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Identity, adversarial growth and recovery from mental and physical health problems - evidence from an auto-administered questionnaire survey based on a subsample of the Swiss Household Panel

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Abstract

Background

In Switzerland, recovery-oriented mental health research collecting non-clinical population data remains scarce. An important dimension when it comes to recovery from a mental health problem (HP) is the subjective perception of this process (subjective recovery). This involves the integration of the HP into one's self-concept and the development of a positive illness identity. There is conflicting evidence on how seeing the stigmatised category "mental HP" as central to one's identity (identity centrality) is related to subjective recovery. Quantitative research points to a negative correlation between the identity centrality of a mental HP and wellbeing if persons associate their illness with stigmatising characteristics. Qualitative research shows that if persons perceive that they have personally grown from their HP (adversarial growth; e.g., that they have become a stronger or more understanding person through the experience of the HP), the identity centrality of the HP might foster subjective recovery. Here, we present results from the study LIVES_SHPHealth that aimed at 1) investigating the relationships between the identity centrality of a mental HP, stigmatisation, adversarial growth and subjective recovery; 2) contrasting the observed relationships with reports regarding less stigmatised health conditions (physical HPs).

Methods

Participants of the Swiss Household Panel were selected based on their health reports and contacted for an auto-administered questionnaire survey which assessed their illness history, perceptions of stigmatisation, identity centrality, adversarial growth, and subjective recovery regarding one experienced mental (n = 328, e.g., depression) or physical (n = 354, e.g., rheumatoid arthritis) HP. We analysed the impact of the selection and the response process on sociodemographic characteristics and on psychosocial variables (social integration and mental health indicators). Then, multiple hierarchical OLS regressions were conducted to 1) investigate adversarial growth as a mediator for the relationship between identity centrality and subjective recovery and 2) to test type of HP (mental versus physical) and the degree of stigmatisation as moderators for this mediation relationship.

Results

The response rate was 60.17% and 47.83% of the data could be used for analyses. We obtained a heterogeneous convenience sample from the German- and French-speaking part of the Swiss population that reported on ongoing or past health problems. The principal HPs reported were the most frequent and burdensome for the Swiss population, mainly depression, burnout, anxiety, orthopaedic problems, allergies and cardiac problems. Most participants had received treatment for their HP and had experienced it already for some years. Response and selectivity analyses revealed that women, persons with high educational level and Swiss nationality were overrepresented. Non-respondents showed lower levels of trust, satisfaction with life, financial situation and free time than respondents. Participants reporting on a psychological HP indicated lower levels of satisfaction in several domains, less optimism and more depressive feelings than both participants reporting on a physical HP and participants of the general SHP sample. Furthermore, our results show that 1) the relationship between the identity centrality of a HP and subjective recovery was partially mediated by perceptions of adversarial growth from the HP; 2) the relationship between adversarial growth and subjective recovery was moderated by type of HP and the degree of stigmatisation due to the HP: For mental compared to physical HPs as well as higher levels of stigmatisation, the correlation between adversarial growth and subjective recovery was higher.

Conclusion

The results provide evidence that an integration of a mental HP into one's identity can be positive for subjective recovery if one perceives adversarial growth from the HP. Furthermore, perceptions of adversarial growth seem to be especially important if one has experienced stigmatisation for a HP. Future research should expand this research to more vulnerable and socially isolated groups of the population, to different types and measures of identification (e.g. group identification), time points and identity content.