Social processes of becoming ill

- **Illness representations**
  1) identity, 2) consequences, 3) causes, 4) time line, 5) curability and control (ICCTC&C)

- **Measurement of lay beliefs**
  - changes to original scale in IPQ-R – problems with cure/control and timeline subscales
  - developed emotional representations not just cognitive
  - developed illness coherence subscale (e.g. puzzling symptoms, don’t understand)
  - Good example paper for considering facets of reliability and validity.

- **Why do lay beliefs matter?**
  - peoples beliefs affect psychological and physical outcomes (adherence, adaptation, mood, coping and self-care behaviours).
  - adherence is now concordance (joint decision)
  - providing patients with mental models of how behaviour affects glycaemic control will result in more attempts to change such behaviours, especially physical activity, where such models are currently lacking. (French et al 2013).
  - Karamanidou, weinman and horne (2008) improved adherence to medication in end-stage renal disease by showing detailed illustration, strengthening patients’ understanding of the need to regularly take the medication. Simple demonstration using a container to represent stomach, asked to describe as food added, then medication added
  - Petrie et al (2011) – developed text messaging intervention to increase adherence to preventer-medication in young adults with asthma. After each assessment of beliefs each patient received a personalised message aimed at modifying unhelpful belief, results in significant changes in beliefs and adherence – persisted for 6 months after messaging stopped.

- **Richards (1996) – lay knowledge**
  - of inheritance conflicting with scientific explanations (e.g. genetic counselling, likelihood of child inheriting an illness)
  - lay knowledge is derived from concepts of the social relationship of kinship
  - sustained by everyday social activities/responsibilities and social/emotional relationships
  - may make them resistant to change

- **Where do we get representations and what shapes them?**
  - family (parents, siblings, grandparents)
  - media (hysteria, documentary, news, magazines)
  - internet
  - personal experience
  - personality
  - education
  - diet/exercise
  - health professionals