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A social comparison theory analysis of group composition and efficacy of cancer support group programs

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Abstract

Group-based psychosocial programs provide an effective forum for improving mood and social support for cancer patients. Because some studies show more benefit for patients with initially high psychosocial distress, and little or no benefit for patients with initially low distress, support programs may better address patient needs by only including distressed patients. However, distressed patients may benefit particularly from the presence of nondistressed patients who model effective coping, an idea many researchers and extensions of social comparison theory support. We present a theoretical analysis, based on a social comparison perspective, of how group composition (heterogeneous group of distressed and nondistressed patients versus homogeneous group of distressed patients) may affect the efficacy of cancer support programs. We propose that a heterogeneous group allows distressed patients maximal opportunity for the various social comparison activities they are likely to prefer; a homogeneous group does not. Though the presence of nondistressed patients in a heterogeneous group potentially benefits distressed patients, the benefits for nondistressed patients are unclear. For nondistressed patients, heterogeneous groups may provide limited opportunities for preferred social comparison activity and may create the possibility for no benefit or even negative effects on quality of life. We also discuss ethical issues with enrolling nondistressed patients whose presence may help others, but whose likelihood of personal benefit is questionable.

Keywords: Social comparison theory; Theoretical evaluation of cancer support groups; Psychological distress

Introduction

The standard psychosocial referral for cancer patients is to a support group, a fact that highlights the importance of providing effective theoretically based programs. In contrast to cancer clinical trials that enroll only patients who require medical intervention, psychosocial support group trials typically include all patients of a particular cancer

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site or stage, regardless of any demonstrated psychosocial need for an intervention. Research indicates that psychosocial group support programs can increase social support and decrease psychological distress in cancer patients but may be most effective for patients in distress and/or with limited social resources (Goodwin et al., 2001; Helgeson, Cohen, Schulz, & Yasko, 2000; Lepore & Helgeson, 1999). These findings suggest that interventions may best address patient need by including only those most likely to benefit. Nonetheless, researchers have varying opinions about the advisability of providing interventions to a homogeneous group of psychologically distressed patients since nondistressed patients may be needed to model adaptive coping to distressed patients (Helgeson et al., 2000; Helgeson, Cohen, Schulz, & Yasko, 2001; Lepore, 2001). However, group psychological interventions comprising both heterogeneous (Antoni et al., 2001; Helgeson, Cohen, Schulz, & Yasko, 1999; Lepore & Helgeson, 1999; Lepore, Helgeson, Eton, & Schulz, 2003) and homogeneous (Eldredge et al., 1997; Silverman et al., 1999; Telch & Telch, 1986; Telch et al., 1993) compositions with respect to distress levels have resulted in improvements for distressed individuals. Thus, important theoretical and practical questions are whether heterogeneous groups are better than homogeneous groups for distressed patients and whether nondistressed patients are benefited by group support interventions. No single research study to date has considered the foregoing questions.

Here, we instead provide a theoretical evaluation of these issues by examining group composition (heterogeneous versus homogeneous groups) from the perspective of social comparison theory, which was originally proposed by Festinger (1954). For simplicity, we will discuss homogeneous and heterogeneous groups in reference to psychological functioning and assume a homogeneous group with regard to disease factors, as most cancer support group studies include only individuals facing a particular cancer and typically exclude individuals with advanced disease (unless that is the focus of study). To illustrate the potential importance of group composition for the efficacy of cancer support group programs, we briefly describe how our ideas may operate in group cognitive behavioral therapy (CBT) programs. Our goal is to provide a critical theoretical evaluation of how the structure of typical support groups in clinical and research settings may impact its participants. Our evaluation is based on published research emanating from the United States and Western Europe, but our specific hypotheses have not been tested directly to date. Ultimately, we hope this evaluation leads to theory-based research.

Social support for cancer patients

Numerous studies suggest the importance of social support for the well-being of cancer patients. For example, high perceived support has been positively associated with quality of life (QOL) in breast cancer survivors (Sammarco, 2001), and emotional support from friends and instrumental support from spouses has predicted lower distress post-surgery in Hispanic women being treated for early stage breast cancer (Alferi, Carver, Antoni, Weiss, & Duran, 2001). Social support also has been associated with soluble markers of disease activity and mortality. In a cross-sectional study of women with ovarian cancer, for example, after controlling for disease stage at diagnosis, women with higher levels of social support had lower levels of vascular endothelial growth factor, a key cytokine that can stimulate tumor angiogenesis. Specifically, greater support and less distance from friends was important (Lutgendorf et al., 2002). In a study of 143,063 prostate cancer patients that examined the association of marital status and survival, results indicated that married patients consistently had the longest survival ($p < .0001$) regardless of disease stage. Married men had the longest median survival time (69 months), and separated and widowed men had the shortest median survival time (38 months) (Krongrad, Lai, Burke, Goodkin, & Lai, 1996). Other studies indicate that unmarried patients with cancer have decreased overall survival, even after adjusting for stage and treatment (Goodwin, Hunt, Key, & Samet, 1987). Further evidence for the role of social support in decreased cancer mortality comes from group psychosocial intervention studies. Survival benefits for those participating in group support programs compared to control groups have been found (Fawzy et al., 1993; Spiegel, Bloom, Kraemer, & Gottheil, 1989), though not in all studies (Edelman, Lemon, Bell, & Kidman, 1999; Goodwin et al., 2001).

Other studies have also indicated that social support plays an important role in the way patients cope with and adjust to cancer (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Lepore & Helgeson, 1998; Manne, Alfieri, Taylor,