Psychiatry Research 215 (2014) 39–45

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

# Social support and functional outcome in severe mental illness: The mediating role of proactive coping

Lisa Davis*, John Brekke

*University of Southern California, School of Social Work, Montgomery Ross Fisher Building, Los Angeles, CA 90089-0411, United States*

ARTICLE INFO

*Article history:*
Received 25 October 2012
Received in revised form
9 July 2013
Accepted 7 September 2013
Available online 7 October 2013

*Keywords:*
Schizophrenia
Severe mental illness
Social support
Functional outcome
Proactive coping

ABSTRACT

Individuals with Severe Mental Illness (SMI) are faced with wide-spread social and occupational impairment, yet some are able to achieve a meaningful degree of functional improvement. A structural model based on Proactive Coping Theory was developed and tested in a longitudinal context to better understand: (1) the impact of proactive processes on functioning for people with SMI, and (2) the stability of the theoretical framework over time for this population. A latent path analysis examining social support, positive reappraisal, intrinsic motivation, and role functioning was tested with 148 severely mentally ill individuals receiving psychosocial rehabilitation treatment at baseline. An observed path analysis of the model was examined at six months post-baseline with 102 people. The baseline model displayed an excellent fit to the data and accounted for 54% of the variance in role functioning. Results at time 2 also suggest the empirical promise and potential longitudinal viability of the model. In line with Proactive Coping Theory and a social resources model of coping, social support may facilitate proactive coping processes to enhance role functioning, and these processes may be stable over time for people with SMI.

© 2013 Elsevier Ireland Ltd. All rights reserved.

## 1. Introduction

Even with advances in psychosocial rehabilitation, up to two-thirds of individuals with Severe Mental Illness (SMI) lack community participation and have difficulty maintaining basic social roles such as spouse, parent, or employee (Bellack et al., 2007). However, increasing evidence suggests some may persist in goal-striving (Corrigan and Phelan, 2004; Roe et al., 2006), developing a sense of agency and self-efficacy (Mueser et al., 2002; Onken et al., 2007; Ridgway, 2001), and making significant gains in social and occupational functioning (Kurzban et al., 2010). This evidence indicates the course of illness and outcomes associated with disorders, such as schizophrenia, are heterogeneous and can improve (e.g., Davidson, 2003; Hopper et al., 2007), and a central way in which individuals with SMI may influence such improvements is through coping processes. While previous conceptualizations of coping have narrowly focused on circumventing or reducing the negative impact of stressful events, few investigations have examined proactive coping as a means of facing the complex challenges posed by SMI. Proactive coping represents an integration of positive reappraisal processes and motivational elements that re-contextualize coping to include goal-management rather than focusing solely on risk-management (Schwarzer and Taubert, 2002; Sohl and Moyer, 2009). A greater understanding of the proactive coping construct may shed light on mechanisms associated with functional improvements for a population with significant deficits in this area (Bellack et al., 2007). A primary aim of this study is to examine a theoretically based model of proactive coping, including antecedents to proactive coping and pathways from proactive coping to enhanced role functioning, for people with SMI. This investigation also explores whether the structural model under study is viable over time for this population.

Theoretical developments from the behavioral sciences have broadened knowledge of coping processes that promote resilience in the face of acute and chronically stressful situations. Proactive Coping Theory (Schwarzer and Taubert, 2002) extends the scope of the coping construct to include active engagement in meaning-making processes and a future-oriented focus on initiating change that draws from motivation theory (Parker et al., 2010). A proactive coping orientation involves positively reappraising demanding or stressful situations as having value based on their perceived potential to promote growth (Folkman, 1997), an appraisal process that gives rise to intrinsically motivated goal-striving (Schwarzer and Taubert, 2002). Intrinsic motivation has been defined as goal-directed behavior based on internally-driven rewards related to interest, meaning, and purpose (Ryan and Deci, 2000). The proactive coping construct is well illustrated by Greenglass et al. (2005) in a study in which older adults in a rehabilitation hospital viewed rehabilitation as a challenge to be mastered, a perception

* Corresponding author. Tel.: +1 213 740 2711; fax: +1 213 821 2088.
*E-mail address:* lisadavi@usc.edu (L. Davis).

0165-1781/$ - see front matter © 2013 Elsevier Ireland Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.psychres.2013.09.010

related to higher levels of motivation and improved functional outcomes, namely distance walked during rehabilitation exercises.

Proactive coping has also been shown to predict functional independence among the elderly (Greenglass et al., 2006), self-care among individuals with diabetes (Thoolen et al., 2009), and improved work performance and self-efficacy among non-clinical populations (Greenglass et al., 2006; Greenglass & Fiksenbaum, 2009; Sohl and Moyer, 2009). Proactive coping may have substantial significance for understanding improvements in the course of SMI, yet only a single study to date has investigated this construct with a psychiatric population (Yanos, 2001). Yanos (2001) found that a larger number of proactive strategies were associated with greater social functioning among people with SMI.

This study also aims to investigate antecedents to proactive coping. Social-psychological frameworks, such as a social resources model of coping (Moos and Holahan, 2003), posit that coping does not occur in a vacuum; rather social processes such as receiving caring, esteem, and assistance in meeting tangible and psychological needs contribute to enhanced coping abilities (Sarason et al., 1985). A social resources model of coping also suggests that social support exerts an indirect influence on functioning via adaptive coping (Moos and Holahan, 2003). In support of this framework, Greenglass et al. (2006) found the relationship between social support and functional ability was mediated through proactive coping among the elderly. Investigations of a social resources model among people with SMI remain sparse, however, Hultman et al. (1997) found that greater levels of social integration among people with schizophrenia were related to lower re-hospitalization rates, and that this relationship was mediated through approach coping. The present study seeks to build on these investigations by: (1) broadening the coping paradigm applied to SMI by including motivational elements as suggested by Proactive Coping Theory (Schwarzer and Taubert, 2002), (2) examining the role of social support as a coping resource for people with SMI, and (3) exploring whether the relationships under study remained stable over time by investigating the model at baseline and at six months post-baseline.

In order to achieve these aims a structural model was developed (see Fig. 1). As suggested by a social resources model of coping (Moos and Holahan, 2003), the model depicts social support as an antecedent to proactive coping processes (i.e., positive reappraisal and intrinsic motivation). Central to the model is the notion that positively reappraising stressful circumstances as potential opportunities for growth gives rise to intrinsic motivation, a theoretically proposed process underlying Proactive Coping Theory (Schwarzer and Taubert, 2002). Proactive Coping Theory also posits that these processes enhance functioning, therefore pathways from positive reappraisal to role functioning and intrinsic motivation to role functioning, were hypothesized. Lastly, based on a social resources model of coping (Moos and Holahan, 2003), it was hypothesized that the relationship between social support and functioning would be mediated through proactive coping (i.e., positive reappraisal and intrinsic motivation). Fig. 1 represents the latent structural model with hypothesized associations among all paths; hypothesized associations are the same for the path model at time two.

## 2. Material and methods

### 2.1. Subjects

The present analyses used data from a study examining mechanisms of functional rehabilitative change in community-based service settings for individuals diagnosed with a severe mental illness. The parent study employed a prospective follow-along design of patients who were living in the community and who were being admitted to one of four community-based psychosocial rehabilitation programs in Los Angeles County that were participating in a county-wide assertive community treatment initiative (Young et al., 1998). The sample was drawn from consecutive admissions of individuals meeting the following inclusion criteria: (i) diagnosed with a serious mental illness (i.e. schizophrenia, schizoaffective, schizophreniform disorder, bi-polar disorder, major depression with psychotic features); (ii) residence in Los Angeles for at least three months; (iii) age between 18 and 55. Subjects were excluded if they met criteria for alcohol or drug dependence in the prior six months, or had an identifiable neurological disorder. Rehabilitation services included monitoring of psychotropic medications, on-site training and rehabilitative experiences to supported work, and social and living opportunities in the community.

The baseline sample consisted of 148 individuals; 44% were diagnosed with schizophrenia, 16% with schizoaffective disorder, 23% with bipolar disorder with psychotic features, and 17% with major depression with psychotic features. A total

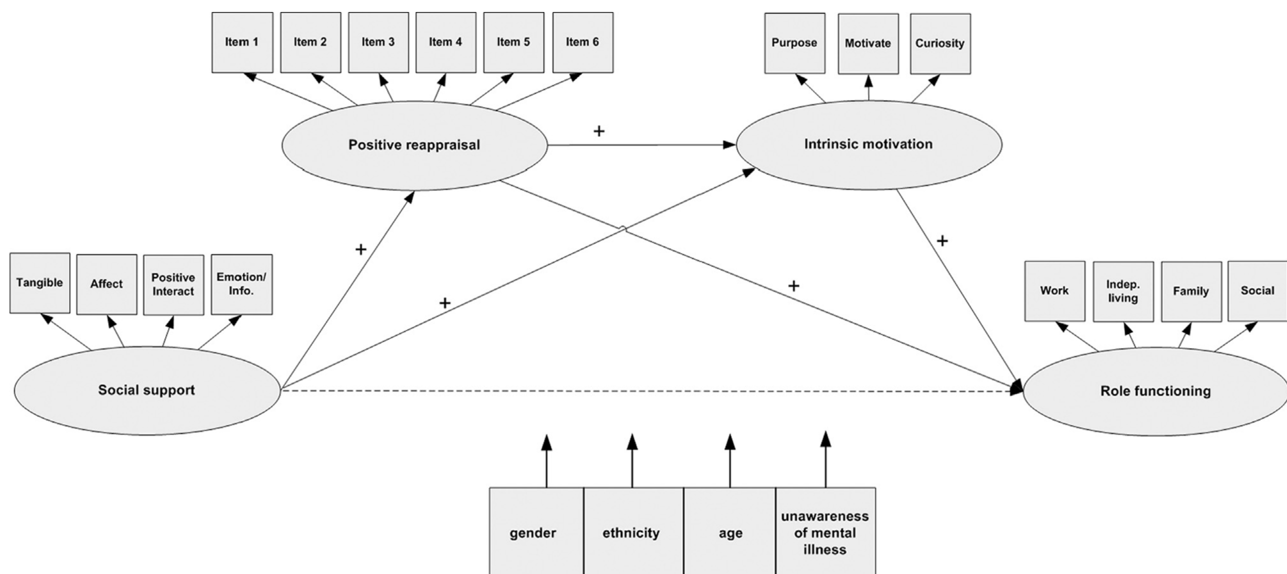


**Fig. 1.** Hypothesized structural model based on a social-resources proactive coping paradigm. Paths where a positive association was predicted are represented with a plus sign (+) and the hypothesized mediation effect is represented with a dotted line.

Download English Version:

https://daneshyari.com/en/article/332291

Download Persian Version:

https://daneshyari.com/article/332291

Daneshyari.com