

Department of Psychology's
Brian Harder Honors Day Conference

Thursday, April 14, 2011

Keynote Speaker

**Expression of Primary Negative Affect during
Supportive Expressive Group Therapy Sessions Reduces
Trauma Symptoms in Metastatic Breast Cancer Patients**

Janine Giese-Davis, Ph.D.

Departments of Oncology and Psychology

University of Calgary

BS P226 at 9:00 am

Oral Presentations

Third-Year Honors Students

BS P226 from 10:30 – 11:30 am and 1:00 – 3:00 pm

Poster Presentations

Fourth-Year Honors Students

Psychology Main Foyer from 11:45 to 1:00

All are welcome to attend!

Expression of Primary Negative Affect during Supportive Expressive Group Therapy Sessions Reduces Trauma Symptoms in Metastatic Breast Cancer Patients

Janine Giese-Davis, Ph.D.

Associate Professor, Division of Psychosocial Oncology,
Department of Oncology, Faculty of Medicine,
Adj. Associate Professor, Department of Psychology
University of Calgary

Objectives: A long history identifies both psychological and physiological risk associated with restrained or dysregulated affect expression for women with breast cancer. To examine whether behaviorally coded emotional expression during group psychotherapy is related to these outcomes, we carefully coded emotional expression of group therapy sessions. The goal of the current analysis is to test whether expressing more fear, anger, and sadness (primary negative affect) over time will be related to decreasing trauma and depression symptoms.

Method: We selected 16 sessions per woman for their first year in supportive-expressive group therapy and used Specific Affect for Cancer to code each woman's speaking time. We used the mean duration of a moment of 23 specific coded affects broken into 4 summary categories: primary negative, positive, constrained anger, and defensive-hostile affect. Slopes of change over time in each summary category were used as independent variables predicting the slope of trauma and depression symptoms.

Results: These initial results demonstrate that when the slope of primary negative affect increased over the year, trauma symptoms declined. When the slope of constrained anger increased over the year, trauma symptoms increased. Postive affect and defensive-hostile affect were unrelated to change. We did not find significant associations for depression change.

Conclusions: As predicted, expressing more primary negative affect over time in supportive-expressive group therapy significantly predicted a decline in trauma symptoms. Expressing these vulnerable emotions may allow patients to process their distress effectively, express these emotions long enough for group members to intervene, and may increase cognitive processing of active plans to relieve their distress. By contrast, constraining anger had the opposite effect, increasing trauma symptoms over time. These insights can help improve group therapy effectiveness.