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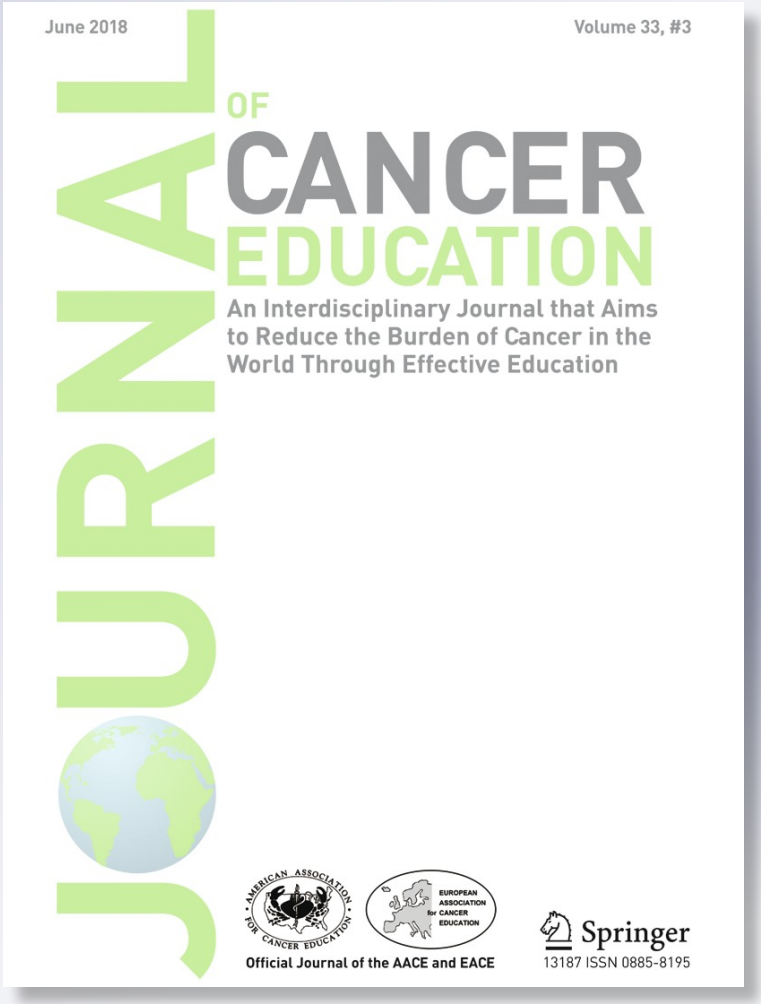

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Nonsupport Versus Varying Levels of Person-Centered Emotional Support: a Study of Women with Breast Cancer

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Abstract Social support studies often focus on psychological outcomes for the support recipient and also presume potential support providers who will attempt to provide support in the first place. Therefore, the negative relational outcomes associated with not receiving emotional support when support is expected (nonsupport) are an understudied topic. Instances of nonsupport were compared to various emotional support messages on relational and psychological outcomes to understand how nonsupport compares against support messages of varying quality. Two hundred twenty-four women with breast cancer were asked to think of a person expected to provide emotional support if they disclosed their diagnosis on social media. Participants were given either a hypothetical support message from this person or told the person provided no message even though a message was expected. Dunnett's *t* tests were used to analyze the nonsupport condition against low, moderate, and highly person-centered support messages. Providing no emotional support message (nonsupport) creates low levels of emotional improvement and high levels of negative relational ramifications similar to low person-centered messages. Moreover, only participants receiving the low person-centered message agreed on average they would rather have received no message at all instead. Because low person-centered messages and saying nothing whatsoever both create negative relational ramifications, support providers should strive to communicate emotional support messages with at least a moderate amount of person-centeredness. These findings further suggest those who are expected to provide emotional support cannot dodge this obligation since nonsupport is shown to have negative relational outcomes to low person-centered support messages.

Keywords Cancer · Oncology · Nonsupport · Emotional support · Person-centered messages · Relational ramifications

Background

Cancer patients rely on many people in their lives to provide emotional support [1, 2]; however, not all supportive messages are of equal quality. This results in cancer patients viewing some support offers as unwanted [3]. One way to assess emotional support is through the verbal person-centeredness (VPC) or the extent a message shows "an awareness of and adaptation to the affective, subjective, and relational aspects of communication contexts" [4]. Emotional support messages can be classified as low person-centered (LPC), moderately person-centered (MPC), or highly person-centered (HPC; See Table 1 for definitions and examples). Prior research consistently indicates there is a positive relationship between VPC and emotional improvement [5, 6], and a meta-analysis of VPC research illustrates a consistent focus on psychological outcomes of the support recipient [7]. Therefore, *relational* outcomes that affect both people in a relationship are an understudied area of VPC research that could offer a broader picture of why individuals choose whether or not to seek or enact support from providers.

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Table 1 Low, moderate, and highly person-centered messages

Level of VPC	Definition	Example
Low person-centeredness (LPC)	Challenges or ignores the legitimacy of the person's feelings. Tells recipient how they ought to act or places blame on the recipient.	"I think this shows you have to start living a healthier lifestyle. You have to take care of yourself and not rely on luck when it comes to your health."
Moderate person-centeredness (MPC)	Acknowledges the person's feelings but does not help the person elaborate their feelings or understand their experience in a broader sense.	"I'm really sorry to hear the news of your diagnosis. However, I'm sure you'll be okay."
High person-centeredness (HPC)	Explicitly acknowledges the person's feelings. Helps elaborate these feelings to gain understanding and perspective on the broader context of the situation.	"I am really sorry. You must be devastated by the news. You're probably feeling uncertain and anxious and all sorts of other emotions, and that's completely understandable. I hope you know that myself and others are feeling for you and are here to support you. Let me know if there is anything you need or if you just need to talk through your thoughts and feelings."

Messages were based on support messages from Burleson's hierarchy of VPC messages [17] but were adapted to the context of breast cancer for the present study

Researchers also rarely consider the potential for a support provider to engage in *nonsupport*, defined here as the decision to not provide support to someone perceived as needing aid. Nonsupport has been analyzed in the context of caregivers [8], but prior research has not investigated how breast cancer patients view nonsupport when a support message was expected. Therefore, this study inquires if supporters ought to attempt being emotionally supportive even if they are unsure of their ability to craft a quality support message.

Methods

Participants ($N = 224$) were women ranging in age from 20 to 82 years ($M = 41.44$ years, SD = 12.45). The most frequently reported breast cancer type was invasive ductal carcinoma (40.18 %), followed by ductal carcinoma in situ (29.01 %), invasive lobular carcinoma (8.93 %), inflammatory breast cancer (3.57 %), Paget's disease of the nipple (0.89 %), and malignant phyllodes tumor of the breast (0.45 %). Participants' cancers ranged from stage 0 to 4 (Mode = stage 1) and time since diagnosis ranged from less than 1 to 28 years ($M = 4.31$ years, SD = 4.84).

Participants were recruited through crowdsourcing marketplace Mechanical Turk (MTurk) and were compensated $2.25 US for completing the questionnaire. Studies that show samples obtained using MTurk are more representative of the US population than studies using in-person convenience samples [9]. Participants had to be at least 18 years old, female, and diagnosed with breast cancer at some point in their life. To ensure participants were breast cancer patients or survivors, the researchers asked at the start of the questionnaire the exact date participants were diagnosed with breast cancer. This was matched against questions at the end of the survey asking the participant's birthdate and age at time of initial diagnosis. If the answers yield inconsistent ages reported at the time of diagnosis, the person was removed from the study.

Participants were told to type the initials of someone they would expect to receive emotional support from following the announcement of their breast cancer diagnosis on social media. Participants were then given instructions[1] to read a hypothetical support message from this person that was either LPC, MPC, or HPC[2] (presented in Table 1). Alternatively, 10.7 % of participants were randomly chosen to instead receive a prompt stating "Nothing was said. Although you expected the person to provide a supportive message, the person never reaches out to you to provide emotional support in regard to your diagnosis." All participants then answered the items described below.

Negative relational ramifications were measured using the *negative relational ramifications* subscale of Zhang and Stafford's [10] modified version of the Consequences of Hurtful Episodes Scale ($\alpha = .90$) [11]. Items on this subscale measure such concepts as relational weakening, trust, and liking. Message evaluation was assessed using five items measuring supportiveness, appropriateness, sensitivity, helpfulness, and effectiveness ($\alpha = .94$) [12]. Recipient's emotional improvement was measured using five items from the Comforting Responses Scale ($\alpha = .93$) [13]. Participants receiving a support message also rated their agreement with the statement, "I would have been better off had the person said nothing at all, instead of what they said to me on the previous page."

[1] "Scenario: You expect the person you chose on the previous page to reply to the post you made on your social media that you have been diagnosed with breast cancer. On the next page is what they write to you in a private message. Please read the message and respond to the items that follow."

[2] Results of a pilot study of 63 women confirmed there were significant differences in the VPC scores of the LPC, MPC, and HPC messages formulated for this study, $F(2, 60) = 50.78$, $p < .001$. Tukey HSD post hoc tests showed the LPC message ($M = 2.09$, SD = .60), MPC message ($M = 3.14$, SD = .79), and HPC message ($M = 4.63$, SD = 1.11) were all significantly different from each other.

Results

A linear trend in which LPC messages created the greatest negative relational ramifications, followed by MPC messages, then HPC messages was predicted. The results of a one-way ANOVA were significant, $F(2, 197) = 29.81$, $p < .001$, partial $\eta^2 = .23$. Planned contrasts confirmed the hypothesized linear trend. LPC messages had significantly greater negative relational ramifications than MPC messages ($t_{(197)} = 4.17$, $p < .001$) and HPC messages ($t_{(197)} = 7.70$, $p < .001$). Additionally, MPC messages had greater negative relational ramifications than HPC messages ($t_{(197)} = 3.28$, $p = .001$). The prediction was supported.

Nonsupport was compared against LPC, MPC, and HPC messages on negative relational ramifications, message evaluation, and emotional improvement. Three ANOVAs were conducted to test for differences among the four message conditions on each of the outcome variables. All three ANOVAs were significant. Dunnett's *t* tests were then conducted to specifically test for differences between nonsupport and the three levels of VPC messages. Nonsupport created significantly more negative relational ramifications and significantly less emotional improvement in comparison to MPC and HPC messages but did not differ from LPC messages on these outcomes. For message evaluation, nonsupport was rated significantly lower than all three levels of VPC messages (results for these three ANOVAs are presented in Table 2).

Finally, the researchers tested for differences between LPC, MPC, and HPC messages based on the extent to which the support recipient believed they would have been better off receiving no message instead. A one-way ANOVA was significant, $F(2, 197) = 44.14$, $p < .001$, partial $\eta^2 = .31$. Scheffé post hoc tests show LPC ($M = 4.87$, SD = 2.16), MPC ($M = 3.50$, SD = 1.88), and HPC messages ($M = 1.95$, SD = 1.35) significantly differ from each other based on how much the message recipient believes they would have been better off had they received no support message instead. Interestingly, only LPC messages yielded a group mean indicating participants agree with the notion they would rather have received no message.

Discussion

Prior research rarely investigates linear trends across LPC, MPC, and HPC messages on relational outcomes; however, this trend did occur for negative relational ramifications, suggesting support messages affect the relationship with the supporter. Although supportive interactions typically focus on the support recipient, providers ought to understand that substandard attempts at emotional support can have relational consequences such as decreased trust and liking, as well as viewing the relationship as weakening.

Given the potential for supportive messages to go awry, a person may consider saying nothing at all. However, the results show there are consequences for nonsupport when a support message is expected. Nonsupport and LPC messages create similarly lower levels of emotional improvement and similarly higher levels of negative relational ramifications. Additionally, nonsupport was evaluated worse than all support messages. Together, these results suggest those close to someone with breast cancer cannot simply dodge their obligation to provide emotional support without potentially facing relational consequences.

In addition, participants receiving LPC messages were the only group who on average stated they would rather have received no message instead. One explanation could come from research on perceived versus enacted support. The perception of having many people to turn to in a time of need (i.e., perceived available support) has been consistently linked to better mental health [14]; however, the same association is less consistent in studies where participants actually sought support from these perceived sources (i.e., enacted support) [15, 16]. Therefore, it can be argued that the perception of available support is more

Table 2 Comparing nonsupport versus varying levels of VPC support messages

	Negative relational ramifications[a]		Message evaluation[b]		Emotional improvement[c]	
	M	SD	*M*	SD	*M*	SD
Nonsupport	4.36	1.74	2.21	1.00	2.51	1.25
LPC	4.37	2.00	3.33*	1.80	3.01	1.83
MPC	3.09*	1.79	4.51*	1.48	3.91*	1.72
HPC	2.07*	1.41	5.39*	.99	4.56*	1.22

*$p < .05$ for a one-sided Dunnett's *t* test comparing nonsupport versus the particular level of VPC

[a] $F(3, 220) = 22.98$, $p < .001$, partial $\eta^2 = .24$

[b] $F(3, 220) = 40.92$, $p < .001$, partial $\eta^2 = .36$

[c] $F(3, 220) = 16.05$, $p < .001$, partial $\eta^2 = .18$

influential than the actual quality of support. Given this, perhaps when breast cancer patients are taking stock of their perceived supporters, it is assumed these potential supporters will provide high-quality support. Therefore, actually receiving support could lead to unmet expectations if the support attempt is subpar. Had the supporter said nothing, the person in need could have continued to view this person as a potential support source; however, perceiving the person as a support source may be less likely following the receipt of an LPC message. Therefore, these results provide a useful threshold or goal for which support providers can strive. So long as the support provider communicates what is considered at least a moderately person-centered message, the recipient will view the attempt as adequate and not wish instead the person had not attempted the support message.

Conclusion

Healthcare providers and family members ought to reiterate to those close to the patient that if they believe they are expected to provide emotional support; it is important they attempt to provide HPC messages. At the very least, emotional support messages should cross the threshold of being moderately person-centered. Messages failing to be perceived as at least moderately person-centered may result in less emotional improvement for the recipient and greater potential for creating negative relational ramification. Although some support providers may be apprehensive of providing emotional support because of the potential to say the wrong thing, this study shows nonsupport leads to negative outcomes similar to LPC messages.

Finally, there are pitfalls to using a survey methodology to study VPC. A meta-analysis of VPC research found correlations between VPC, and various benefits of emotional support are typically stronger in survey designs when compared to experimental designs [7]. Thus, the outcomes of this study might be less pronounced in real-life interactions. Furthermore, the message scenarios presented in the survey did not allow for analysis of a full conversation of support provision, rather only a small snapshot of how one may react to a single message or lack of a message. Future research also ought to confirm these findings in an experimental study as well as attempt to uncover reasons why some people decide to engage in nonsupport rather than attempt to be emotionally supportive.

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