



## Brief IPQ: some remarks on a success story

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## COMMENTARY

### Brief IPQ: some remarks on a success story

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Health psychology has come a long way. The first conference on the topic was held in 1979 when Matarazzo presented his presidential address to the Division of Health Psychology at an APA Conference (Matarazzo, 1980). Stone, Cohen and Adler published their 'Health Psychology – A Handbook' in 1979 as well (Stone, Cohen, & Adler, 1979). The first journal in the field started in 1982 (*Health Psychology*), followed by others (*Psychology & Health*, 1987). It looks as if it is about time to start writing the book: 'Health Psychology – the first forty years'.

Howard Leventhal is certainly a major figure in health psychology, over those 40 years. He will be pleased with the publication of the systematic review and meta-analysis of the Brief Illness Perception Questionnaire [Brief IPQ, or B-IPQ] in this journal (Broadbent, Wilkes, Koschwanez, Weinman, Norton, & Petrie, 2015). His self-regulation model (SRM) or common sense model (CSM) is a frequently used theoretical model in (health) psychology research. It would be an exciting project to study the relative position of the CSM compared to other theoretical models in health psychology. A paper on this topic should be part of the book 'Health Psychology – the first 40 years'. Leventhal himself continues publishing papers where 'illness perceptions' and the CSM are central concepts, in medical conditions such as asthma, COPD, diabetes type-2, genetic counselling, prostate cancer, lung cancer (PubMed search for Leventhal H, 19 October 2015). The current paper on the Brief IPQ demonstrates the enormous theoretical and empirical value of the concept of 'illness perceptions', a central part of Leventhal's theoretical model.

Kleinman, another researcher on illness perceptions, listened to visitors of smoky bars in Taiwan answering his questions about their explanations of 'common cold', which led to the development of his 'explanatory models' (Kleinman, Eisenberg, & Good, 1978). Kleinman's findings are impressive in their relative simplicity and straightforwardness. He structured his questions around a number of concepts that he distilled from the interviews, including ideas about the cause, timeline, consequences, and fear of their illness. The authors of the Brief IPQ have taken this initial work and built upon it to facilitate assessment in a clinical setting.

The dimensions of the various versions of the IPQ (i.e. IPQ, IPQ-R, B-IPQ) are clearly recognisable in Kleinman's explanatory models. Apparently, human beings think and feel about illness in a rather similar fashion – which can also be deduced from the

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many translations of the B-IPQ: in any language and culture, apparently, people make sense of their illness based on similar dimensions [see also [www.uib.no/ipq](http://www.uib.no/ipq)].

About 188 papers make up the data base of the systematic review and meta-analysis by Broadbent et al., 2015. The paper is a landmark publication in that it clearly demonstrates a number of major achievements in health psychology research over at least the last 30 years:

- In the 10 years that have passed after the publication of the B-IPQ, at least 200 studies have included the Brief IPQ (in 2013 alone: 98 – Figure S2, Broadbent et al., 2015). The Supplementary documents to the paper with these data are almost even more important than the paper itself.
- On the basis of their review, the authors conclude that the Brief IPQ is a measure with highly adequate psychometric characteristics.
- Scores on the Brief IPQ predict major outcomes (e.g. mortality).
- Illness perceptions can be addressed and changed into more adaptive and constructive cognitions and emotions that are associated with complaints, illness and treatments.
- Changing illness perceptions produces meaningful health gains in patients/clients.

The authors point at the growing number of intervention studies in the context of the SRM. A critical review paper on this topic would be another major publication with great relevance for health psychology theory and methodology. It should be published in a medical journal and it would contribute in that way to the further development of health psychology in a clinical setting. Many physicians tend to understand the story that health psychologists try to tell them about stories that patients tell themselves, their partners, and their health care providers. Physicians have to cope with illness perceptions in their patients that are ‘objectively’ wrong. Health psychology should be able to help. Two caveats: health care providers tend to get mad when a psychologist tells them they themselves too tell stories, to themselves, to their patients, and to their colleagues (Spence, 2012). Second: any health psychologist interested in illness perception research should try and attend the morning rounds in a large teaching hospital, and listen to how young physicians report to their colleagues and superiors about the patients they saw in the preceding night. The story of the patient who comes in at the emergency room and complains of nausea and headache who told the doctor that he has been vomiting a few hours ago, will be presented next morning as ‘Patient is said to have been vomiting’ – wiping out the patient’s story (cf., Frank, 1995).

As in any science, sound theories and associated assessment methods are crucial components of sound science. I am always a bit envious at physicians who only have to stretch out their arm to pick up a handbook of, for example, assessing pulmonary function, or at internists who check the Handbook of Hypertension when measuring blood pressure. Given the wealth of information on illness perceptions, health psychologists seem to have reached this level of sophistication as well when it comes to assessment, research and clinical work in the illness perception field.

A couple of suggestions for further research follows from the current paper. The stories patients and their caregivers (i.e. spouses, children) tell are captured to quite an extent in the Brief Illness Perception Questionnaire scores. These stories drive coping and illness behaviour. The stories patients tell can also be captured by studying novels,

poems, films, music and paintings, related to health and illness. Two authors of the paper under discussion (i.e. Broadbent and Petrie) played a major role in introducing drawings as another approach to capture illness perceptions (Broadbent, Ellis, Gamble, & Petrie, 2006). Combining questionnaire data with data from drawings and various art genres is a fascinating extension of research into the stories people tell about their health and illness. Expressive writing, bibliotherapy, music therapy, poetry therapy and photovoice are also concerned with how people perceive their illness, and with how these can be transformed into more constructive ones (e.g. State of the Field Report: Arts in health care, 2009).

Another suggestion pertains to using the data that were collected in the review and meta-analysis under discussion for examining the issue of the relationships (if any) between illness perceptions and coping. The IPQ-website deserves updating in order to have a complete data set of empirical papers with the Illness Perception Questionnaire (any version). The 2015 Brief Illness Perception Questionnaire review paper itself probably needs an update soon as well: the review includes papers up to mid-2013. Given the spectacular increase in B-IPQ papers, we may expect an avalanche of empirical papers with the B-IPQ. The current paper will prove its value also by allowing refinements in the CSM (or SRM). This in itself attests to the great value of the current systematic review and meta-analysis. Another spin-off of the current paper might be (should be, in my view) that it encourages reviewing other major areas of the health psychology field, e.g. other social cognitive theoretical models. The founding fathers of the CSM or SRM should be proud. Their work represents a very major contribution to the area of psychology & health (Cameron, & Leventhal, 2003; Petrie, & Weinman, 1997).

### Disclosure statement

No potential conflict of interest was reported by the author.

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