

Original Article

Illness Perceptions, Adjustment to Illness, and Depression in a Palliative Care Population

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Abstract

Context. Representations of illness have been studied in several populations, but research is limited in palliative care.

Objectives. To describe illness representations in a population with advanced disease receiving palliative care and to examine the relationship between illness perceptions, adaptive coping, and depression.

Methods. A cross-sectional survey of 301 consecutive eligible patients recruited from a palliative care service in south London, U.K. Measures used included the Brief Illness Perception Questionnaire (Brief IPQ), the Mental Adjustment to Cancer (MAC) Scale, and the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire-9.

Results. Scores were not normally distributed for most questions on the Brief IPQ. The correlations found between items on the Brief IPQ were understandable in the context of advanced disease. MAC helplessness-hopelessness and fighting spirit were highly correlated with items on the Brief IPQ in opposite directions. The Brief IPQ domains of consequences, identity, concern, personal control, and emotion were associated with depression, a relationship that was not explained by adaptive coping. Seven causal attribution themes were identified: don't know, personal responsibility, exposure, pathological process, intrinsic personal factors, chance, fate or luck, and other. Both lung cancer diagnosis and gender were found to be independently associated with personal responsibility attribution. None of the attribution themes were associated with the presence of depression.

Conclusion. Assessment of illness perceptions in palliative care is likely to yield important information about risk of depression and will help clinicians to personalize management of advanced disease. *J Pain Symptom Manage* 2012;43:819–832.

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Key Words

Illness perceptions, illness representations, palliative, depression, adjustment, attribution

Introduction

Representations of illness as described in Leventhal et al.'s Common Sense Model (CSM)¹ are the perceptions people form in response to health threat information. According to the CSM, stimuli, such as physical symptoms and existing health beliefs, generate cognitive and emotional representations of the illness or health threat.² The representations are processed by the individual and result in adoption of behaviors to cope with the health threat, which are then reappraised in a feedback loop, with the individual then adjusting their illness representations accordingly.

Following qualitative research, Leventhal et al.¹ described five dimensions of the cognitive representation of illness: *identity*—the label the patient uses to describe the illness and symptoms he or she views as being part of the disease; *consequences*—the expected effects and outcome of the illness; *cause*—ideas about the cause of illness; *timeline*—how long the individual believes the illness will continue; and *cure/control*—the extent to which the individual believes he or she can recover from or control the illness.

Much of the research examining illness perceptions has looked at groups with chronic diseases, showing associations between illness perceptions and adherence to treatment,³ functional recovery,⁴ self-management behaviors,⁵ and quality of life.⁶ Interventions designed to change illness perception to influence treatment outcomes also are emerging.⁷ Some studies have been conducted in populations with more advanced illnesses, including chronic obstructive pulmonary disease⁸ and end-stage renal disease⁹ but to our knowledge, there have been none examining illness perceptions in patients receiving palliative care.¹⁰

Attribution theory is concerned with the ways in which people explain the behavior of themselves or others and attribute causes to events.¹¹ The components of attribution are *locus*: either internal (dispositional or personal) or external (situational); *stability*: whether the

cause is likely to stay the same or change in the future; and *controllability*: whether the person has/had control over the cause. There is an extensive research literature on causal attribution of disease in different populations including healthy participants,^{12,13} the patient's relatives,¹⁴ acute life-threatening illness,^{15–17} chronic non-life-threatening illness,¹⁸ and chronic life-threatening illness, including renal disease¹⁹ and cancer.^{20–24} A meta-analytic review of 27 studies²⁵ investigating causal attributions and their influence on coping and psychological adjustment to various conditions, including cancer, spinal cord injury, and fertility, found that internal, unstable, and controllable attributions facilitated positive psychological coping, that is, actively coping with a situation rather than avoiding it and focusing on dealing with the distressing emotions produced by the situation rather than trying to change the situation itself. In addition, stable and uncontrollable attributions were associated with avoidance coping and were, therefore, indirectly associated with negative psychological adjustment. The authors suggested that although attributions do not account for all the variance in coping and psychological adjustment to illness, they do play a role in influencing cognitions and behaviors in the context of illness and are related to certain coping strategies. In a review of illness attribution and adjustment to life-threatening illness, Turnquist et al.²⁶ found equivocal evidence for an association between attributions and psychological adjustment, although reporting an attribution of any type tended to result in a more positive physical or emotional outcome.

There has been only one study looking at causal attribution of illness in a population with terminal disease.²⁷ This study compared beliefs about the causes of cancer in 120 late-stage cancer patients with patients with chronic disease. The terminal cancer patients had less firm convictions about factors they believed caused their illness than the chronic illness group and tended to attribute their illness

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