%, and stage III – 13.6%.

For obtaining the empirical data, the authors used survey methods. The technique "Ways of Coping Questionnaire" by R. Lazarus (as adapted by T. L. Kryukova, E. V. Kufiyak, M. S. Zamyshlyayeva) (Kryukova, 2010) allows finding out ways of overcoming difficult life situations, diagnosing the focus of a subject's efforts in coping with difficulties: whether they are aimed at transforming the situation, avoiding it, or at reducing the inner emotional tension caused by the stress. The test of hardiness (Hardiness Survey, S. R. Maddi, as adapted by D. Leontiev) (Leontiev & Rasskazova, 2006) allows assessing the cancer patients' system of beliefs about themselves, the world, and relationships with it. Alongside the said questionnaires, the authors used their independently prepared form to collect the data about social and demographic indicators. The form contains questions on the marital status of the respondents, their employment status, level of education, and age.

For the research, the individual data collection mode was used. To form the motivation for participating in the survey, the authors built the rapport of trust with the tested ones, explained instructions to the respondents, and rendered help for understanding and completing the questionnaires, if required. There was no time limit for filling out the questionnaires.

The authors used the SPSS Statistics 24 software for processing and analyzing the data obtained (including descriptive statistics methods, Mann-Whitney U-test, H-Kruskal-Wallis test, and Spearman's rank correlation coefficient).

4 Results and Discussion

For studying particularities of coping behavior, the tested ones were differentiated into groups depending on the number of objective parameters: age, marital status, employment status, and the level of education. The research findings are given below.

The sample of the respondents was subdivided into 5 parts based on their age: the female patients aged 30 to 40 (26 women), the ones aged 41 to 50 (36 women), the ones aged 51 to 60 (44 women), the ones aged 61 to 70 (50 women), and the female patients aged 71 to 80 (18 women). Some respondents have not specified their age, so their data are used in analyzing particularities of coping behavior according to other indicators. The mean values for coping behavior indicators in different age subgroups of the surveyed ones are given in the table below (Table 1).

Table 1 Mean values of coping behavior indicators in different age subgroups of the tested ones

Names of coping strategies	Mean values (aged 30-40)	Mean values (aged 41-50)	Mean values (aged 51-60)	Mean values (aged 61-70)	Mean values (aged 71-80)	Norms of the questionnaire
Disclaiming	9,577	9,139	8,558	8,26	7,667	8,998
Distancing	10,038	9,306	10,349	10,6	9,611	8,664
Exercising self-control	13,769	13,028	13,674	14,13	12,889	13,687
Seeking social support	13,192	12,111	10,535	10,08	10,5	10,692
Accepting responsibility	7,269	7	7,628	8,06	7,889	7,364
Escape/Avoidance	13,538	11,639	12,116	10,79	9,333	10,563
Planful problem-solving	13,115	11,639	11,651	11,88	10,647	12,737
Positive reappraisal	14,231	12,75	12,791	11,88	12,824	12,319

Source: authors' own processing

When analyzing the mean values, pronouncement of the Exercising self-control coping strategy in the tested ones of all ages can be noted: the surveyed women tend to suppress their emotional reactions, and pursuit of composure is characteristic for them. This coping strategy enables them to keep the risk of making haphazard decisions to the minimum. However, the frequent use of the Exercising self-control strategy causes emotional tension and difficulties expressing one's own

emotions. The less frequently used coping strategy of the respondents is Accepting responsibility. This strategy implies one's realizing the association between one's own behavior, actions, and consequences thereof. On the one hand, the use of this strategy enables one to assess one's role in the emergence of difficulties. On the other hand, the frequent use of the Accepting responsibility strategy can entail the feeling of guilt and self-criticism.

As a result of comparative analysis of the coping behavior indicators in different age subgroups of the surveyed ones, using H-Kruskal-Wallis test, the authors have found that the tested ones aged 30-40 make use of Escape/Avoidance and Seeking social support coping strategies significantly more frequently than the older respondents do (p=0,009 and p=0,001, respectively).

For studying particularities of coping behavior, the tested ones were differentiated into groups depending on a number of social and demographic indicators: marital status, employment status, and the level of education. The research findings, descriptive statistics, Mann-Whitney U-test values, and the significance level of distinctions in the indicators under study are given below (Table 2).

Table 2 Particularities of coping behavior in women having breast cancer with various social and demographic characteristics

Social and demographic characteristics	Coping strategies	Mean value (M)	U	p
Married (1) (N=110) Single (2) (N=67)	Positive reappraisal	(1) 13,091 (2) 11,985	3099,5	0,076
Working (1) (N=96) Non-working (2) (N=90)	Disclaiming	(1) 9,031 (2) 7,901	3441,5	0,012
	Seeking social support	(1) 11,615 (2) 10,714	3668,0	0,057
	Escape/Avoidance	(1) 12,021 (2) 10,797	3609,5	0,04
Secondary vocational education (1) (N=105) Higher professional education (2) (N=67)	Planful problem-solving	(1) 12,229 (2) 11,189	3581,5	0,043
	Exercising self-control	(1) 12,958 (2) 14,627	2694,0	0,018
	Seeking social support	(1) 10,745 (2) 11,925	2803,5	0,063
	Positive reappraisal	(1) 11,114 (2) 13,075	2591,5	0,002
		(1) 11,905 (2) 13,955	2538,5	0,003

Source: authors' own processing

As a result of comparative analysis among the married (N=110) and single (N=67) women, the authors have found only one significant distinction at the statistical trend level: married women recur to using the Positive reappraisal strategy more frequently than the single ones (p=0,076). So, having a spouse and family relationships (social support) acts as a resource when coping with difficulties, allows finding a positive meaning in the events focusing the attention on personal growth and development opportunities.

Several significant distinctions have been found by the authors when scrutinizing particularities of personal resources in women having different employment status (the working ones (N=96) and non-working ones (N=90)). When coping with stress, the working tested ones use Disclaiming (p=0,012), Seeking social support (p=0,057), Escape/Avoidance (p=0,04), and Planful problem-solving (p=0,043) strategies significantly more frequently than the non-working ones. Their professional and labor duties, opportunities of contacting their peers demand from the women to plan their own actions, to be focused, to analyze the situation and their own capacities, and to look for ways of solving the problem on their own or with the help of an external resource. Having a job enables the women to get distracted from their problem, to avoid thoughts about it, on the one hand; on the

other hand – to get some external support and the opportunity of tracing prospects.

For comparing the indicators under study among the respondents having different education levels, the authors used the results of two groups of the tested ones: having the secondary vocational education (N=105) and the higher education (N=67). As a result of comparative analysis, significant distinctions have been found in four indicators: Exercising self-control (p=0,018), Seeking social support (p=0,063), Planful problem-solving (p=0,002), and Positive reappraisal (p=0,003). These coping strategies are more frequently used by women having the higher education. At this stage of the research, the authors suppose the higher education level is a prerequisite to resolving difficulties more efficiently. However, it should be noted that this hypothesis requires further empirical verification.

Next, the authors studied the personal resource of hardiness. As previously mentioned, for exploring the age-related particularities, they subdivided the respondents' sample into 5 groups: the female patients aged 30 to 40 (26 persons; the data of one surveyed woman aged 26 were referred to this group, too), the ones aged 41 to 50 (36 women), the ones aged 51 to 60 (44 women), the ones aged 61 to 70 (50 women), and the female patients aged 71 to 80 (18 women). Results of comparison for the hardiness indicators in the subgroups under study are presented in Table 3 below.

Table 3 Particularities of hardiness in different age subgroups of the tested ones

Hardiness (indicators of hardiness)	Mean values					H	p
	Mean values (aged 30-40)	Mean values (aged 41-50)	Mean values (aged 51-60)	Mean values (aged 61-70)	Mean values (aged 71-80)		
Commitment	39,32	33,86	34,46	33,47	34,22	4,788	0,310
Control	32,579	29,143	26,514	25,645	25,200	11,449	0,022
Challenge	18,895	14,857	14,686	13,566	14,800	8,281	0,082
Hardiness	89,4211	74,3182	73,5556	70,8205	75,3500	9,213	0,056

Source: authors' own processing

According to the findings, the indicators of control, challenge, and hardiness are higher in women aged 30-40. The least pronouncement of all indicators is observed in women aged 61 to 70. So, the younger women are more convinced that fight can influence the result of what is going on, even in a situation when no successful resolution of the situation is guaranteed. Such women feel helpless to a smaller extent; they also look for discovering development opportunities both in the positive and negative experience. The high level of hardiness helps mitigate the inner tension by using active coping, taking an active life stance, reducing the significance of negative consequences of what is happening and raising their value.

Table 4 presents descriptive statistics, Mann-Whitney U-test values, and the significance level of distinctions in hardiness indicators.

Table 4 Particularities of hardiness and its components in women having breast cancer with various social and demographic characteristics

Social and demographic characteristics	Hardiness (indicators of hardiness)	Mean value (M)	U	p
Married (1) (N=110) Single (2) (N=67)	Hardiness	(1) 76,21 (2) 69,75	3225,0	0,051
	Commitment	(1) 36,02 (2) 32,66	2975,5	0,059
	Control	(1) 28,19 (2) 25,08	2758,0	0,008
Working (1) (N=96) Non-working (2) (N=90)	Control	(1) 28,07 (2) 26,1	3545,5	0,075
Secondary vocational education (1) (N=105)	Control	(1) 25,97 (2) 29,43	2392,0	0,001
	Challenge	(1) 14,320 (2) 16,67	2508,0	0,003

Higher professional education (2) (N=67)	Hardiness	(1) 71,71 (2) 80,90	2685,0	0,003
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Source: authors' own processing

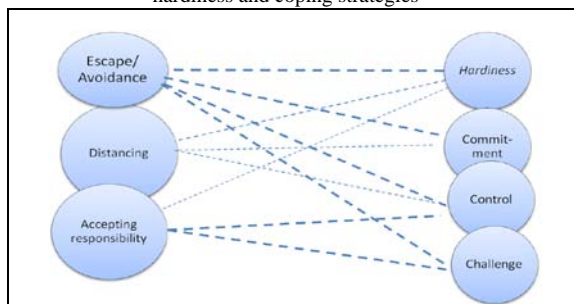
As a result of diagnosing hardiness and its components in married (N=110) and single (N=67) female breast cancer patients, significant distinctions in a number of indicators have been found. So, hardiness is more pronounced in married women ($p=0,051$); its structural components – commitment ($p=0,059$) and control ($p=0,008$) – are validly higher in married women, too. This fact confirms that the marital status, the breast cancer patients' being married, enables them to consider the severe somatic illness to be less traumatic. Similarly, by means of hardiness, the marital status of married women enables them to mitigate the effect of stress as a consequence of the disease and, for the purposes of discussion, to keep up their health. According to S. R. Maddi, hardiness is formed at an early age on the basis of the experience of child-to-parent relationships but it goes on to be maintained and developed in adulthood, too, in interaction with other people – more specifically, in situations of accepting help and approval. Clearly, in women diagnosed with breast cancer, their marital status (having a husband, a family) enables them to manifest high commitment by taking an active part in everything; manifestation of control is expressed in the attitude of one's being able to influence the events on hand, i.e., the disease, by means of struggle.

When comparing the indicators of hardiness in working and non-working breast cancer patients, distinctions in the Control indicator have been found: it is higher in working women at the trend level ($p=0,075$). In working women, control (both as a component of hardiness and as an attitude determining one's interaction with the world) can be manifested in their conviction of the fact that owing to one's own initiative, one can influence consequences of the events taking place around one. Having the work activity and professional engagement might support this attitude in women with the severe somatic illness (breast cancer), enabling them to be active in fighting the disease, too.

When looking into the comparative analysis data for the hardiness indicators in breast cancer patients having different levels of education, the authors have obtained the following findings: women having the higher education are distinguished by control ($p=0,001$), challenge ($p=0,003$), and hardiness ($p=0,003$) in general. The Control and Challenge attitudes form hardiness as the disposition which is able to alleviate anxiety associated with the future (Mitrofanova, 2018). In the situation of the threat to life caused by the fatal illness – breast cancer, women having the higher education turn out to be more capable of coping with the ontological anxiety to gain meaning through making decisions for the benefit of the future. They think they can influence the developments of their own life (control) and seek to gain their own experience (challenge).

After this, the authors performed correlation analysis of indicators of coping behavior and hardiness among the female breast cancer patients (see Figure 1, Figure 2).

Figure 1 Negative correlative relationships of the indicators of hardiness and coping strategies



Source: authors' own processing

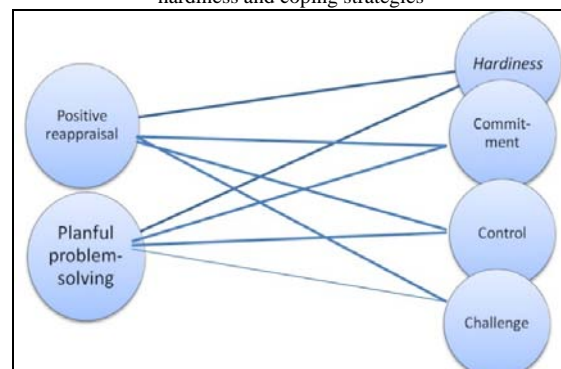
During the correlation analysis, the authors have obtained negative relationships between the indicators of hardiness and distancing, accepting responsibility, and escape/avoidance coping strategies (Figure 1). So, the higher their commitment with the goings-on, confidence of themselves and of the opportunity to influence the outcome of the situation (control) is, the less inherent in women having breast cancer distancing and distraction from the situation is. Experiencing the events taking place in women's life as exciting and joyful, controllable ones enables them to reduce the probability of dismissing their own emotions and feelings. Pronouncement of hardiness prevents emotional discomfort from arising not by distancing and reducing the significance of the situation but using other coping strategies.

The Accepting responsibility strategy implies the subjects' recognizing their role in emergence of the problem and accepting responsibility for resolving it; alongside this, it can be manifested in the form of self-criticism and self-blaming. Pronouncement of this strategy can drive subjects into the feeling of guilt. The negative relationship between the Accepting responsibility coping strategy and hardiness gives evidence about the fact that the high level of readiness for acting quickly in a situation of the absence of guarantees (challenge) and confidence of the opportunity to influence the situation (control) reduce the risk of ungrounded self-criticism. The higher the level of hardiness, control, and challenge is, the less frequently women make use of the Accepting responsibility strategy of coping.

Similarly, the relationship between the Escape/Avoidance strategy and all indicators of hardiness is of the negative nature. The more frequently a subject denies and ignores a problem, the less pronounced hardiness and its components in the subject are. Thus, the absence of actions for resolving the difficulties having emerged and manifestation of passivity give evidence about the low level of commitment with one's own life, control, confidence of the opportunity to influence the developments, and challenge.

Next, the authors analyzed positive associations between hardiness and its components with coping strategies (see Figure 2).

Figure 2 Positive correlative relationships of the indicators of hardiness and coping strategies



Source: authors' own processing

Hardiness and its components influence appraisal of the situation. Owing to readiness for acting energetically which is characteristic for hardy people, difficult life events can be perceived by them as less traumatic. The positive correlation relationship between hardiness and its components with the Planful problem-solving strategy of coping involves attempts to overcome the problem by focused analysis of the situation and possible behavior options, as well as by planning one's actions with external and internal factors borne in mind. The higher the level of hardiness, commitment, control, and challenge is, the more brightly the opportunity of resolving the problem situation in a focused and consistent manner is pronounced.

The Positive reappraisal coping strategy implies overcoming problem situations by rethinking it in a positive way, considering it as an opportunity for personal growth and improvement. Its association with hardiness is positive, too: the more frequently a subject uses the strategy of positive reappraisal, the higher the subject's level of hardiness, and vice versa. Challenge as a component of hardiness implies one's certainty of the fact that what is happening to one promotes one's development. It demonstrates the positive association, too, with the strategy of positive reappraisal of the situation. Confidence of one's own forces and independent choice of one's own activity and path make up the Control component which is also interrelated with positive reappraisal. A subject having the developed Commitment control enjoys his or her own activity and feels included into life processes. The higher the level of commitment is, the more frequent use of positive reappraisal is characteristic for women with breast cancer.

The specific features of personal resources (hardiness, coping strategies) found in women having breast cancer with various social and demographic characteristics confirm that a number of the features can act as risk factors (age, the level of education, marital status, employment status) eroding the personal resources.

5 Conclusion

Women having breast cancer are one of the most vulnerable categories of patients, as the fact of the oncological diagnosis is an extreme and crisis situation. Emerging abruptly, this disease jeopardizes women's life and leads to uncertainty of the future and lower social functioning. What is also affected is the quality of life of the female breast cancer patients – which is directly associated with the treatment forecast and chances of survival. It is required from women to mobilize their personal resources aimed at mitigating the traumatic impact of the stressor – the severe illness. So, in the difficult life situation, hardiness acts as the resource helping them cope with despair, the feeling of helplessness, and loss of meaning.

As a result of studying the relationship of hardiness and its components with coping strategies in women having breast cancer, significant correlations of negative and positive set have been found. Hardiness contributes to higher caring about one's own health and well-being, which can lead to reducing the inner tension and emotional discomfort. The association of strategies of coping behavior in difficult life situations with hardiness allows revealing a specific personal resource in women diagnosed with breast cancer – the stability and self-regulation resource. This personal resource enables the women to reduce their vulnerability in the situation of the chronic disease and to determine the nature of decisions made while interacting with their life circumstances for the benefit of the future. Moreover, when assessing personal resources of female breast cancer patients, their social and demographic characteristics have to be taken into account, too. Social and demographic factors mediate the personal resource lending some consistent distinctness to it.

Results of the research of coping behavior and hardiness as a personal resource can serve as a basis for working out programs of personal resource development for patients having the oncological disease. The essence of rendering psychological assistance to women with breast cancer consists not so much in alleviating their moral and psychological suffering rather than in amplifying the effect of treatment by mobilizing personal resources, which means, raising their survivability.

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Secondary Paper Section: AN, FD