



The link between ambivalence over emotional expression and depressive symptoms among Chinese breast cancer survivors



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ABSTRACT

Objective: Ambivalence over emotional expression (AEE) is the conflict between wanting to express emotion yet fearing the consequences of such expression. Recent literature reveals a close link between AEE and depressive symptoms among college students. Although cancer survivors experience intense emotions, few studies have examined the relationship between AEE and depressive symptoms and the underlying mechanisms among cancer survivors. Furthermore, relevant research is absent among Asians, whose culture discourages emotional expression. The present study investigated AEE's associations with depressive symptoms in Asian breast cancer survivors, and examined intrusive thoughts as a mediator. Intrusive thoughts are repetitive and unwanted thoughts about stressful events. We hypothesized that AEE would increase intrusive thoughts which in turn would increase depressive symptoms.

Methods: A total of 118 Chinese American breast cancer survivors completed a questionnaire packet containing the Ambivalence over Emotional Expression Questionnaire (AEQ), Brief Symptom Inventory (BSI), and the Impact of Event Scale (IES).

Results: AEE was positively associated with depressive symptoms ($\beta = .45, p < .001$) and intrusive thoughts ($\beta = .41, p < .001$). Additionally, intrusive thoughts partially explained the relationship between AEE and depressive symptoms ($z = 3.77, p < .001$).

Conclusions: These results suggest that Chinese breast cancer survivors who are highly ambivalent over emotional expression may have increased risk for depressive symptoms, and such relationships can be partially explained by a cognitive mechanism: intrusive thoughts. Future research may explore other mediators and design interventions specifically targeted at reducing AEE and intrusive thoughts with the ultimate goal of reducing depression.

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Introduction

Breast cancer is the most common cancer in women worldwide. It is estimated that more than 1.6 million new cases of breast cancer occurred among women worldwide in 2010 [1]. Having experienced a serious illness like breast cancer, survivors often face emotional and social problems following cancer diagnosis and treatment [2–4]. A review suggests that the prevalence of clinically significant depressive symptoms in cancer patients and survivors exceeds that of the general population [5]. Because cancer diagnoses and treatments often elicit strong emotional responses, and these emotions often accompany cancer survivors' years after treatment, how individuals cope with these emotions may influence their adjustment. For example, a recent prospective study with a nationally representative U.S. sample over a 12-year follow-up

found that emotion suppression increases risk of earlier death, including death from cancer [6].

The Asian American breast cancer rate has been the nation's fastest growing [7], however few studies have investigated emotion suppression among Asian American cancer survivors. In Western cultures, open emotional expression tends to be expected [8]. In many Asian cultures, there is a norm of suppressing emotions and concealing private thoughts to avoid damaging harmony with others [9]. Given the different cultural norms, it is imperative to provide empirical evidence on whether it would be beneficial to encourage emotional expression, and how to design interventions to reduce distress among Asian cancer survivors.

Among the Asian American populations, Chinese represent a less acculturated immigrant population compared to other Asian ethnic groups such as Japanese and Filipino [7]. Thus, they may be at higher risk of added psychological distress given their immigrant status. The first goal of the present study was to examine whether depressive symptoms were linked with Ambivalence over Emotional Expression

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(AEE) among Chinese American breast cancer survivors. Healthy Asian Americans have been found to experience more AEE compared to Caucasians [10], which indicates the importance of examining emotion expression/suppression among Asians cancer survivors. AEE is defined as an individual's inner conflict concerning the desire to express emotions yet failing to do so [11]. A number of previous studies have found that higher levels of AEE are associated with significantly higher levels of depressive symptoms in various populations including college students, rheumatoid arthritis patients, and the general population [11–16]. There has only been one study investigating the AEE construct in cancer patients. Porter and colleagues studied AEE's associations with pain and quality of life among gastrointestinal cancer patients [17]. They found that patients who were high in AEE engaged in more pain catastrophizing and reported poorer quality of life. Accordingly, it was hypothesized that AEE was positively associated with depressive symptoms among cancer survivors.

The second goal of the study was to investigate the mechanisms underlying the link between AEE and depressive symptoms. Pennebaker [18] has proposed that the lack of emotional expression coupled with the desire to express will lead to obsessive thoughts related to the inhibited feelings or event. Cancer survivors commonly report experiencing significant amounts of intrusive thoughts relevant to cancer [19]. Intrusive thoughts are defined by Horowitz [20] as repetitive and unwanted thoughts about stressful events. These thoughts arise when information about traumatic or stressful events is present, and cannot be fully assimilated into an individual's preexisting schemas. Horowitz [21] has argued that intrusive thoughts subside once the individual modifies the preexisting schemas to fully assimilate or accommodate the new information. Successful assimilation (i.e., changing the appraised meaning of the stressful event to make it consistent with preexisting schemas) and accommodation (i.e., modifying preexisting schemas to adjust them to the appraised meaning of the stressful event) of the new information help the individual restore feelings of security. This process may depend on repeated exposure to the traumatic stimuli, reappraisal of the stressors, and the modification of preexisting schemas. Talking about stress and relevant emotions may expose individuals to the trauma, and offer an opportunity to re-evaluate the stressors, and facilitate the assimilation or accommodation of the new information. By being ambivalent about expressing emotions regarding the stressful event, individuals might not be aware of the source of distress which impedes the cognitive processing that is necessary for the assimilation or accommodation to take place. In other words, ambivalence over emotional expression may take away the opportunity for intrusive thoughts to become resolved. Furthermore, inhibition of feelings may also promote unwanted thoughts [22].

Intrusive thoughts are theorized to play a critical role in the development or maintenance of negative emotions [23]. Several studies have shown that intrusive thoughts are positively associated with depressive symptoms [23,24]. While there is currently no direct evidence supporting the link between AEE, intrusive thoughts, and depressive symptoms, some research has shown that cancer patients with lower levels of emotional expressivity experienced higher levels of distress caused by their intrusive thoughts [25]. Emotional expression allows the individual opportunities to process the event again as well as the emotions that come with it, which reduces the detrimental impact of intrusive thoughts. This evidence provides further support for the links between AEE, intrusive thoughts, and depressive symptoms. We hypothesized that intrusive thoughts may mediate AEE's positive associations with depressive symptoms.

As noted, the goal of the present study is to investigate AEE's associations with depressive symptoms in Chinese American breast cancer survivors, and to examine underlying mechanisms. We propose the following hypotheses: 1. AEE would be positively associated with depressive symptoms and intrusive thoughts. 2. Intrusive thoughts would mediate the relationship between AEE and depressive symptoms.

Methods

Participants

Approval from the relevant Institutional Review Boards was obtained. The study sample consisted of 118 Chinese-speaking breast cancer survivors residing in Southern California. Participants were recruited through local community organizations. Inclusion criteria included: (1) being a Chinese-speaking breast cancer survivor; (2) being within 5 years after breast cancer diagnosis; and (3) having a first breast cancer diagnosis of stages 0–III. The study was announced at cultural events, educational conferences, peer support groups, and community newsletters in Southern California. Breast cancer survivors were told that the study was to understand their adjustment to cancer. Those who indicated interest in the study were contacted by community research staff to determine eligibility and those who were eligible were invited to participate in the study. Among 150 survivors who were potentially interested, two were ineligible. Among 148 eligible survivors, 118 agreed to participate, yielding an 80% response rate. Reasons for non-participation included being too busy, finding the study uninteresting, and health reasons.

Measures

Ambivalence over emotional expression (AEE)

AEE was assessed using the Ambivalence over Emotional Expression Questionnaire (AEQ) [11]. This self-report questionnaire asks participants to rate from 1 (never) to 5 (frequently) and measures individuals' inner conflict of having the desire to express emotions while fearing the consequences of expressing emotions; for example, "I worry that if I express negative emotions such as fear and anger, other people will not approve of me." The internal reliability was good ($\alpha = .89$), and the scale was shown to be predictive of psychological distress among college students [11]. The original questionnaire had 28 items. Based on feedback from a focus group that discussed the relevance of each of the items to this sample, four items were removed from the original version due to low applicability to middle-aged or older adults and our study population. For example, we removed the following item, "I try to control my jealousy concerning my boyfriend/girlfriend even though I want to let them know I'm hurting," because although this item was relevant for the original sample with which the measure was validated (i.e., undergraduates), it is not applicable to this sample of middle-aged adult women who are more likely settled in long-term relationships. The participants in this study completed the 24 items that remained after the four items had been removed from the original version. Following a standard procedure, the measure was first translated by a member of the bilingual research team; a second person then back-translated the items into English; and a third person compared it with the original English version and made suggestions for further revision of translation. This process was repeated until all the items were equivalent in meaning. The internal reliability was good in this study ($\alpha = .94$) compared to studies which used the original version [11,16].

Depressive symptoms

Depressive symptoms were assessed using the depression subscale of the Brief Symptom Inventory (BSI) [26]. The depression subscale consists of six items; it uses a 5-point rating scale ranging from 0 (not at all) to 4 (extremely severe) and measures the extent to which one has experienced depressive symptoms (e.g., feeling blue, feeling no interest in things) during the last week. Its brevity makes it particularly suited for cancer patients, who often do not have the energy to complete lengthy questionnaires. The BSI provides normative data for cancer patients, and it is commonly used to assess depressive symptoms in cancer samples [27,28]. The internal consistency of the depression subscale was 0.84 in a community sample [26] and 0.88 in a sample of adult survivors of childhood cancer [28]. The depression subscale also showed good

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