Illness Cognitions, Models of Illness

Medical psychology lecture
3rd week
**What does it mean to be healthy?**

**WHO’s definition:**

Good health = a state of complete physical, mental and social well being → multidimensional view of health

**Qualitative studies - asked lay people the question ‘what does it mean to be healthy?’**

<table>
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<th>Author</th>
<th>Definitions</th>
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<tr>
<td>Blaxter, 1990</td>
<td>• health behaviours&lt;br&gt;• physical fitness&lt;br&gt;• energy and vitality&lt;br&gt;• social relationships&lt;br&gt;• function effectively&lt;br&gt;• psychosocial well-being</td>
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<tr>
<td>Calnan, 1987</td>
<td>• positive definitions: feeling energetic, fit, correct weight, positive outlook, good life&lt;br&gt;• negative definitions: not getting coughs/colds, rarely have check-ups</td>
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<tr>
<td>Lau, 1995</td>
<td>• physical&lt;br&gt;• psychological&lt;br&gt;• behavioural&lt;br&gt;• future consequences&lt;br&gt;• absence of illness</td>
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What does it mean to be ill?

**Dimensions of illness** (Lau, 1995):
- not feeling normal → ‘I don’t feel right’
- specific symptoms → physiological/psychological
- specific illnesses → cancer, cold, depression
- consequences of illness → ‘I can’t do what I usually do’
- time line → how long the symptoms last
- the absence of health → not being healthy
**Illness cognitions**
*(Leventhal, 1997)*

Definition: a patient’s own implicit common sense beliefs about their illness.

Illness cognitions provide patients with a framework for:

- ✔ coping with their illness
- ✔ understanding their illness
- ✔ what to look out for if they are becoming ill
Illness cognitions
(Leventhal, 1997)

5 cognitive dimensions of illness cognitions:

1) Identity → label given to the illness (the medical diagnosis) and the symptoms experienced

2) The perceived cause of the illness → biological (virus) or psychosocial (stress)

3) Time line → how long the illness will last (acute, chronic)

4) Consequences → the possible effects of the illness on life (physical, emotional)

5) Curability and controllability → the illness can be treated and cured and the outcome of illness is controllable
Self-regulatory model of illness cognitions
(Leventhal, 1997)

The model:

- is based on approaches to problem solving
- suggests that illnesses are dealt with in the same way as other problems

Problem/change in the status quo → individual is motivated to solve the problem → re-establish their state of normality
Self-regulatory model of illness cognitions (Leventhal, 1997)

Stage 1: Interpretation
- Symptom perception
- Social messages

Stage 2: Coping
- Approach coping
- Avoidance coping

Stage 3: Appraisal
- Was my coping strategy effective?

Representation of health threat
- Identity
- Cause
- Consequences
- Time line
- Cure/control

Emotional response to health threat
- Fear
- Anxiety
- Depression
Self-regulatory model of illness cognitions (Leventhal, 1997)

Stage 1: Interpretation
Confronting with the problem of a potential illness through two channels:
1) symptom perception (‘I have a pain in my chest’)
2) social messages (‘the doctor has diagnosed this pain as angina’)

Stage 2: Coping
- Approach coping
- Avoidance coping

Stage 3: Appraisal
- Was my coping strategy effective?
Self-regulatory model of illness cognitions  
(Leventhal, 1997)

Stage 1: Interpretation

1) symptom perception (‘I have a pain in my chest’):
   - individual differencies: internally/externally focused
   - influenced by mood, cognitions, environment

Study: ‘medical students’ disease’ (2/3 of med. students)
   - Mood: becoming quite anxious due to workload → heighten their awareness of physiological changes → more internally focused.
   - Cognition: thinking about symptoms as part of course → focus on internal states
   - Social: one student starts to perceive symptoms, others may model themselves on this behaviour
Self-regulatory model of illness cognitions
(Leventhal, 1997)

Stage 1: Interpretation

2) social messages (‘the doctor has diagnosed this pain as angina’)
Information about illness also comes from other people:
- health professional → formal diagnosis or a positive test result
- lay individuals → advices from colleagues, friends or family

Symptom perception  →  Formal diagnosis

Formal diagnosis  →  Symptom perception
(in asymptomatic stage)
Self-regulatory model of illness cognitions 
(Leventhal, 1997)

Representation of health threat

Illness cognitions are constructed according to 5 dimensions:

- identity
- cause
- consequences
- time line
- cure/control

Give the problem meaning and enable the individual to develop coping strategies.
Emotional response to health threat

Identification of the problem of illness will also result in changes in emotional state:

- fear
- anxiety
- depression

Coping strategies also relate to the emotional state of the individual.
Self-regulatory model of illness cognitions (Leventhal, 1997)

Stage 2: Coping

Approaches to coping with illness:

(1) coping with a diagnosis
(2) coping with the crisis of illness
(3) adjustment to physical illness.

Broad categories of coping strategies:
- approach coping (e.g. taking pills, going to the doctor)
- avoidance coping (e.g. denial, wishful thinking)
Self-regulatory model of illness cognitions
(Leventhal, 1997)

Stage 3: Appraisal

Individuals evaluating:

- the effectiveness of the coping strategy
- determining whether to continue with this strategy or whether to opt for an alternative one
Why is the model called self-regulatory?

- the 3 components of the model (interpretation, coping, appraisal) interrelate in order to maintain the *status quo* (i.e. they regulate the self)
- if the individual’s health is disrupted by illness the individual is motivated to return the balance back to normality
- self-regulation involves the 3 processes interrelating in an ongoing and dynamic fashion
Using the self-regulatory model to predict outcomes

- Predicting adherence to treatment
- Predicting recovery from stroke
- Predicting recovery from myocardial infarction
Thank you for your attention!