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Helpful and Unhelpful Messages for Korean Women with Breast Cancer

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We examined helpful and unhelpful messages that 35 Korean women with breast cancer commonly received. Messages providing optimism were the most frequently received type; the majority of the interviewees wanted to receive more of that type. Interviewees considered minimization of disease extent or impact helpful. Another finding unique to Korean culture is that family members express their share of responsibility for, and guilt feelings about, the interviewees being afflicted with breast cancer. Findings from this study will increase our knowledge of culture-specific comforting messages for Korean cancer patients.

Key words : Korean women, breast cancer, supporting messages, culture

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Although most cancer patients in any culture and of any ethnicity experience psychological distress and seek emotional support to ease their burdens, forms of need for emotional support may vary with socio-cultural context (Feng, 2012; Kayser et al., 2014). Nevertheless, most research regarding emotional support has been conducted in Western countries. There is a dearth of information about the forms of emotional support that help offset the psychological distress of breast cancer patients in non-Western countries.

To address this shortfall, we explored the characteristics of messages perceived as helpful or unhelpful by Korean breast cancer patients, whose cultural orientation differs from those of Westerners. Breast cancer is the second most prevalent cancer among Korean women, with approximately 146,400 patients treated (Oh et al., 2016). The median age at diagnosis of breast cancer in Korea is 50 years, which is 10 years lower than that of the United States (Kim et al., 2014). Younger patients may have greater emotional problems due to the distress associated with sexuality and concerns about young children when faced with a life-threatening illness (Avis, Crawford, & Manuel, 2004). Research has shown that among various types of supportive communication, family communication was particularly important for the health-related quality of life among Korean breast cancer patients.

We interviewed 35 Korean women with breast cancer and examined various types of messages that cancer patients consider helpful and/or unhelpful. If certain types of messages are frequently used and considered supportive in one culture but not so in another, those messages need to

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be identified, then used with caution, in cross-cultural application. Depending on cultural values, emotional experience and expression may differ (Markus & Kitayama, 1991). More specifically, important cultural differences exist in the characteristics of psychological distress and coping strategies across cultures (Woo, Wang, & Tran, 2017; Yeh & Inose, 2002). Accordingly, we expect the existence of cultural differences in types of emotional reactions to diverse messages.

Findings from this study will contribute not only to improving our understanding of cancer patients' feelings, but also to developing ways to improve their quality of life and physical health. Evidence is abundant that supportive communication positively can affect patients' health outcomes and quality of life (Martinez et al., 2016). In addition to practical contribution, we also can increase our knowledge regarding which aspect of emotional support is culture-specific or culture-general. The current study might provide a basis for a more informed theoretical analysis of culture-specific comforting messages.

Support Need for Cancer Patients

Breast cancer is the second most prevalent cancer, after thyroid cancer, among Korean women. The crude incidence rate of breast cancer in 2012 was 65.7 per 100,000 women; the breast cancer incidence rates increased by 6.1% per year from 1999 to 2012 (Jung et al., 2015). One striking characteristic of breast cancer in Korea is age distribution: its prevalence is highest among Koreans in their late 40s and early 50s,

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and leveled off thereafter (Jung et al., 2015). Breast cancer has relatively a good prognosis mainly due to advances in early detection and medical treatment. The 5-year relative survival rate of Korean women patients diagnosed with breast cancer in 2008 - 2012 was 91.3% (Jung et al., 2015).

In spite of relatively good prognoses of breast cancer, women with breast cancer, like most cancer patients, experience not only physical pain but also psychological distress, including anxiety, fear, and guilt, during diagnosis and treatment (Masters, Stillman, & Spielmans, 2007; Vivar & McQueen, 2005). Accordingly, they seek emotional support from others, trying to ease or escape such stressors (Schimid-Buchi et al., 2008). Emotional support has been studied extensively as it can positively influence health outcomes (e.g., quality of life) among breast cancer survivors (Arora et al., 2007). Yet, despite the high need for, and importance of, emotional support, specific communicative factors that could help breast cancer patients ease their psychological distress remain understudied in Korea.

Effective social support produces positive psychological, physical, and relational outcomes. Those who receive effective social support have increased feelings of well-being, improved ability to control and cope with stressful events, faster recovery from various diseases, better relationship satisfaction, even longer life expectancy (Burleson, 2003; Seeman, Berkman, Blazer, & Rowe, 1994). Conversely, inadequate social support is related to negative outcomes including disease vulnerability, suppressed immune function, more time required for recovery after illness

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or injury, psychological distress, and early mortality (Hinzey, Gaudier-Diaz, Lustberg, & DeVries, 2016).

Particularly relevant to health-related problems, social support can be in three main forms: tangible support, expressive or emotional support, and information support (Helgeson & Cohen, 1996). Emotional support includes listening, reassurance, attachment, and any communicational act that comforts someone in distress. Informational support includes providing information that helps problem resolution. Tangible support involves providing assistance or material goods such as money or transportation (Helgeson & Cohen, 1996).

Among those three types of social support, cancer patients' greatest need seems to be emotional support. Dunkel-Schetter (1984) asked breast cancer and colorectal cancer patients to describe the most helpful and unhelpful resources received from anyone in their support network. His study identified emotional support as the most helpful, and instrumental support the least helpful. Similar findings were reported in other studies. In Neuling and Winefield's longitudinal study (1988), emotional support, especially from family, was perceived as the most helpful for breast cancer patients. Dakof and Taylor (1990) also found that cancer patients identified emotional support as most helpful when the source was a spouse, family member, or friend.

Despite the importance of effective emotional support in cancer management, however, cancer patients report that they sometimes receive supports that do not ease and/or may even worsen their emotional distress (Peters-Golden, 1982). This unsuccessful emotional support,

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regardless of support providers' intentions, might be attributable to providers' misperceptions about what cancer patients want and need for their emotional comfort. Peters-Golden (1982) found that cancer patients perceived "unrelenting optimism" disturbing while potential support providers thought "cheering up a cancer patient" necessary. Also identified as unhelpful behaviors are problem minimization, criticism of one's feelings, over-solicitousness and over-concern (Dakof & Taylor, 1990; Dunkel-Schetter, 1984).

Depending on circumstances, some other common forms of emotional strategy can be helpful or unhelpful (Holmstrom et al., 2015). For example, although reassurance (e.g., "Everything will work out") may be viewed as helpful when the support provider is a peer facing a similar problem, the same response may be viewed as problem minimization when the source is family or a friend (Lehman & Hemphill, 1990).

Helpful and Unhelpful Messages

Emotional support involves verbal and nonverbal communication such as "expressions of care, concern, affection, and interest" intending to comfort a person in emotional distress (Burleson, 2003, p. 552). Thus, emotional support, as a communication act, employs comforting messages (Burleson, 2003). Comforting messages can be defined as "messages having the goal of alleviating or lessening the emotional distress experienced by others" (Burleson, 1994, p. 136). They are a communicative form of support, they are verbal messages rather than

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non-verbal demonstrations, and they direct attention to the patient's feelings instead of to her or his physical condition (Bippus, 2001). Providing information and advice may also qualify as comforting messages since they may help resolve an emotionally upsetting problem. In addition, implicit or explicit permission to express one's feelings is also a form of comforting messages (Burleson, 2003).

Comforting messages vary in the degree to which a speaker acknowledges and legitimizes the listener's feelings and encourages him or her to seek an understanding of those feelings (Zimmermann & Applegate, 1992). With this in mind, Burleson (1983) developed a nine-level message model to explain why some messages are more helpful than others. In this model, comforting messages are evaluated depending on the degree of person-centeredness, the extent to which a speaker expresses an understanding of the listener's distress, and confirms the legitimacy of the listener's experience.

More specifically, messages denying the listener's feelings and perspective by criticizing these feelings, challenging the legitimacy of these feelings, or telling the listener how he or she should act and feel, are categorized as low person-centered comforting strategies. Unsurprisingly, giving advice, minimizing feelings and forcing cheerfulness are categorized into this level of least comforting strategies (Servaty-Seib & Burleson, 2007). Messages exhibiting a moderate degree of person-centeredness demonstrate an implicit recognition of sufferers' feelings by diverting their attention from the troubling situation (Burleson, 1983). Expressions of sympathy, and presenting

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non-feeling-centered explanations of the situation intended to reduce distress, are categorized into this level of comforting messages. Moderate person-centered strategies also include providing a philosophical or religious perspective (e.g., "There is a purpose for everything"), offering a social activity (e.g., "Why don't you join us for dinner tonight?"), and providing optimism (e.g., "Maybe the test won't even count toward your grade") (Clark, MacGeorge, & Robinson, 2008; Servaty-Seib & Burleson, 2007). In comparison, highly person-centered comforting strategies explicitly (not implicitly) recognize and legitimize the listener's feelings, help the listener to articulate those feelings, elaborate reasons why he or she has those feelings, and assist in seeing how those feelings fit within a broader context. For example, expressing willingness to listen, care and concern are grouped in this category (Servaty-Seib & Burleson, 2007).

Researchers consistently have reported strong association between the level of person-centeredness and its helpfulness in comforting a distressed person (for a review see High & Dillard, 2012). For two reasons, however, it cannot be assumed that the same approach can be applied to breast cancer patients, especially not to those in countries other than Western - such as Korea. First, research on the perceived helpfulness of person-centered messages has predominantly relied on White, middle-class Americans (Burleson & Mortenson, 2003). However, considering that emotion and behavior including communication are products of particular cultural environments (Markus & Kitayama, 1991), there is the possibility of cultural differences in psychological stresses, coping strategies and emotional support preferences (Burleson & Mortenson, 2003). Those from

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Confucian cultures (e.g., China, Taiwan and Korea) seem to view emotion management as less important than problem management, as implied in Confucian wisdom, "The gentleman wishes to be slow to speak but quick to act" (as cited in Burleson, Liu, Liu, & Mortenson, 2006, p. 57). In Burleson and Mortenson's study (2003), Chinese students studying at a university in the United States preferred problem management to emotion management, whereas Euro-Americans rated emotion management as more important than problem management. Burleson et al. (2006) reached a similar conclusion in an investigation with native Chinese. In both studies, choices included "giving advice" as an item for problem management, and "expressing care and concern" as an item for emotion management. In accordance with this measurement scale, messages to manage problems are considered as low person-centered comforting strategies (Burleson & Mortenson, 2003). Additional research shows that Chinese regard distracting strategies as more appropriate than do Euro-Americans (Mortenson, Liu, Burleson, & Liu, 2006).

Second, although person-centered hierarchy has been studied in a variety of distressing situations (e.g., Servaty-Seib & Burleson, 2007; Zimmermann & Applegate, 1992), those studies have been limited to relatively-mild negative events faced in every-day lives (e.g., failing an exam). However, considering the life-threatening features of disease, cancer patients whose distress is heightened by their being vulnerable to death might perceive the helpfulness of person-centered messages differently from those who perceive themselves as not so vulnerable to

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death.

To fill the gap in the area of supportive communication for cancer patients, especially for non-Westerners, we explored the experiences of 35 Korean women with breast cancer with regards to emotional support. In particular, we investigated comforting messages the patients received from their support providers and the messages' perceived helpfulness, focusing on four specific research questions as follows:

RQ1: What kinds of messages are used frequently to comfort women with breast cancer?

RQ2: How do patients evaluate the helpfulness of messages they receive?

RQ3: What types of messages do patients want to hear from support providers?

RQ4: Are there any unique features of emotional support found in this study with Korean breast cancer patients?

Method

Participants

Thirty-five Korean women with breast cancer, recruited by a convenience sampling method, participated in the current study. On average, they were 52 years old (median = 52; range = 38 - 67 years). All participants were married. One-third of the participants

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self-categorized themselves to a lower-than-average income group and two-thirds of them to an average income group. The average period of having breast cancer was 44 months (median = 22; range = 3 - 252 months). Participants were compensated for their participation with a gift card equivalent to US$10.

Procedure

Interviews were conducted by a trained female student at three different hospitals in South Korea that allowed the interviewer's access to patients. The interviewer stayed in a waiting room, approached patients, and asked for voluntary participation in the study. Participants received an informed consent form at the beginning of the interview, which included information such as the aims of the study, any potential benefits or harm resulting from participating in the study, confidentiality and their right to stop the interview at any time without any penalty. Each interview was conducted in the hospital waiting room and averaged 20-30 minutes. When participants agreed audio-recording, the interview was recorded. When participants refused audio recording, the interviewer wrote detailed notes, by hand. The interview began with questions about basic demographic information by brief paper-and-pencil questionnaire, and participants were asked about messages they received and how those messages affected their emotional states. Specific questions the interviewer asked participants were as follows:

1. At the first time of your breast cancer diagnosis, how did you feel?

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Who were with you at that time? What messages did you receive from them? How did you feel about those messages?

2. With whom did you share, or talk about, your hardship during the treatment? What was the feedback you received from them? Were you able to feel being supported regarding your cancer and situation after hearing those messages?
3. What were the most helpful messages the support provider gave to help you with your breast cancer? Why those were helpful?
4. What, if anything, has been said or done which upset you or somehow angered you? Why was it/them upsetting?
5. What message do you want to hear most from those around you? What would be most helpful to you? What would *you* say if *you* want to comfort or support someone who has breast cancer like you?

Coding

The coding scheme for the current study was constructed initially based on Burleson's (1994, 2003) items for nine-level message model, and on Dakof and Taylor's (1990) categories regarding participants' perceptions of helpful or unhelpful message. As coder-training continued and data were closely examined, the coding scheme was revised and refined to reflect Korean women's experiences. The coding process proceeded thus: First, 30% of interviews (i.e., cases of 10 interviewees) were randomly selected as a sample to develop an initial set of coding

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Table 1. Message examples translated into English

Categories	Example Messages
Expression of fear and anxiety (conveying negative emotions)	Oh, I don't know what to say. I'm sorry.
Denial (expression of doubt about the interviewee's breast cancer situation)	I can't believe that you have breast cancer.
Sympathy (expression of the concern about patients' sufferings and treatment)	Oh, are you alright? You look unwell. How is the treatment? I heard that chemotherapy is really hard.
Providing optimism (expression of the possibility of recovery from breast cancer or the firm belief that the patient will recover)	Everything will be alright. I know many who survived. I had breast cancer and I survived it. You will survive it too.
Empathy (The speaker reminds the patient that the speaker is a partner of the patient during the chemotherapy via understanding the patient's position, or putting the speaker in the position of the patient)	We will go through this together. (Sharing chemotherapy experiences with people in supporting groups.)
Acknowledgement of good progress (verbal recognition of the patients' positive treatment progress)	You look good! You don't look at all ill.
Religious comment (The speaker provides religious perspective to explain the patient's breast cancer, or console her)	God will not take you from us now, because He loves you. God always has reasons. Try to make Him happy.

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Table 1. (Continued)

Categories	Example Messages
Guilt feeling (The speaker attributes the reason/cause of breast cancer to the speaker himself or herself)	I think you have breast cancer because of me. You had such a hard time, being with me.
Advice (provision of either implicit or explicit direction that patients can follow for recovery)	Trust your doctor and stick to your treatment plan.
Criticism (The speaker lays responsibility on the patient for breast cancer)	You should have taken care of yourself. You should have had breast cancer examinations.
Minimization (The speaker tries to minimize the impact of the breast cancer via comparison with other worse cases, or tries to reduce the patient's perceived severity of the disease)	We are lucky because you still have chance to recover. Many people simply cannot do anything about their disease.
Companionship & physical presence (The speaker reminds the patient that she is not alone and that she has someone who can provide help)	I am here for you. I will always be around you. Trust me. I will do my best to make you better. (from a physician)
Offering practical assistance (The speaker provides information the patient actually can utilize)	(Suggesting solutions for particular symptoms.)
Pessimistic comment (The speaker mentions the possibility of negative consequences of breast cancer)	I heard that breast cancer usually has metastasis. You might die unless you have surgery right now.

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scheme categories. Four coders were trained to code the sample of the messages. Krippendorff's intercoder reliability at this time was .88. At this coding stage, we discerned that some coding categories were redundant and that completely new categories needed to be adopted for some messages. Thus, the refined coding scheme included 14 categories for messages: expression of fear and anxiety, denial, sympathy, providing optimism, empathy, acknowledgement of good progress, religious comment, guilt feeling, advice, criticism, minimization, companionship and physical presence, offering practical assistance, pessimistic comment. Definitions of the 14 categories and example messages for each category are presented in <Table 1>. Next, two independent coders performed final and complete coding of all messages (339 messages from 35 interview participants). Krippendorff's intercoder reliability of final coding was .94.

Results

When asked to describe comforting messages they heard from others, 35 participants provided 271 codable messages and 1 message that did not fit any of the 14 categories. Although participants were not explicitly asked to recall messages they heard especially from healthcare professionals or other patients, participants provided 52 messages from healthcare professionals and 29 from other breast cancer patients.

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Frequently Mentioned Comforting Messages

RQ1 asked, “What kinds of messages are used frequently to comfort women with breast cancer?” Most frequently mentioned support message types were (1) providing optimism (48.6%), (2) sympathy (8.2%), (3) minimization of the impact of the disease on the interviewees (7.0%), (4) offering practical assistance (5.9%), and (5) advice (5.2%) (see Table 2).

Helpful and Unhelpful Messages

Although most messages were considered helpful (RQ2), a few types were mixed in helpfulness and unhelpfulness. <Table 2> shows frequencies of helpful and unhelpful messages by each message type and message sources. More details about the findings are explained below. Aside from a few participants who evaluated the messages providing optimism as unhelpful when these messages came from friends and/or acquaintances, most participants who heard this message type considered it as helpful. In contrast, sympathetic messages, the second-most frequent type of support the participants received, were generally perceived as unhelpful. This type of message came mostly from friends and/or acquaintances. On the other hand, empathy came mostly from other patients and was perceived as helpful. That is, only 1 of 20 sympathy messages was considered helpful and 9 of 10 empathy messages were considered helpful, $\chi^2(1)=18.02$, $p < .001$, $\phi = .85$.

Participants frequently mentioned messages minimizing the impact of

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Table 2. Frequencies of message categories and helpful and unhelpful messages

	Medical professionals				Family members				Friends and acquaintances				Other breast cancer patients				TOTAL	
	n	%	Help	Hurt	n	%	Help	Hurt	n	%	Help	Hurt	n	%	Help	Hurt	N (271+1)*	% (100)
Fear & anxiety					3	1.1		3	2	0.7		2					5	1.8
Denial					3	1.1			2	0.7			1	0.4	1		6	2.1
Sympathy	1	0.4		1	1	0.4	1		20	7.4		18					22	8.2
Providing Optimism	23	8.5	21		59	21.7	59		40	14.7	31	2	10	3.7	10		132	48.6
Empathy	2	0.7	2		1	0.4	1		1	0.4		1	6	2.2	6		10	3.7
Acknowledgment of good progress									10	3.7	10						10	3.7
Religious comment									3	1.1	3						3	1.1

* Number of total message (271 +1) means that 271 messages belonged to one of the categories and 1 messages could not be coded into any category

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Table 2. (Continued)

	Medical professionals				Family members				Friends and acquaintances				Other breast cancer patients				TOTAL	
	n	%	Help	Hurt	n	%	Help	Hurt	n	%	Help	Hurt	n	%	Help	Hurt	N (271+1)*	% (100)
Guilt feeling					9	3.3	1	3									9	3.3
Advice	4	1.5	3	1	9	3.3	5		1	0.4							14	5.2
Criticism					1	0.4			2	0.7		2					3	1.1
Minimization	9	3.3	4	4	3	1.1	3		3	1.1	3		4	1.5	4		19	7.0
Companionship & physical presence	4	1.5	3		9	3.3	9										13	4.8
Offering practical assistance	4	1.5	3	1	5	1.8	5						7	2.6	7		16	5.9
Pessimistic comment	5	1.8		5				1	4	1.5		4	1	0.4	1		10	3.7

* Number of total message (271 +1) means that 271 messages belonged to one of the categories and 1 messages could not be coded into any category

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the disease. Compared to other groups, healthcare professionals were most likely to mention messages in this category. Interestingly, this type of supportive message was seen as helpful when sources were family, friends and/or acquaintances, and other breast cancer patients. Perceived helpfulness of the messages was mixed, however, when the source was healthcare professionals. That is, 10 of 10 minimization messages from family, friends/acquaintances, and other breast cancer patients were helpful, but 4 of 8 minimization messages from medical professionals were helpful, $\chi^2(1)=3.86$, $p < .05$, $\phi = .59$. More specifically, minimizing the impact of pain or suffering that the interviewees might have experienced during treatment was evaluated as unhelpful, while minimizing the impact of the disease on the interviewee's life, indicating good prognosis of cure, was evaluated as helpful.

Other common forms of supportive attempts included messages offering practical assistance and advice; generally, these were evaluated as helpful regardless of source. Messages offering companionship and physical presence were mentioned consistently as helpful, and came mostly from healthcare professionals and families. Other helpful messages mentioned by participants were acknowledgement of signs of improvement, and religious comments.

Regarding unhelpful actions, in addition to sympathy - as stated above, pessimistic comments, offered mostly by healthcare professionals and friends and/or acquaintances, were evaluated consistently as unhelpful. Although relatively few participants indicated that their family provided inappropriate or inadequate support, a few participants recalled that their

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husbands expressed guilt for their past unsupportive relationships with wives, and this type of experiences was perceived mostly as unhelpful. Another negative experience indicated by participants was mention of fear and anxiety. Messages in this category came mostly from families and friends and/or acquaintances. A few participants mentioned some criticisms of their responsibility for, or response to, the disease, and were upset by this type of support.

Messages Korean Women with Breast Cancer Want to Hear

RQ 3 asked, "What types of messages do patients want to hear from support providers?" In response to the question about what messages participants wanted to hear from support providers, 35 participants provided 66 codable messages and 1 message that did not fit any of the 14 categories. A majority of participants (82.1%) mentioned messages providing optimism as the most desirable comforting strategy. Although acknowledgement of signs of improvement was found to be less frequently used by support providers, it was the second-most wanted category, mentioned by 11.9 percent of participants. A couple of participants cited minimization of the impact of the disease and offering practical assistance as the messages they wanted to hear. Surprisingly, seven percent of participants mentioned they did not need any verbal messages (see Table 3).

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Table 3. Messages Korean women with breast cancer want to hear

Preferred messages	n	%
Fear & anxiety		
Denial		
Sympathy		
Providing optimism	55	82.1
Empathy		
Acknowledgement of good progress	8	11.9
Religious comment		
Guilt feeling		
Advice		
Criticism		
Minimization	2	3.0
Companionship & physical presence		
Offering practical assistance	1	1.5
Pessimistic comment		
Total	(66+1)*	100

* Number of total message (66 + 1) means that 66 messages belonged to one of the categories and 1 messages could not be coded into any category.

Unique Feature of Emotional Support

Although we did not specifically focus on non-verbal support, we found it necessary to address it herein as a unique feature of emotional support found in the current study (RQ 4). In response to the question

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about messages offered when participants were diagnosed with cancer, seven participants reported that their families did not comment explicitly, but expressed implicit care and concerns, and offered practical assistance. This communication type was generally valued as helpful. As one participant stated:

> When I talked to my husband and children about my breast cancer diagnosis, they did not say anything and I also tried to accept the situation without any particular emotions. Behavioral supports, rather than explicit messages, are more helpful. Although my husband and children did not express any verbal support, they provided help for daily house tasks and shampooing my hair because I could not use my arms after surgery. I also could sense that they tried not to do anything that could worry me.

Another participant mentioned that the presence of her family was enough to encourage her to overcome the situation.

> My energy comes from my family. Even though they do not say anything, they are reasons that I must live, and I want to be cured.

Also, interestingly, we found that nearly half of participants (48%) did not discuss their distress and did not actively seek emotional support from others.

Discussion

The main purpose of our study was to identify comforting messages

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that Korean breast cancer patients perceive as helpful. Since previous research in this field has been conducted mainly in the United States (High & Dillard, 2012), we chose Koreans as participants in our study because of Korea's cultural characteristics distinctive from those in the U.S. We sought to discern whether comforting message categories developed in the U.S. are applicable to Koreans and whether some messages are unique to Koreans.

Consistent with previous findings (Dakof & Taylor, 1990; Peters-Golden, 1982), Korean breast cancer patients reported that not all supports they receive were helpful. However, we found unique features in Korean breast cancer patients' perception about some of the message categories. Korean women with breast cancer said that they have heard optimistic messages most frequently. Although two participants perceived messages in this category as unhelpful, a majority of participants evaluated optimistic messages as helpful regardless of their sources, and most wanted. This finding is inconsistent with previous research in which a majority of cancer patients evaluated unrelenting optimism as a disturbing experience (Peters-Golden, 1982). However, recently, some researcher ssuggested that optimism might be a desirable and supportive message for cancer patients. Thompson and O'Hair (2008) showed that providing optimism was related positively to cancer survivors' coping processes. Brashers, Neidig and Goldsmith (2004) also demonstrated that social support providing optimism can help people think differently about their uncertainty, thereby decreasing psychological distress. Acknowledgement of improvement signs was also a comforting

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strategy preferred by Korean women with breast cancer. Optimism and acknowledgement of improvement signs may be grouped as a strategy providing hope of cure, and so evaluated positively by cancer patients.

Another difference we found is the perceived helpfulness of messages that try to reduce the patient's perceived severity of the disease. Consistently in various studies of supportive communications, minimization of the disease has proven an unhelpful strategy (e.g., Clark, MacGeorge, & Robinson, 2008; Servaty-Seib & Burleson, 2007). Also, in Dakof and Taylor's study (1990), cancer patients evaluated minimizing cancer's impact on the patient as unhelpful, regardless of source. Inconsistent with these findings, however, participants in our study reported that minimization of the disease was one of the most frequently used comforting strategies and was evaluated as helpful when the sources were families, friends and/or acquaintances, and other patients. This difference can be viewed as cultural variations. In fact, in a study with Chinese cancer patients, providing fun and cheerful messages, which was coded into the category of minimization in the present study, has been considered a helpful and important support (Liu, Mok, & Wong, 2005). In addition to cultural differences, another possibility is that cancer patients may utilize minimization as a defense strategy against fears of death. It is evident that minimizing cancer's impact is associated with a favorable prognosis and longer survival (Garssen, 2004; Price et al., 2016). Thus, it will be beneficial to examine whether minimizing the problem can be effective generally for comforting cancer patients, or whether its success is limited to Asian cultures but could be extended to

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other types of distress.

Another interesting finding is that advice is perceived as helpful by breast cancer patients. According to the Burleson's person-centered hierarchy, which categorizes comforting messages by the extent to which a speaker expresses an understanding of the listener's distress and confirms the legitimacy of the listener's experience, giving advice is categorized as the low-person-centered strategy and evaluated as unhelpful (Servaty-Seib & Burleson, 2007). Medical advice and information play an important role in helping patients cope with cancer (Arora, 2003). In particular, advice is most likely to be perceived positively when facilitating coping with one's distress (MacGeorge, Feng, Butler, & Budarz, 2004). Healthcare professionals are frequent providers of advice (Dunkel-Schetter, 1984). In sum, although giving advice is regarded as an ineffective strategy to comfort a distressed person according to the person-centeredness hierarchy, it may be an effective strategy to comfort cancer patients. However, we did not differentiate perceived helpfulness of advice depending on its sources. It will be interesting to investigate how message source affects helpfulness of advice.

Some breast cancer patients reported that their spouses showed a sense of responsibility for, and guilt about, their partners having been diagnosed with breast cancer. This result suggests the use of the expression of such feelings as a comforting strategy. This may reflect a characteristic of collectivistic cultures. According to Aaker and Williams (1998), guilt is one of the other-focused emotions which are experienced and expressed more in collectivistic cultures. Indeed, collectivistic societies

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are more sensitive to guilt than are individualistic societies (Anolli & Pascucci, 2005; Block, 2005). As support providers, spouses' emotions can be an important aspect of patients' coping with cancer. Considering cultural variations in emotions, it will be interesting to examine how emotions of husbands, significant others, or partners can affect the quality of support in various cultures.

With regard to the person-centered comforting communication, it might not be equally as important in Korean cultural contexts as in Western cultures. Unlike previous reports showing that high person-centered comforting messages are evaluated as more sensitive and helpful (High & Dillard, 2012), we found that even low person-centered messages such as minimization of the disease or giving advice were likely to be perceived as helpful. Because the number of participants in our study was small, it is too early to conclude firmly about the effectiveness of person-centeredness comforting communication for Korean breast cancer patients. However, if difference exists in the perceived helpfulness of person-centered messages, it may be due to the nature of the distress from a life-threatening disease or a unique Korean (or industrialized East Asian) cultural characteristic. This implies that breast cancer patients may not be able to discriminate the level of person-centeredness in comforting messages because they are at an extreme level of uncertainty, thus their ability to process information is low (Scott, 1983). Indeed, there is evidence that a very high level of emotional distress reduces ability to process supportive messages carefully (Burleson et al., 2009).

Another possibility has to do with a communicative characteristic of

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Korean culture. According to Burleson's hierarchy for comforting strategies (1983), messages explicitly recognizing another's feelings are evaluated as the most beneficial. Yet, explicitness may not be as important in Korean cultures as in Western cultures where Burleson's hierarchy has widely been tested. In high-context cultures such as Korea, communication is indirect and implicit because messages are highly dependent on context. In contrast, in low-context cultures such as the U.S., communication is direct and explicit (Gudykunst & Nishida, 1986). For instance, in a qualitative interview that investigated the breast cancer patients' perceptions of the support provided by their spouses (Kagawa-Singer & Wellisch, 2003), the Asian-American groups valued non-verbal communication over verbal. In contrast, the Euro-American group valued verbal communication over non-verbal. This cultural difference in terms of the degree of context may also explain why Korean women with breast cancer are less likely to seek emotional support from others, and may not receive any explicit supportive comment even when explicitly or implicitly asking for support.

In sum, we found that comforting strategies should not be generalized to every type of emotional distress without considering communication context (i.e., culture, and type of distress). At the individual level, a particular type of social support may be valued more positively for different individuals experiencing the same stressful event. There might be several demographic, psychological factors and health statuses via which these individual differences can be explained.

Nevertheless, we also found comforting messages that could commonly

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be seen as helpful or unhelpful. For example, expression of fear and anxiety, criticism, and pessimistic comments are unhelpful actions, as demonstrated in our study and previous research (Hample & Na, 2014). However, these kinds of strategies were identified as messages used by support providers despite potential harm to support receivers. We suggest educational interventions for providing support providers with comforting messages that patients perceive as helpful or unhelpful.

Limitations and Implications

Although we found comforting messages that Korean women with breast cancer perceived as helpful or unhelpful, we must acknowledge the limitations of the study. First, because of the small sample size, we could not consider effects of important variables such as income, the stage of cancer, and support group membership, despite these variables having been identified as important in studies of social support for cancer patients (High & Dillard, 2012; Kroenke, Kubzansky, Schernhammer, Holmes, & Kawachi, 2006).

Second, we had to depend upon the participants' recall of messages they have heard since they were diagnosed with cancer. Because the interview lasted only 20-30 minutes, the patients' recall or mentions about the helpful/unhelpful messages might have been limited. Participants of the current study, interestingly, mentioned more helpful instances of all types of support than unhelpful ones. Perhaps this is

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because they have fewer things to mention, reflecting that patients had received a lesser number of unhelpful messages than helpful messages. We cannot, however, exclude another possibility that the participants made less effort to recall and cite negative experiences, possibly attempting to suppress bad memories. Similarly, in an exploratory study of memorable messages about breast cancer, gain-framed messages were mentioned three times more than loss-framed messages (Lauckner et al., 2012).

Despite these limitations, our findings have practical and theoretical implications for support communication targeting breast cancer patients. Considering the high prevalence of breast cancer in women both in the developed and the developing countries (Bray, Ren, Masuyer, & Ferlay, 2013) and the importance of emotional support in cancer management (Arora et al., 2007), it is useful to identify comforting messages that help breast cancer patients in various countries to ease their burdens.

Comparing our findings with previous research, we note similarities and differences in perceived helpfulness of comforting messages across cultures. It should not be assumed that needed forms of emotional support would be the same regardless of socio-cultural context. Therefore, we request future studies to re-examine our findings with regard to the helpfulness of comforting messages in various contexts including culture. The present study can be a new frame for research on cross-cultural supportive communication.

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한국 유방암 환자를 위한 (비)도움 메시지 연구

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본 연구는 35명의 한국인 여성 유방암 환자들을 대상으로 주변에서 그들이 들은 메시지 가운데 도움이 되었던 메시지와 도움이 되지 않았던 메시지가 무엇인 지를 조사했다. 유방암 환자들은 낙관적 관점을 제시하는 메시지를 가장 빈번히 들었으며, 가장 듣기 원하는 메시지라고 응답했다. 질병의 정도나 영향을 경감시켜 제시하는 메시지 역시 도움이 되는 것으로 나타났다. 환자들의 가족들이 유방암의 책임을 나누어 가지거나 죄책감을 표현한다는 결과는 한국 문화의 특성을 반영하는 것으로 해석된다. 본 연구의 결과는 한국인 유방암 환자들을 위로할 수 있는 문화 특이적 메시지를 파악하는 데 도움을 준다.

주제어 : 한국 여성, 유방암, 위로 메시지, 문화

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