



Common sense model of mental illness: Understanding the impact of cognitive and emotional representations of mental illness on recovery through the mediation of self-stigma



Randolph C.H. Chan, Winnie W.S. Mak*

Department of Psychology, The Chinese University of Hong Kong, Hong Kong

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ABSTRACT

The present study applied the common sense model to understand the underlying mechanism of how cognitive and emotional representations of mental illness among people in recovery of mental illness would impact their endorsement of self-stigma, and how that would, in turn, affect clinical and personal recovery. A cross-sectional survey was administered to 376 people in recovery. Participants were recruited from seven public specialty outpatient clinics and substance abuse assessment clinics across various districts in Hong Kong. They were asked to report their perception towards their mental illness, self-stigma, symptom severity, and personal recovery. The results of structural equation modeling partially supported the hypothesized mediation model indicating that controllability, consequences, and emotional concern of mental illness, but not cause, timeline, and identity, were associated with self-stigma, which was subsequently negatively associated with clinical and personal recovery. The present study demonstrated the mediating role of self-stigma in the relationship between individuals' illness representations towards their mental illness and their recovery. Illness management programs aimed at addressing the maladaptive mental illness-related beliefs and emotions are recommended. Implications on developing self-directed and empowering mental health services are discussed.

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1. Introduction

Subjective beliefs and emotions about an illness can impact how individuals make sense of and cope with their illness. The relationship between illness representations, illness responses, and outcomes was conceptualized as the common sense model, which has been widely tested among individuals with physical illness (e.g., diabetes, asthma, multiple sclerosis) (Hagger and Orbell, 2003; Jopson and Moss-Morris, 2003). However, little is known about how illness cognitions and emotions may influence the recovery of individuals with mental illness. The present study thus applied the common sense model to investigate how cognitive and emotional representations of mental illness among people in recovery would influence their internalization of mental illness stigma, and how that would, in turn, affect their clinical and personal recovery.

1.1. Common sense representations of mental illness

The common sense model of illness representations proposes that individuals develop simultaneous cognitive and emotional representations about their illness, which can influence the way they appraise and manage their illness (Leventhal et al., 1992). Common sense beliefs about an illness is derived from the integration of lay knowledge about the illness, the external information provided by significant others or authority figures, and the symptomatic experience of the illness by the individuals themselves (Hagger and Orbell, 2003; Leventhal et al., 1980). Although the beliefs may not necessarily reflect an accurate view of the illness, their common sense perceptions shape how individuals make sense of their illness cognitively and emotionally and influence their subsequent responses and health outcomes. Previous studies have shown that illness perceptions could predict behavioral and psychosocial outcomes beyond the objective severity of a disorder (Croom, 2013; Hirsch et al., 2009).

The cognitive dimension of illness representations emphasizes how individuals attribute the etiology of the illness (*cause*), experience a sense of personal control over the illness (*controllability*), evaluate the impact of the illness (*consequence*), identify

* Corresponding author.

E-mail address: wsmak@psy.cuhk.edu.hk (W.W.S. Mak).

with symptoms of the illness (*identity*), and perceive chronicity of the illness *timeline* (Leventhal et al., 1980). Individuals who considered their mental illness as having low controllability, who perceived mental illness as having a chronic course or having severe consequences, and who experienced more symptoms, were likely to report poor psychosocial adaptation (Marcos et al., 2007), inconsistent medication adherence (Lobban et al., 2003), and negative help-seeking attitudes (Wong et al., 2010). In the psychiatric literature, researchers have used insight to refer to an individual's capacity to recognize one's mental illness as well as the awareness of the symptomatic expressions and psychosocial problems associated with the illness (David, 1990). It is conceptually similar to the identity and consequence domains of illness representations. Consistent with the findings of the cognitive representations of mental illness, lack of insight has been shown to be associated with treatment non-adherence (Lincoln et al., 2007) and maladaptive coping (Lysaker et al., 2003).

Parallel to the cognitive appraisal process, the emotional representations of the illness may also influence illness outcomes (Moss-Morris et al., 2002). Individuals with mental illness not only are affected by symptoms of their illness, they also experience additional burden from the stigma surrounding their illness, which renders them vulnerable to emotional distress (Holliday et al., 2005; Hou et al., 2010; Markowitz, 1998). Previous studies indicated that people in recovery reported a high level of illness-related distress (Holliday et al., 2005; Hou et al., 2010); and negative emotional representation of illness among people in recovery strongly predicted their maladaptive emotional adjustment (Marcos et al., 2007).

1.2. Impact of illness representation on recovery

Although the common sense model has been applied to understand the subjective perceptions of mental illness among people in recovery, no studies have investigated the effect of illness representations on clinical and personal recovery simultaneously, and explored the mechanism underlying the relationship between illness representations with recovery (Fortunee et al., 2004; Lobban et al., 2004). Clinical recovery is defined as the remission of symptoms arising from mental illness, whereas personal recovery refers to the establishment of personally meaningful life beyond the catastrophic effects of the illness (Anthony, 1993; Bellack, 2006). A holistic conceptualization of recovery necessitates a complementary consideration of both the objective condition of mental disorder and the subjective experience of life living with a mental illness (Roe et al., 2011). This vision of recovery has created a meaningful shift in public mental health systems across the globe with a greater emphasis on wellness promotion, consumer involvement, and community integration in the policies and practices (Davidson et al., 2006; World Health Organization, 2013). Given that clinical and personal recovery are equally important to people with mental illness, it is imperative to understand whether and how mental illness-related beliefs and emotions may impact these two dimensions of recovery.

The impact of cognitive appraisal and emotional concern of mental illness on clinical recovery has been well-documented (Baines and Wittkowski, 2013; Dejong et al., 2012). Specifically, individuals with schizophrenia who had a strong illness identity, perceived illness duration as chronic, and recognized more negative consequences were more likely to report more positive symptoms of schizophrenia (Lobban et al., 2005) and more depressive symptoms (Cavelti et al., 2012). Negative illness perceptions also predicted a higher level of depression, anxiety, and distress among individuals with depression (Lu et al., 2014) and individuals with eating disorders (Marcos et al., 2007). Previous findings showed that a lack of insight into mental illness was

paradoxically associated with more psychotic symptoms and fewer depressive symptoms (Lysaker and Buck, 2007) and less self-stigma (Mak and Wu, 2006). Apart from affecting clinical recovery, illness representations may also influence personal recovery by determining whether people in recovery can reclaim a positive sense of identity and purpose in life beyond the limitations imposed by mental illness (Anthony, 1993). Previous studies found that negative appraisals of mental illness were associated with poor quality of life among individuals with psychotic disorders (Lobban et al., 2004; Theodore et al., 2012). Insight into illness has also been shown to facilitate consumer-provider communication and promote better personal recovery (Chan and Mak, 2012; Lysaker et al., 2009), while negatively predict self-esteem and quality of life (Hasson-Ohayon et al., 2006; Staring et al., 2009).

1.3. Mediating effect of self-stigma

While previous studies have attempted to examine the impact of illness representations on recovery, little attention has been paid to elucidate the mediating mechanism underlying illness representations and recovery. Drawing on the common sense model, individuals may derive their self-perceptions of being people in recovery from the cognitive and emotional representations of their mental illness. Specifically, negative representations of mental illness may facilitate the endorsement and internalization of stigma associated with the illness, which renders people in recovery more vulnerable to poor clinical and personal recovery. Previous studies indicated that stigmatization would be more prevailing when people in recovery are believed to have high controllability for their mental illness (Corrigan, 2000). Mak and Wu (2006) further tested this hypothesis among people in recovery and revealed that individuals who attributed personal responsibility to their mental health conditions and had better insight into their illness reported a higher level of self-stigma. As for the relationship between causal beliefs and stigma, Moses (2010) showed that perception of social skills impairment and trauma as the causes of mental illness predicted self-stigma among adolescents with mental health problems. Mak et al. (2014) found that members of the general public who ascribed mental illness more to cultural lay beliefs and less to psychosocial causes were more inclined to believe mental illness as uncontrollable and endorse a higher level of stigma.

Previous studies also consistently identified stigma as a major risk factor for clinical and personal recovery (Lysaker et al., 2007a; Muñoz et al., 2011). Drapalski et al. (2014) showed that individuals who held self-stigmatizing thoughts tended to experience a heightened level of depressive, anxiety, and psychotic symptoms. Self-stigma was also related to poor well-being (Rosenfield, 1997), reduced quality of life (Markowitz, 1998), negative sense of self (Yanos et al., 2008), and a lack of meaning in life (Hasson-Ohayon et al., 2014), which were considered as core indicators of personal recovery. While these empirical findings supported self-stigma endorsement as a potential mediator bridging the relationship between illness representations and recovery, other studies revealed that self-stigma strengthened the negative association between insight and personal recovery (Ehrlich-Ben Or et al., 2013; Lysaker et al., 2007b; Staring et al., 2009).

1.4. The present study

Applying the common sense model of illness representations (Leventhal et al., 1980), the present study aimed to test a mediation model to (1) investigate the impact of cognitive and emotional representations of mental illness on self-stigma and recovery, and (2) examine the role of self-stigma in mediating the

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