

# Constructivist Model of Psychological Reactions to Physical Illness and Injury

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## General Propositions

***People who are ill try to make sense of what is happening to them.***

For this purpose they develop interpretations of the current experience in terms of their past experience. These intellectual emotional interpretations, or constructs, also enable people to attempt to anticipate effectively future experiences.

***Anticipation through the use of the construct system of already proven effectiveness may not be possible for seriously ill people who are under considerable threat of pain, bodily mutilation, and even death, so that their old constructs do not work well.***

Such anticipation may also not be possible if illness-associated events are new to these people, so that new constructs are needed.

***The constructs held by people about their illnesses may appear inaccurate to others, yet these constructs determine how these people act.***

They influence their reactions to all aspects of their care, including their following of treatment schedules.

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## Propositions About The Construing Of People Who Are Ill

***People develop their constructs by interpreting their past experiences.***

For adults seeking back for illness-related constructs, this often means that their most relevant set of constructs may have developed when they were children. When they try them out, they often carry evidence of earlier stages of their intellectual and emotional development.

***People who are ill differ in how they construe current experience.***

*No two people can be assumed to be using the same constructs, even if they are dealing with the same illness. The content and structure of the construct systems of each of them must be assessed.*

***Ill people differ in the permeability of their construct systems.***

The extent to which they can use them to make sense of new events such as information about their prognosis varies.

***People who are ill or injured may have constructs that are too loose and so make too many general predictions to be useful.***

They may also be too tight and too restrictive in their predictions. A construct such as "Hospitals are strange places" could prove too loose and too restrictive for effective prediction, while one like "I am a person who is never ill" could be too tight.

***Ill people can change their constructs by reinterpreting their experiences.***

They can do this for themselves, but they may find it difficult in the restricting context of their isolation and disability. Relatives and health professionals such as nurses and medical practitioners can help them to do so; but sometimes a professional psychotherapist is necessary.

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Propositions about the interpersonal construing of people who are ill

***Health professionals working with people who are ill can relate to them meaningfully only if they understand their ways of making sense of the world.***

The ability of health professionals to construe effectively the constructs of their patient is very important. Of course, the reciprocal of the proposition is also true. Patients can only relate to health professionals who work with them if they understand something of their construct systems.

***Miscommunication when it occurs, is more vital to patients than to health professionals because people who are ill are dependent on those around them to validate their construct systems.***

Patients are therefore very vulnerable to the attitudes, role expectations and misunderstandings of their health professionals. If they do not experience validation from them, they can experience a range of negative emotions.

***Even when good communication between physically ill people and health professionals occurs, it is often the case that some constructs will receive more validation from them than others.***

Constructs of *helplessness* receive more validation from hospital staff for their patients, for example, than those of *competence*. Acceptance of such constructs may prevent effective rehabilitation and preclude ill or injured people from eventually taking responsibility for their long-term health care. Psychotherapy with such people may be needed so that these iatrogenic outcomes of professional care may be avoided.

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Propositions About Their Emotions

***When people's construct systems enable them to interpret and anticipate what is happening to them effectively, they experience positive emotions; and when their systems are not effective they experience negative emotions.*** Examples follow.

***People who are ill become anxious when the events they experience are beyond the range of convenience of their construct systems.***

They grow anxious when they cannot meaningfully interpret a new piece of diagnostic information or when they are asked to make a decision about a risky treatment in the absence of sufficient information.

***People who are ill become angry when they are trying to secure validation for a construct that has failed them in their attempts at anticipation.***

When construct such as "I can cope by myself" or "I can understand everything that happens to me" are tested and found wanting by ill people, recognition of their inadequacy leads to anxiety. Attempts to gain more support for them by bluff or argument, however, are expressed in anger. The frustration-related anger, which is also appropriate, should be expressed directly for psychological well-being. In hospitals, for example, because of patients' constructs about themselves and that context, the *anger is expressed only indirectly*. In this way the anger is perpetuated rather than put to good psychological use.

***The other way in which physically ill people may deal with their anger is to turn it on themselves.***

This is a process which eventually imprisons them within their own self-blaming construct system, together with feelings of *depression*.

***Expression of anxiety and anger should occur for all physically ill people.***

Therapists can help with this process. They can also help when the constructs of ill people are too loose or too tight. Yet another indication of a need for therapy may be seen in those who use a construct consistently in the face of evidence which invalidates it, as when a woman with advanced cancer maintains: "That growth is not cancerous."