

## Identity and Self-management

### **Section Introduction**

In the discussion of patient-centred care, a key distinction is made between a disease and an illness (Stewart & Brown, 2001, p. 101). A disease is a “theoretical construct, or abstraction, by which clinicians seek to describe patients’ symptoms or concerns in terms of abnormalities of structure or function of body organs and symptoms” (Stewart & Brown, p. 101). Particular kinds of knowledge and specific behaviours are fundamental to managing a chronic disease. Illness describes a person’s “personal experience of being unwell ... The illness experience for each person remains unique and defined by their personal experience” (Stewart & Brown, p. 101). Management of an illness is as much about personal identity and agency as it is about bodily function.

Quality health care services attend to both the disease and the illness of clients. The management of a disease requires particular, primarily technical, interventions to modify the structure and function of body systems. The management of illness requires attention to a client’s feelings, ideas, functioning and expectations (Stewart & Brown, 2001, p. 101) and how these interact with the experience and management of disease.

The experience of chronic illness may challenge people to seek assistance from a variety of sources, only one of which is the health care system. In this section, client and provider approaches to understanding illness and care is explored. Ng’s discussion of a client’s experience of disease and illness management of epilepsy opens this section. In the following paper, Broom explores the ways in which diabetes type 2 impacts on the identity of people with that condition.

Papers by Coppa and Boyle explore self-help groups and their role in providing the support that enables self-management. They identify the kinds of assistance provided by self-help groups to their members. Boyle et al. provide an additional facet of the role of self-help groups by examining the barriers and benefits of collaboration between general practice and self-help groups in the management of illness. Catalano et al. explore the role of CDSM programs in illness management for people living with the effects of a stroke. They suggest that there are other effective means of supporting self-management. The final paper in this section, by Siegloff et al., focuses on the rural context of health service delivery and its impact on self-management for people living with mental illness. It does this by exploring the perceptions and experiences of caregivers and their role in family members’ practice of self-management of mental health.

Stewart, M., & Brown, J.B. (2001). Patient-centredness in medicine. In A. Edwards & G. Elwyn (Eds.), *Evidence-based patient choice: Inevitable or impossible*. Oxford: Oxford University Press.