ABSTRACT

Intrapersonal and interpersonal factors predicting distress and end-of-life planning among individuals with advanced cancers

by

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The *social-cognitive processing model* of adaption to cancer posits that both intrapersonal and interpersonal factors influence adaptation to illness (Lepore, 2001). In this dissertation, two intrapersonal factors, intolerance of uncertainty (IU) and experiential avoidance (EA), were examined in relation to emotional distress (psychological outcome) and advanced care planning (behavioral outcome) among patients living with advanced cancer. EA (efforts intended to avoid negative emotions, thoughts, images or memories) was hypothesized to mediate the relationship between IU (the ability to tolerate uncertainty or the unknown) and emotional distress. In line with the social-cognitive model, two interpersonal factors, social support from family and friends and patient trust in physician, were proposed to buffer the indirect influence of IU on distress through EA. IU and EA were also hypothesized to interact to predict advanced care planning, such that those higher on both IU and EA would engage in less advanced care planning compared to those higher on IU but lower on EA. The sample included 108 adults with Stage III or IV cancer (53% female; M_{age} = 63 years). All constructs were measured by standardized self-report scales with acceptable to strong internal consistency reliability (i.e., Intolerance of Uncertainty Scale-Short Form; The Brief Experiential Avoidance Questionnaire; The Duke-UNC

Functional Social Support Questionnaire; Trust in Physician Scale; Hospital Anxiety and Depression Scale; Advanced Care Planning Checklist) The PROCESS macro for SPSS was used to conduct mediation, moderation, and conditional process analyses. Findings supported the mediating role of EA in the relationship between IU and both anxiety and depressive symptoms. The indirect influence of IU through EA on emotional distress was not contingent on social support. Patient trust in physician, however, did moderate the indirect relationship between IU and anxiety (but not depressive symptoms), albeit in an unanticipated direction: The indirect influence of IU through EA on anxiety symptoms was not significant for those with low physician trust, but rather was significant for those with moderate to high physician trust. This finding suggests a potential exacerbating rather buffering influence of trust in physician on anxiety. With respect to the behavioral outcome, moderation analyses showed that EA did not influence the positive, direct association between IU and advanced care planning; the overall moderation model was not significant. A hierarchical multiple regression post-hoc analysis, including age, emotional distress, interpersonal factors (social support and trust in physician) and intrapersonal factors (IU and EA), demonstrated that only age and EA remained significant predictors of advanced care planning. Accounting for other factors, older participants engaged in more advanced care planning and those who were more experientially avoidant engaged in less advanced care planning. Although this dissertation used a social-cognitive processing model, in which intrapersonal and interpersonal factors interact to predict adjustment, the overall findings provide strong support for the salience of intrapersonal factors in influencing emotional distress and advanced care planning. IU and, in particular, EA are identified as targets for intervention aimed at helping individuals with advanced cancer manage the emotional impact of illness and make end-of-life decisions.