



Emotional expression and resilience in a telephone group for women with secondary breast cancer

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The **Advanced Breast Cancer Group** is a weekly community based group that has been running for 14 years in Brisbane, Australia, and since 2001 has been delivered by telephone and face to face across Queensland to enable rural women to participate.

It uses an adaptation of Supportive-Expressive Group Therapy (SEGT), that has been shown in RCTs to improve psychological wellbeing and reduce distress in women with secondary breast cancer, after 12 months in group.

Our effectiveness studies have found

- a significant reduction in negative affect (ABS) and trauma symptoms (IES) after 12 months in group ¹
- these benefits were maintained or further improved after 2 years ²
- physical health and functioning of women worsened over the first year in group but emotional, cognitive and social functioning remained resilient (EORTC-QLC30)
- women were significantly more likely to show 'fighting spirit' than avoidant attitudes, and hopelessness & helplessness were the least likely coping response (MiniMAC)- both unchanged over 12 months
- social support (SPS) and family function (FAD) were in the normal range at entry to the group.

This study explores the relationship between emotional expression and topic discussions within the group and the resilience of group members, as shown above.

Hypotheses:

Talking about painful or difficult topics and emotions in group (e.g. own death, death of others in group) is therapeutic.

Conversely, avoidance of talking about painful or difficult topics and emotions in group (e.g. own death, death of others in group) is not therapeutic.

Method:

Audio transcripts (9 group sessions over a 9 month period) were coded for emotional expression (Specific Affect Coding System-Breast Cancer) and topic discussions (Topic Coding Systems), then correlated with changes in psychological wellbeing, QOL, and distress of participants ($n=8$) on standardised measures (e.g. IES, ABS, EORTC etc) over the recording period and time in the group/time until death.

Analysis:

Slopes were calculated for each measure and woman over 3 time points – Baseline, Time 2 (start of recording) and Time 3 (end of recording). Average % time spent talking about topics and expressing emotions were then correlated with slopes (Spearman's correlation).

Participants:

$N = 9$ women who participated in group between June 2010 to March 2011. Data from one woman was excluded (no measures after 5 years in group). Table 1 shows the composition of the group over the study period. Five women died within the study period or soon after, having had secondary breast cancer for 1.5 - 3.5 years and were members of the group for most of this time.

P	Age	Marital status	EBC* (yrs)	MBC* (yrs)	Group* (yrs)	Metastatic Sites	Died
#1	56	D	13.5	3	2.5	local, bone	-
#2	58	M	-	1.5	1	bone	08/2011♦
#3	54	M	-	3.5	3	bone, brain	02/2011♦
#4	70	M	5	2	2	liver	09/2011♦
#5	57	M	-	3.5	3.5	bone	01/2011♦
#6	69	M	13.5	6	0.2	lung, bone, brain	02/2013
#7	25	S	2	2	2	bone, liver, brain	01/2011♦
#8	67	M	17	7	0.3	bone	-

Table 1: Participants

*time since diagnosis ♦time since joining group ♦died within recording period or soon after

Results: Topics

Surprisingly, we found that average % time spent talking about Death (death of self, existential perspective, spirituality) was relatively low. See Figure 1 and Table 2. Women spent most time talking about Group (e.g. asking after other women) and Medicine (e.g. talking about treatment and side effects). While we found strong correlations, both positive and negative, we did not find clear support for our hypotheses.

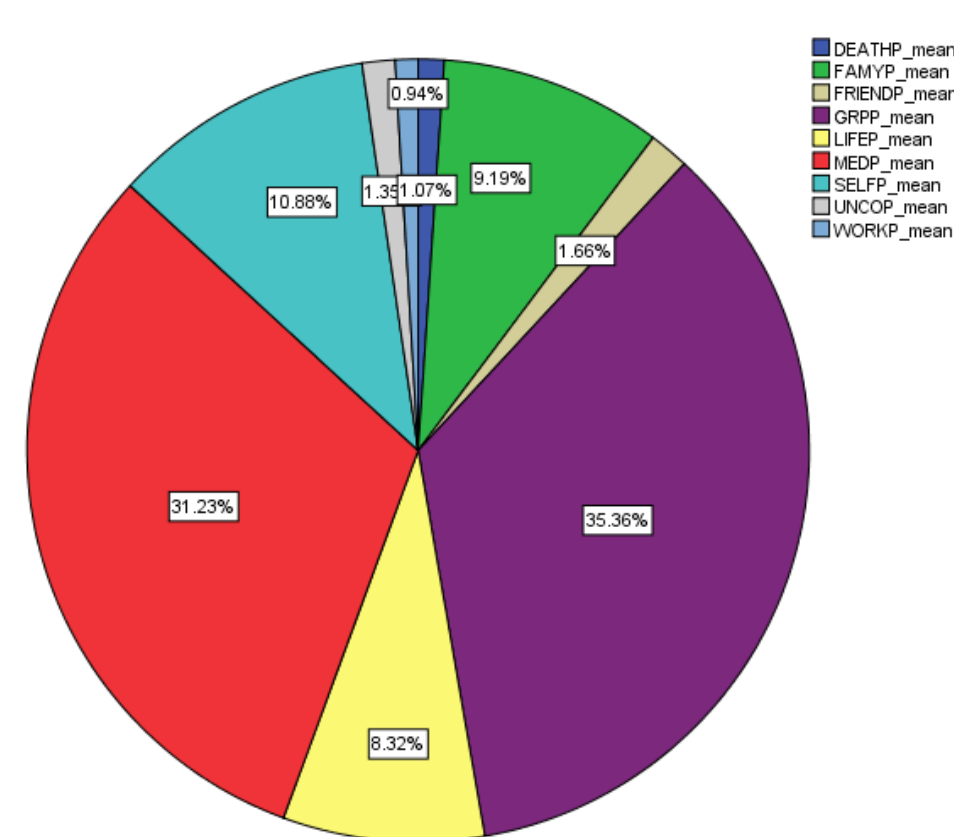


Figure 1: % time by topics

Topics	Percentage
Group	35.36%
Medicine	31.23%
Self	10.88%
Family	9.19%
Life	8.32%
Friend	1.66%
Uncodable	1.35%
Death	1.07%
Work	0.94%

Table 2: % time by topics

Results: Emotional expression

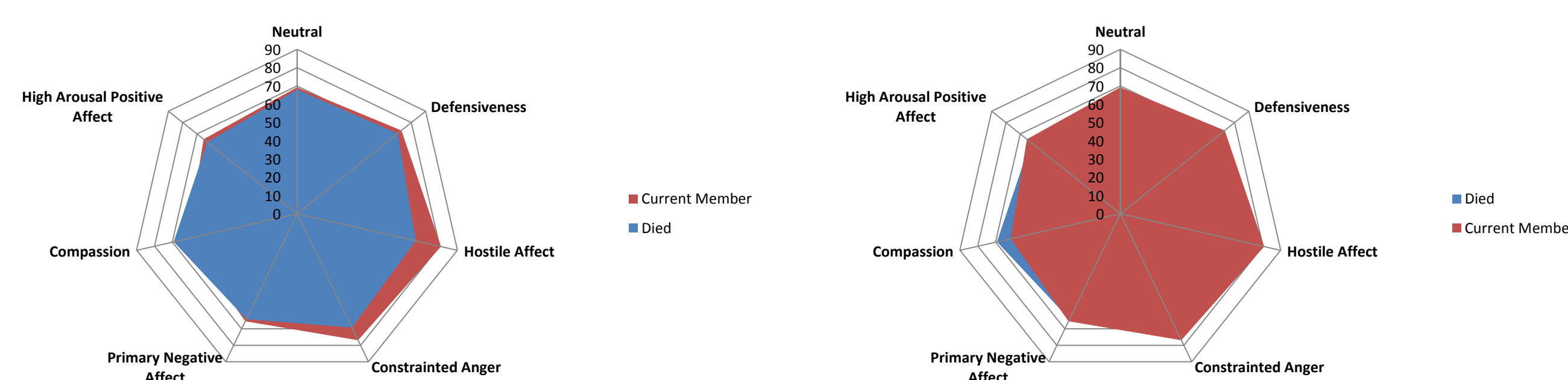
Similarly, while we found some strong correlations, we did not find clear support for our hypotheses concerning emotional expression and resilience.

Results: Within group differences

When we examined *within* group differences, we found surviving members expressed more Constrained Anger and Hostile Affect than women who died within or shortly after the study period, whereas women who subsequently died expressed more Compassion than surviving members.

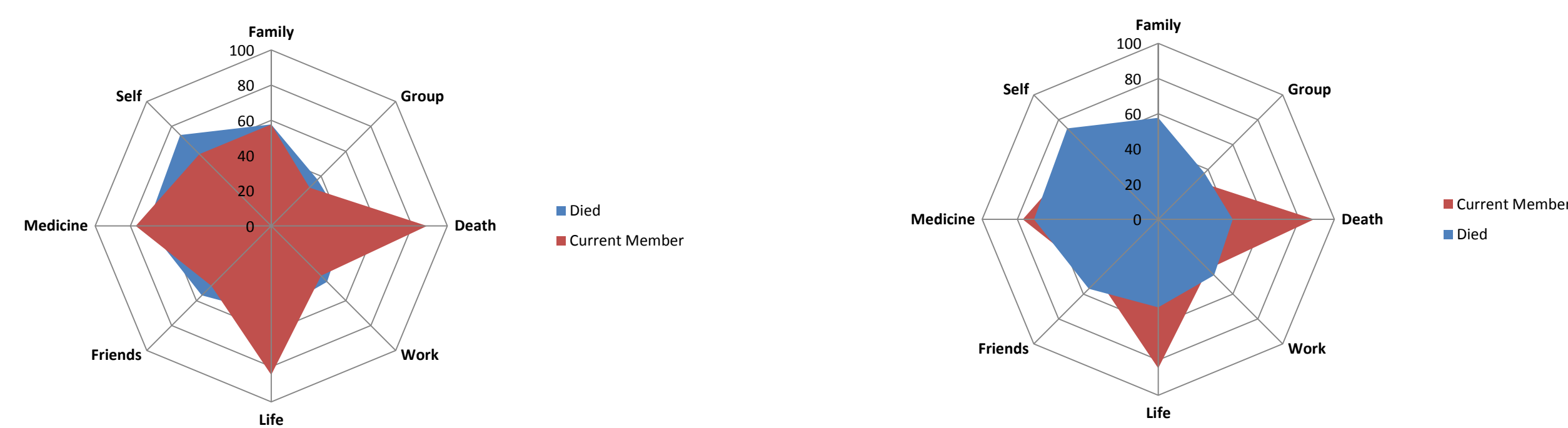
See Figures 2 & 3.

Figures 2 & 3: Comparing Emotions between surviving group members and members who died



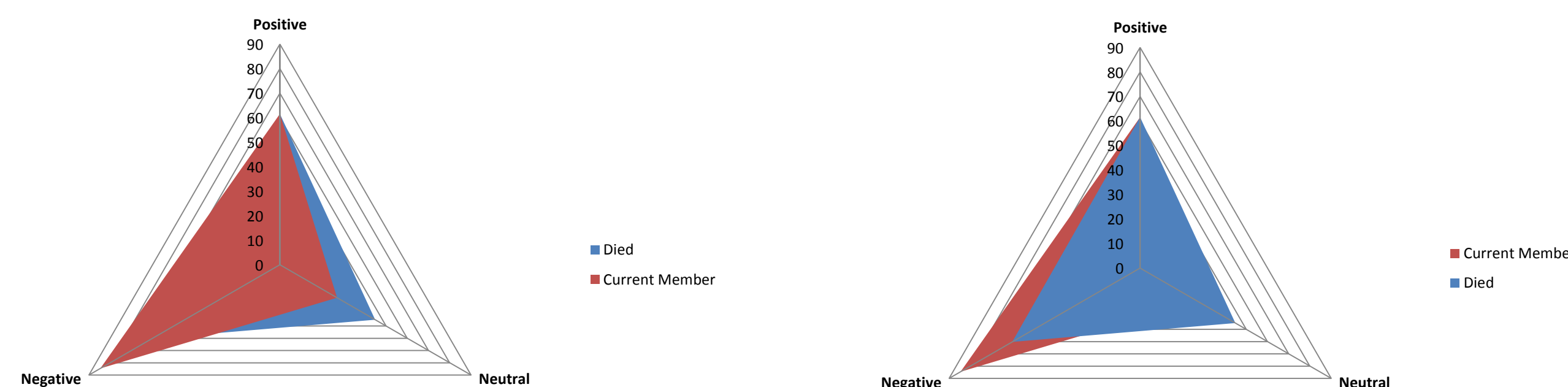
Interestingly, *within* group differences also affected Topics discussion. Surviving members spent more time talking about Death, Life and Medicine, than women who were dying, while they talked more about Self and Friends. See Figures 4 & 5.

Figures 4 & 5: Comparing Topics between surviving group members and members who died



When we compared Valences for Emotional Expression *within* group, we found surviving members expressed more negative valences, while dying women were more neutral, with both groups having equally positive valences. See Figures 6 & 7.

Figures 6 & 7: Comparing Valences between surviving group members and members who died



Discussion and Conclusion:

Why did we not find support for our hypotheses?

1. Is it due to this particular cohort of women, most of whom were in the last months of their life, as opposed to the first 12 months in group, when most studies, including ours, report outcomes?
2. Do *within* group differences confound our overall findings and show that women's participation in the group varies depending on their state of health?
3. Or are *within* group differences due to the effect of some members upon others e.g. do women who are dying affect how others feel and participate in the group?

Further considerations:

1. Perhaps focusing on expressed emotions and topic discussions does not capture reflective processes that may be occurring, but are not articulated (e.g. silent members)?
2. Therapist interventions and their effect are not captured in this analysis.
3. The size of the sample is small so this limits our capacity to analyse what occurs in the group.

References

1. O'Brien, M., Harris, J., King, R., & O'Brien, T. Supportive-expressive group therapy for women with metastatic breast cancer: improving access for Australian women through use of teleconference. *Counselling and Psychotherapy Research*, March 2008; 8(1): 28-35.
2. Advanced Breast Cancer Group Handout: 1& 2 year outcomes

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