

Emotional Disease Acceptance: Positive Life Construction (ePLC)

Reference:	Büssing A, Mundle G: Changes In Emotional Acceptance of Disease After Therapeutic Intervention in Patients With Addictions and Depressive Disorders. <i>Integrative Medicine: A Clinician's Journal</i> 2010; 9(5): 40-46
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Origin: Original instrument developed with the input of patients and experts, particularly statements by psychiatrists, psychologists, and other therapists.

Purpose: Acceptance of an emotional disease is regarded as important for a positive long-term disease course outcome in patients with depressive disorders and associated addictions. Patients who are not aware of their own emotional non-acceptance of their disease (as manifested by denial, guilt, and fighting against or escape of the disease) are thought to be significantly at risk for relapse, even if they are able to rationally accept their disease. If the disease is accepted emotionally, the patient is able to see it as a medical condition and not as a personal failure, thus enabling acceptance of current and future treatment. Therefore, we intended to design an instrument that which differentiates and quantifies patients' emotional acceptance styles. During the process of validation and shortening one main scale with good internal consistence remained stable and showed plausible correlations and predictive relevance, the scale for "positive life construction, contentedness, well-being" (ePLC).

Population: Can be used in adults with depressive and addictive diseases.

Administration:

Rater: Self or interview-administered

Time Required: 2 min. for self administration

Training: none

Scoring: The items of the ERDA were scored on a 5-point scale from disagreement to agreement (0 - does not apply at all; 1 - does not truly apply; 2 - don't know; 3 - applies quite a bit; 4 - applies very much). The scores can be referred to a 100% level (transformed scale score). Scores >60% indicate a high level of agreement or usage of the respective acceptance style, whereas scores <40% represent low levels, and scores of 40% to 60% represent intermediate levels, which indicate indecisiveness.

Description: The contextual ePLC scale includes has 6 to 8 items addressing emotional styles of disease acceptance. An additional 3-item scale includes 3 items and differentiates 5 factors; among them the ePLC is the main scale which is currently used for further studies, i.e.

- Positive life construction / management of life (ePLC; 8 items, alpha = .86)
- optional: Rejection of guilt/failure (eRGF; 3 items, alpha = .76)

Coverage: Research and Clinical

Reliability: The internal consistency estimate of the 8-item ePLC and also for the 6-item variant scale is good with Cronbach's alpha = .86 and .82, respectively.

Validity: The specific correlation pattern of the ePLC scale with external measures indicated convergent/discriminant validity: In patients with depressive and/or addictive disorders, the 8-item ePLC correlated strongly (negative) with depression (BDI), psychological distress (Symptom Checklist-90-Revised), Escape from illness (AKU-Escape), and positively with Life Satisfaction (BMLSS), while in patients with fibromyalgia, the 6-item ePLC correlated strongly positive with life satisfaction (BMLSS) and negative with despair (ASTS), and moderately negative with perceived daily life affections (VAS), fatigue (FSMC), tiredness and sorrow (ASTS), and positively with positive mood (ASTS).
During a psychotherapeutic intervention, the ePLC increased significantly ($P < .0001$), while psychic impairment of patients improved ($P < .0001$). It seems that that the ePLC might be significant predictors of relapse (i.e., depressive or addictive disorders).

Strengths: The instrument was sensitive to psychotherapeutic treatment effects. Emotional styles in particular were moderately or even strongly associated with overall psychological distress, depression, and life satisfaction, indicating a clinical relevance of disease acceptance styles in the context of self-efficacy and self-control.

Bibliography

Büssing A, Matthiessen PF, Mundle G. Emotional and rational disease acceptance in patients with depression and alcohol addiction. *Health Qual Life Outcomes*. 2008 Jan 21;6:4.

Büssing A, Mundle G. Changes In Emotional Acceptance of Disease After Therapeutic Intervention in Patients With Addictions and Depressive Disorders. *Integrative Medicine: A Clinician's Journal* 2010; 9(5): 40-46

Büssing A, Heusser P, Mundle G: Course of life satisfaction in patients with depressive and addictive disorders after therapeutic intervention. *International Journal of Social Psychiatry* 2011; 58(3) 239–245

ePLC		does not apply at all	does not really apply	I don't know (neither yes nor no)	applies quite well	definitely applies
© Prof. Dr. Arndt Büsing und Prof. Dr. Götz Mundle Please read the following statements carefully and indicate how true each is for you and your current situation by circling one number per line. There are no "true" or "wrong" answers, individuals differ with respect experiences and perceptions..						
K2	I come to grips with daily life despite symptoms	0	1	2	3	4
K3	Despite symptoms, I can do all that is important to me	0	1	2	3	4
K4	I can't get on with the impacts of disease.	4	3	2	1	0
K5	It works to manage life by myself despite of symptoms	0	1	2	3	4
K6	Even when negative emotions appear, I don't let them control me.	0	1	2	3	4
K7	My life is centered by my disease.	4	3	2	1	0
K24 *	I feel well (inside)	0	1	2	3	4
K26 *	I feel comfortable with myself and my situation	4	3	2	1	0
K28	It saddens me that disease has destroyed so much in my life.	4	3	2	1	0
K29	When I am ill, I have a feeling of failure	4	3	2	1	0
K30	I feel guilty to be ill.	4	3	2	1	0

* not relevant for the 6-item version

ePLC		trifft gar nicht zu	trifft eher nicht zu	kann ich nicht sagen	trifft eher zu	trifft genau zu
© Prof. Dr. Arndt Büsing und Prof. Dr. Götz Mundle Bitte überprüfen Sie, in wie weit die folgenden Aussagen für Sie momentan zutreffend sind und kreuzen Sie bitte für jede Frage die entsprechende Zahl an. Es gibt keine „richtigen“ und „falschen“ Antworten. Jeder Mensch hat andere Erfahrungen gemacht und bewertet sie anders..						
K2	Trotz meiner Krankheitssymptome komme ich mit meinem Alltag recht gut zurecht.	0	1	2	3	4
K3	Trotz meiner Krankheitssymptome kann ich all das machen, was mir wichtig ist.	0	1	2	3	4
K4	Mit den Auswirkungen meiner Krankheit komme ich einfach nicht zurecht.	4	3	2	1	0
K5	Es gelingt mir, mein Leben trotz der Krankheitssymptome selber zu gestalten.	0	1	2	3	4
K6	Auch wenn negative Gefühle in mir auftauchen, so lasse ich mich doch nicht von ihnen beherrschen.	0	1	2	3	4
K7	Meine Leben dreht sich nur noch um meine Krankheit.	4	3	2	1	0
K24 *	Ich fühle mich wohl in meiner Haut.	0	1	2	3	4
K26 *	Ich bin zufrieden mit mir und meiner Situation.	4	3	2	1	0
K28	Es macht mich traurig, wie viel meine Krankheit in meinem Leben zerstört hat.	4	3	2	1	0
K29	Wenn ich krank bin, fühle ich mich, als hätte ich versagt.	4	3	2	1	0
K30	Ich fühle mich schuldig, krank zu sein.	4	3	2	1	0

* nicht von Relevanz für die 6-Item Version