ILLNESS SELF-SCHEMA IN

SYSTEMIC LUPUS ERYTHEMATOSUS

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2003

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Many thanks to all those who have helped with my research, which has resulted in this long-awaited thesis.

A special tribute to all of the CPU staff and my fellow DCP students, who filled my postgraduate years with much knowledge, laughter and fun.

Thank you to Greg & Angie, Mum & Dad, and Jean & David for all of your encouragement, and for always being proud of me (maybe even too proud...).

And a final thank you to my supervisor, Louise Sharpe, who genuinely deserves to be the last and most significant person on this list of acknowledgements. Louise, your knowledge and skill combined with an ever-willingness to share it have ensured that you far surpassed what I could have expected from a supervisor.
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Acknowledgements: This research was supported, in part, by a School Research Grant to Fiona Denton and a Sesqui New Staff Support Grant from The University of Sydney to Dr. Louise Sharpe. We would like to extend our thanks to the participants who took part in this study and to Leslie McAllister and Karen Aubrey of the Lupus Association of NSW.
Systemic lupus erythematosus (SLE) is a relatively rare autoimmune disease with no known aetiology or cure. In addition to numerous physical symptoms, those living with SLE have also been shown to experience significant emotional and psychosocial difficulties. There has been little psychological research into SLE despite the rapidly increasing interest in health psychology and quality of life issues over the last two decades. One such issue that has commanded particular attention is that of cognitive bias in individuals with chronic pain and/or chronic illness. Cognitive bias toward illness-related information is theorised to indicate the presence of an illness self-schema, and is a valuable tool of investigation as it permits access to a level of cognitive structure that is inaccessible via self-report instruments.

The primary focus of the present study is to investigate recall bias for pain- and illness-related words in SLE patients. This bias is explored relative to the recall of neutral words and depression-related words, and also relative to the responses of rheumatoid arthritis (RA) patients and healthy controls. Two hypotheses are proposed: firstly, that bias is related to disease activity; and secondly, that bias is related to the combination of illness and depression.

The findings provide support for the second hypothesis, with the additional caveat that the nature of the pain/illness stimuli used is important in determining the presence of cognitive bias. No recall bias for illness-related words as a whole was found in any of the groups, nor was there evidence of a recall bias in the SLE and RA patients when they were divided according to depression status. However, when the illness words were examined separately according to “sensory pain” and “disability-related” words, a clear bias for disability words was found in the depressed patient group. It is concluded that there is a relationship between

**ABSTRACT**

Systemic lupus erythematosus (SLE) is a relatively rare autoimmune disease with no known aetiology or cure. In addition to numerous physical symptoms, those living with SLE have also been shown to experience significant emotional and psychosocial difficulties. There has been little psychological research into SLE despite the rapidly increasing interest in health psychology and quality of life issues over the last two decades. One such issue that has commanded particular attention is that of cognitive bias in individuals with chronic pain and/or chronic illness. Cognitive bias toward illness-related information is theorised to indicate the presence of an illness self-schema, and is a valuable tool of investigation as it permits access to a level of cognitive structure that is inaccessible via self-report instruments.

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depression in chronically ill individuals, and the way in which such individuals process disability-related words. In accordance with the *schema-enmeshment model* (Pincus & Morley, 2001), it is suggested that both a pain-schema and an illness-schema exist, and it is when these two schemas become enmeshed with the self-schema that depression occurs in chronic pain/chronically ill patients.

The cognitive bias assessment paradigm adopted in this study—one that is typically used in similar investigations—is lengthy, requires sophisticated equipment and can be difficult to interpret on an individual level. The present study investigates the relationship between cognitive biases in SLE patients and a recently-developed task, PRISM, which appears to symbolise the enmeshment of illness-, pain- and self-schemas. Analyses confirmed that recall of negative illness words was the only independent predictor of PRISM scores. This suggests that PRISM, a quick and easy task to administer, may have considerable usefulness as a clinical tool to assess information relevant to the enmeshment of illness- and self-schema. A greater understanding of schema and the processing styles of chronically ill patients will allow for more effective psychological treatment such that quality of life can be improved.