Contents

Chapter 1	Mental Representation, Health, and Illness: An Introduction J. A. Skelton and Robert T. Croyle	1
	Illness Schemata and the Representational Approach	2
	Current Trends in Illness Cognition Research	4
	The Present Volume	5
	Future Directions for Research and Theory in Illness Cognition	6
Chapter 2	Lay Illness Models in the Enlightenment and the 20th	
Chapter 2	Century: Some Historical Lessons	10
	RENATE SCHOBER AND J. MICHAEL LACROIX	
	Contemporary Lay Illness Models	11
	Lay Illness Models in the Enlightenment	17
	A Historical Note on Hippocratic-Galenic Medicine	23
	Clinical Lessons From Historical Research	26
Chapter 3	Understanding the Understanding of Illness:	
Chapter o	Lay Disease Representations	32
	George D. Bishop	
	The Nature of Disease Representations	34
	Implications of Disease Representations	48
	Future Directions	53
	Conclusion	56

ix

Contributors

Chapter 4	Situational, Dispositional, and Genetic Bases of Symptom Reporting DAVID WATSON AND JAMES W. PENNEBAKER	60
	The Prevailing View of Health Complaints: Naive Realism	60 62
	Situational Factors That Influence Health Complaints Dispositional Bases of Symptom Reporting:	02
	The Central Role of Negative Affectivity	64
	Heritable Bases of Symptom Reporting	67
	Integrating the Situational, Dispositional, and	60
	Heritability Approaches The Symptom Perception Model	69 70
	Implications of the Findings	72
Chapter 5	Psychological Reactions to Risk Factor Testing	85
	ROBERT T. CROYLE AND JOHN B. JEMMOTT III	
	Previous Research on Risk Factor Testing	86
	The TAA Enzyme Paradigm	88
	Extensions to Actual Risk Factors	97
	Conclusion	103
Chapter 6	Laypersons' Judgments of Patient Credibility and	
	the Study of Illness Representations J. A. Skelton	108
	Patient Credibility in Contemporary Biomedicine	109
	Patient Credibility and the Lay Perceiver	112
	Research Evidence on Lay Perceptions of Patient Credibility Conclusion	115 126
Chapter 7	Illness Representations in Medical Anthropology:	
	A Critical Review and a Case Study of the Representation	100
	of AIDS in Haiti Paul Farmer and Byron J. Good	132
	· ·	104
	Historical Background	134
	Four Anthropological Approaches to the Study of Illness Representations	137
	Case Study: AIDS Comes to a Haitian Village	144
	The Cultural Context of Illness Representations:	
	Six Questions for the Researcher	152
	Conclusions	159
Chapter 8	A Mental Representation Approach to Health	
	Policy Analysis	163
	K. Mark Leek	
	A Mental Representation Approach to Problem-Structuring A Mental Representation Approach to Policy Analysis	164
	in the Area of Alcohol Abuse	165

	A Mental Representation Approach to Policy Analysis	
	in the Area of Multiple Sclerosis	177
	Implications of a Mental Representation Approach for	
	Community Intervention	186
	Conclusion	187
	Appendix. Patient Coping/Physician Orientation Instrument:	
	Subscales and Sample Items	191
Chapter 9	Assessing Illness Schemata in Patient Populations	193
	J. MICHAEL LACROIX	
	Why a Schema Approach?	194
	The Construct of Schema	197
	Research Findings	200
	Implications	212
	Appendix. Schema Assessment Instrument	216
Chapter 10	Symptom Perception, Symptom Beliefs, and Blood	
_	Glucose Discrimination in the Self-Treatment of	
	Insulin-Dependent Diabetes	220
	Linda A. Gonder-Frederick and Daniel J. Cox	
	Insulin-Dependent Diabetes Mellitus: Consequences and	
	Treatment	221
	Problems in Self-Treatment of IDDM	222
	A Self-Regulation Model of Diabetes Management	225
	Blood Glucose Symptomatology	228
	Accuracy of Symptom Perception and Beliefs	230
	Accuracy of Subjective BG Discrimination	232 237
	Clinical Intervention to Improve BG Estimation Conclusion	240
	Concrusion	2.40
Chapter 11	The Active Side of Illness Cognition	247
	HOWARD LEVENTHAL AND MICHAEL DIEFENBACH	
	Why Study Illness Cognition?	247
	The Construction of Common Sense Models	250
	Conclusion	265
Index		273