The numerous advantages associated with systematic breast cancer screening programs no longer need proving; however, some healthcare professionals have expressed reservations about the extent of psychological morbidity experienced by participants (Bakker, Lightfoot, Steggles, & Jackson, 1998; Brett, Bankhead, Henderson, Watson, & Austoker, 2005; Fridfinnsdottir, 1997; Lowe, Balanda, Del Mar, & Hawes, 1999; Ong & Austoker, 1997; Pineault, 2001; Poole et al., 1999; Thorne, Harris, Hislop, & Vestrup, 1999). Indeed, manifestations of anxiety have been recorded at every stage of screening, beginning with the letter inviting women to participate in the program (Elkind & Eardley, 1990; Hurley & Kaldor, 1992; Marteau, 1990). Furthermore, women who receive an abnormal screening mammogram result must undergo additional investigative tests. The experience can produce intense anxiety (Aro, Absetz, van Elderen, van der Ploeg, & van der Kamp, 2000; Brett et al.; Fridfinnsdottir; Lowe et al.; Ong & Austoker; Sandin, Chorot, Valiente, Lostao, & Santed, 2002), especially for women who must have a biopsy, because the test often is associated with a serious condition (Benedict, Williams, & Baron, 1994; Deane & Degner, 1997; Northouse, Jeffs, Cracchiolo-Caraway, Lampman, & Dorris, 1995; Pineault; Seckel & Birney, 1996).

Screening mammograms focus on asymptomatic women who hope to obtain confirmation of good health (Ong, Austoker, & Brett, 1997). News of an abnormal result is disconcerting and for some women is synonymous with a diagnosis of breast cancer (Pineault, 2001; Scaf-Klomp, Sanderman, van de Wiel, Otter, & van den Heuvel, 1997). The waiting period for different stages of additional investigation and final test results is characterized by uncertainty and fear. For most women, it is a very distressing period (Fridfinnsdottir, 1997; Hislop et al., 2002; Lampic, Thurjell, Bergh, & Sjoden, 2001; Poole & Lyne, 2000). According to Marteau (1994), the uncertainty women experience during the waiting period is more upsetting than the test results, whether positive or negative (Sandin et al., 2002).

Studies have shown that women who benefit from social support are less anxious during the screening and additional tests (De Grasse, Hugo, & Plotnikoff, 1997; Fridfinnsdottir, 1997; O’Mahony, 2001; Seckel & Birney, 1996). Social support positively affects health and contributes to well-being by satisfying the person’s needs for assistance, a sense of belonging, information, and socialization. In addition, it facilitates the marshalling of psychological resources and helps people to overcome emotional problems (Caplan, 1974; Smith, Fennengel, Holcroft, & Gerald, 1994).

According to Schaefer, Coyne, and Lazarus (1981), the principal functions of social support are emotional, informational,