



Is expressive suppression harmful for Chinese American breast cancer survivors?

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ABSTRACT

Emotion regulation strategies are important for cancer survivors' adjustment. Expressive suppression, defined as the active effort of inhibiting the expressive component of an emotional response, has been found to be a maladaptive emotion regulation strategy. These studies, however, have been limited to cross-sectional designs and primarily European American samples. Chinese culture encourages emotion suppression to preserve interpersonal harmony and therefore it may be important to test these emotion regulation processes with this population. This study aimed to examine the longitudinal effects of expressive suppression, ambivalence over emotional expression (i.e., inner conflict over emotional expression), and cognitive reappraisal on quality of life among Chinese American breast cancer survivors. 103 participants completed a questionnaire assessing expressive suppression, ambivalence over emotional expression, cognitive reappraisal, and quality of life at baseline and a questionnaire assessing quality of life eight weeks later. Consistent with our hypotheses, baseline ambivalence over emotional expression was associated with lower follow-up quality of life above and beyond the effect of expressive suppression. Furthermore, cognitive reappraisal moderated the relations between expressive suppression and follow-up quality of life, such that expressive suppression may be less detrimental for Chinese American breast cancer survivors who are able to regulate their emotions using cognitive reappraisal. Implications for informing interventions for Chinese American breast cancer survivors are discussed.

1. Introduction

The negative emotions that occur from the diagnosis and treatment of breast cancer can continue for years after treatment and contribute to the higher levels of depressive symptoms and lower quality of life among breast cancer survivors [1,2]. To manage these negative emotions, cancer survivors' ability to engage in emotion regulation have been linked with their well-being [3,4]. Across the many ways individuals can regulate their emotions, expressive suppression has gained attention as a maladaptive emotion regulation strategy [5,6]. These studies, however, have been limited by cross-sectional designs and have drawn from a narrow slice of human diversity primarily involving individuals with European heritage [7]. With a growing number of studies that show the effects of expressive suppression to vary by culture (e.g., [8,9]), the objective of the present study was to assess the longitudinal effects of expressive suppression on quality of life with Chinese breast cancer survivors.

Expressive suppression refers to the active effort of inhibiting the expressive component of an emotional response [10]. Although

expressive suppression can help people avoid undesirable interpersonal consequences (e.g., de-escalating a conflict by suppressing anger), it can lead to feelings of inauthenticity [11] that result in poorer interpersonal relationships and greater depressive symptoms over time [6,12]. Among a sample of patients with end-stage renal disease, higher levels of expressive suppression were associated with higher levels of depressive symptoms and dissatisfaction with perceived social support [13]. These studies, however, have only examined European American samples.

The incidence rate of breast cancer has steadily increased over the past two decades for Chinese Americans [14,15]. This alarming statistic illustrates the importance of research that explores the psychosocial predictors of quality of life to guide the development of culturally-sensitive interventions. Chinese individuals hold interdependent cultural values commonly found among individuals with Asian heritage [16]. Within this self-view, the inhibition of emotional displays is one way to protect social harmony, and this behavior can be seen as a sign of social competence and maturity [17]. Accordingly, Hong Kong Chinese endorsed greater use of expressive suppression than European

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Americans [9], and Vietnamese American adolescents endorsed engaging in expressive suppression as a coping strategy after they experienced stressful experiences more frequently than European American adolescents [18]. Although expressive suppression has been consistently linked with maladjustment among European Americans, the relations between expressive suppression and health are mixed for Asian Americans. They have been found to be unrelated to well-being (e.g., [9,18]), less harmful for Asian Americans than for European Americans (e.g., [8,19]), or just as harmful between Asian and European Americans (e.g., [11]).

The examination of moderators can clarify why the relations between expressive suppression and health are mixed among Asian Americans. Along this vein, the present study examined whether the utilization of multiple emotion regulation strategies would moderate the relations between expressive suppression and quality of life. We selected cognitive reappraisal, which is a commonly studied emotion regulation process that involves reframing how a stressor is construed to reduce its emotional impact [6], as a putative moderator. Although people often utilize many different emotion regulation strategies [20], expressive suppression has mostly been studied in isolation. Thus, less is known about the health consequences of engaging in multiple emotion regulation strategies. Nonetheless, there is evidence that people who can flexibly adapt to a wide range of situations by engaging in a broad range of behaviors are better adjusted than people who are rigid [21]. Among a sample of Asian American college students who experienced ethnic discrimination, Juang et al. [22] found that high levels of expressive suppression in isolation was associated with greater depressive symptoms. However, the detrimental effects of expressive suppression became nonsignificant among individuals who also endorsed high levels of cognitive reappraisal. In other words, having access to multiple emotion regulation strategies may be advantageous. In the context of cancer adjustment where the negative health effects are chronic, the negative consequences of expressive suppression may be attenuated for those who are able to regularly reframe their thinking to reduce their negative emotional impact.

Another possibility for why the relations between expressive suppression and health is mixed may be attributed to the variation in the extent to which Asian Americans experience an inner conflict between engaging in expressive suppression and wanting to express their emotions. For example, a recent adult immigrant from China may endorse higher emotion control values than an immigrant who emigrated during childhood (i.e., he/she may have acculturated to the emotion expressive norms of the dominant American culture). In other words, the adult immigrant may engage in expressive suppression with less inner conflict, whereas the acculturated Chinese American immigrant may be at odds with the cultural pressure to control emotions. Indeed, the conflict that underlies an individuals' expressive suppression has been identified to be an important variable in the relation between expressive suppression and health [23]. This conflict, or known as *ambivalence over emotional expression*, refers to the inner conflict of wanting to express emotions but fearing the consequences of such expression. For example, individuals who experience high levels of ambivalence over emotional expression are tense and repressed whereas individuals who experience low levels of ambivalence over emotional expression are relaxed and quiet when they engage in expressive suppression. Ambivalence over emotional expression have been associated with maladjustment among gastrointestinal cancer patients [24] and college students [23]. Thus, the combination of expressive suppression and desire to express emotions may be the key predictor of maladjustment above and beyond expressive suppression alone. Along this vein, one study showed that Taiwanese individuals who endorsed having the desire to protect social harmony as the motivation behind the use of expressive suppression reported lower levels of interpersonal distress. By contrast, Taiwanese individuals who endorsed having the desire to express their emotions, yet engaged in expressive suppression reported higher levels of interpersonal distress [25]. We hypothesized

that when considered in the same model, ambivalence over emotional expression would be related to lower quality of life after controlling for expressive suppression.

1.1. The present study

Extant studies on the effects of expressive suppression on health have largely involved cross-sectional designs with healthy Asian American samples. These studies have typically examined expressive suppression in isolation despite that people tend to use multiple emotion regulation strategies. Addressing these gaps in the literature, the goals of the present study were 1) to examine the longitudinal effects of expressive suppression on quality of life, 2) to test cognitive reappraisal as a moderator of the expressive suppression and quality of life link, and 3) to explore whether ambivalence over emotional expression accounts for significant variance in quality of life after controlling for expressive suppression among a sample of Chinese breast cancer survivors.

Because the extant findings on the health outcomes of expressive suppression are mixed, and that it has yet to been examined with Chinese breast cancer survivors, we did not have an a priori hypothesis regarding the longitudinal effects of expressive suppression on quality of life. From a resilience perspective, we predicted that high levels of cognitive reappraisal would act as a buffer, such that the relations between expressive suppression and quality of life would be attenuated among those with high levels of cognitive reappraisal. Lastly, we hypothesized that ambivalence over emotional expression would be associated with lower quality of life over time after controlling for expressive suppression.

2. Methods

2.1. Participants and procedure

Recruitment was conducted in collaboration with our community partner, Herald Cancer Association, which is based in Los Angeles, New York, and Dallas. Community recruiters contacted breast cancer survivors living in these areas by phone calls, email, instant messaging app (Wechat), through friends' referrals, and face-to-face recruitment during cancer survivor events. Potential participants were introduced to the study and were told that the study was to understand their experience of having breast cancer. The inclusion criteria were breast cancer survivors who can read and write Chinese.

A total of 121 Chinese breast cancer survivors living in Southern California, New York, and Dallas metropolitan areas were contacted and were all found to be eligible (70 in Southern California, 34 in New York, and 8 in Texas). Among the 121 eligible individuals, two did not provide mailing address during the initial contact and were lost for contact. The remaining 119 individuals were sent a package containing a consent cover letter and questionnaires. Among the 119 potential participants, 112 consented, three declined to participate, and four did not respond and were unreachable by phone.

Two questionnaire packages were mailed to participants eight weeks apart during the 8-month period from July 2015 to March 2016. 112 individuals participated in the baseline and 103 participated in the 8-week follow-up (8% attrition). At follow-up, three participants reported that they did not want to continue the study and six lost to contact. Participants who completed both questionnaires were compensated \$35. Of the 103 participants who completed both questionnaires, 64 were located in Southern California, 32 were located in New York, and 7 were located in Texas. The study was approved by the Institutional Review Board at the University of Houston. Power analysis revealed that sample sizes of 93 and 109 were required to detect a direct correlation effect ($r = 0.3$) and a medium interaction effect ($f^2 = 0.15$) with power = 0.85.

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