

Expressive Writing in Women With Advanced Breast Cancer

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Purpose/Objectives: To explore the relationships between patterns of affective word use (words with positive or negative connotations) in expressive writing conducted over four consecutive days and quality of life (QOL) three months after the writing exercise in women with metastatic breast cancer.

Design: Descriptive, correlational.

Setting: Six clinical sites in New England.

Sample: 68 women with metastatic breast cancer.

Main Research Variables: Patterns of positive and negative affective word use and QOL.

Methods: Usage patterns of affective words in expressive writing were identified through the Linguistic Inquiry and Word Count (LIWC). Relationships between patterns of affective word use and QOL were explored. QOL was measured at baseline and three months after the writing exercise by the Functional Assessment of Cancer Therapy–Breast. Correlations between patterns of word use and QOL were investigated using general linear regression.

Findings: A significant relationship was found between positive-affect word use and emotional well-being. Manual scoring of 10 expressive writing texts to validate LIWC data identified a significant difference between LIWC and manual counts for negative language. Contextual evaluation suggested marked ambivalence in how the women wrote about cancer.

Conclusions: A positive relationship between affective language in disclosure and QOL was demonstrated, illustrating a cognitive process occurring in expressive writing.

Implications for Nursing: The findings suggest that expressive writing is a positive, helpful intervention for patients with cancer attempting to reintegrate the experience in life. Nurses should gain deeper understanding of underlying cognitive processes of disclosure to identify the most effective manner in which to use such interventions.

Key Points . . .

- Expressive writing may provide opportunities to recognize and explore the experience and meanings of living with metastatic breast cancer.
- Translating distress into language, through expressive writing, ultimately may allow an individual to move beyond an experience.
- A correlation existed between enhanced emotional well-being and greater use of positive words than use of negative words in expressive writing texts.
- Cost-effective and easily implemented, expressive writing is an intervention that can be prescribed and guided by nurses as part of patient care.

QOL for women with stage IV metastatic breast cancer. Nursing, through research and clinical practice, has the opportunity to identify and expand the concept of writing interventions and to apply them in practice.

Literature Review

Disclosure and formation of narrative through expressive writing were linked to positive health outcomes in a model described by Pennebaker and colleagues (Graybeal, Sexton, & Pennebaker, 2002; Pennebaker & Beall, 1986). Disclosure is defined as the release of previously unshared or unexpressed thoughts and feelings, resulting in reduced psychological work of inhibition. Psychological work of inhibition is the subconscious effort to repress thoughts or emotions, which may result in physical, psychological, or social distress. Pennebaker and Seagal (1999) believed that translating distress into language helps people move beyond negative experiences. The theoretical background of disclosure began with description of a cathartic process, which reduced cumulative stress (Pennebaker & O'Heeron, 1984). More than a cathartic experience, disclosure in the Pennebaker model uses concepts from psychoanalytic theory and employs the process of retelling an event or life issue with the intention of changing the teller's perspective. The change in perspective facilitates

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Digital Object Identifier: 10.1188/07.ONF.1019-1024

Breast cancer is the most commonly occurring cancer in women; one in eight women in the United States will develop the disease in her lifetime (American Cancer Society, 2007). Metastatic disease may be detected at the time of initial diagnosis or any time after initial diagnosis. Approximately 15% of women diagnosed will have metastatic disease at the time of diagnosis, and as many as 30% of the remaining cases will involve metastatic relapse (Vogel, 2000). Most women with metastatic breast disease are candidates for treatment with aggressive chemotherapy protocols that have many adverse side effects.

Patients often experience a wide variety of unpleasant symptoms related to disease progression and treatment choices affecting their quality of life (QOL) and ability to function at multiple levels (Goodwin et al., 2004). The role of oncology nurses includes identifying symptoms and providing interventions to maintain or improve the QOL of patients with cancer. Nurses should develop and explore appropriate, innovative interventions such as expressive writing to enhance or maintain