

Adaptive Coping Strategies (AKU internal)

Reference:	Büssing A, Ostermann T, Matthiessen PF. Wer kontrolliert die Gesundheit? - Adaptive Krankheitsverarbeitungsstile bei Patienten mit chronischen Erkrankungen. <i>Deutsche Zeitschrift für Onkologie</i> 2008, 40:150-156
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Origin: Original instrument.

Purpose: Because most patients with chronic diseases are unable to 'solve' the persisting conditions by themselves (in terms of recovery or repair) and to find distance to negative emotions associated with persisting or re-appearing symptoms, they have to find strategies to adapt to a long-lasting course of disease. The AKU questionnaire (AKU is an acronym of the German translation of "Adaptive Coping with Disease") addresses adaptive coping strategies in response to chronic illness. It was designed to identify adaptive strategies, such as to create favorable conditions, search for information, medical support, religious support, social support, initiative spirit, and positive (re)interpretation of disease. The underlying concept of the instrument refers to internal and external loci of disease/health control based on the work of Rotter (1966) and Levenson (1972).

Population: Can be used in healthy adults and patients with chronic diseases.

Administration:

Rater: Self, telephone or interview-administered

Time required: 4 min. for self administration

Training: none

Scoring: All items 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 (neither yes nor no); 3 - applies quite a bit; 4 - applies very much). The sum scores were referred to a 100% level (transformed scale score). Scores > 50% indicate high agreement or utilization of coping strategy, while scores < 50% indicate low usage of respective strategy

Description: The adaptive strategies can be differentiated according to the utilization of external resources of health control (i.e., Trust in Medical Help; Search for Information and Alternative Help; Trust in Divine Help) and internal sources (i.e., Conscious Way of Living; Positive Attitudes; Reappraisal: Illness as Chance). The 28-item instrument has a 6 factorial structure and good internal consistency (Cronbach's alpha = 0.867)

- *Trust in God's Help* (5 items; alpha = .92) in response to disease addresses non-organized intrinsic religiosity as an external transcendent resource to cope (i.e., trust in a higher power which carries through; strong belief that God will help; faith is a strong hold, even in hard times; pray to become healthy again; live in accordance with religious convictions).
- *Trust in Medical Help* (4 items; alpha = .63) addresses patients' reliance on an external medical source of health control (i.e., trust in the therapeutic potentials of modern medicine, take prescribed medicaments, follow advises of medicals, full confidence in doctors and therapists).
- *Search for Information and Alternative Help* (4 items; alpha = .78) refers to external sources providing additional information or alternative help (i.e., thoroughly informed about disease; get thorough information how to become healthy again; find people which can help; search for alternative ways of healing).
- *Conscious Way of Living* (5 items; alpha = .73) addresses cognitive and behavioural strategies in terms of internal powers and virtues (i.e., healthy diet; physical fitness; living consciously; keep away harmful influences; change life to get well).

- *Positive Attitudes* (6 items; alpha = .68) refers to internal cognitive and behavioural strategies (i.e., realization of shelved dreams and wishes; resolving cumbering situations of the past; take life in own hands; doing all that what pleases; positive thinking; avoiding thinking at illness).
- *Reappraisal: Illness as Chance* (4 items; alpha = .83) addresses a reappraisal attitude referring to cognitive processes of life reflection (i.e., reflect on what is essential in life; illness has meaning; illness as a chance for development; appreciation of life because of experience illness).

The questionnaire holds 3 independent items (i.e., fear what illness will bring; would like to run away from illness; when I wake up, I don't know how to face the day) which can be used as an independent scale termed *Escape from illness* (alpha = .68). This scale addresses a passive (avoidance-escape) coping style.

Coverage: Research and Clinical

Reliability: The internal consistency estimates range from weak (alpha = .63) to very good (alpha = .92).

Validity: Life Satisfaction was moderately associated particularly with *Conscious Way of Living* and *Positive Attitudes*, while *Trust in Medical Help* and also the *Reappraisal* attitude did not correlate. *Reappraisal: Illness as Chance* correlated moderately with positive interpretation so illness (i.e., value or challenge) and weakly with strategy associated interpretations of illness (i.e., relieving break call for help), but not with fatalistic negative interpretations (i.e. interruption of life or enemy / threat). In patients with depressive and/or addictive diseases, the emotional disease acceptance style Positive Life Construction (ePLC) correlated moderately with *Positive Attitudes* and with *Conscious Way of Living*, weakly with *Search for Information and Alternative Help*, but not significantly with *Trust in God's Help*, *Trust in Medical Help* or *Reappraisal: Illness as Chance*. SF-12's physical health component correlated weakly only with *Trust in Medical Help* and with *Search for Information / Alternative Help*, and weakly also with *Reappraisal: Illness as Chance*, while SF-12's mental component correlated marginally with *Positive Attitudes*, *Conscious Living* and *Reappraisal: Illness as Chance*.

Weakness: Due to a weak internal consistency, one may omit the subscale *Trust in Medial Help*.

Strengths: Particularly the 5-item subscales *Trust in God's Help* (alpha = .92), the 4-item subscale *Reappraisal: Illness as Chance* (4 items; alpha = .83) and also the independently used 3-item *Escape from Illness* scale might be used as short and reliable manuals in clinical studies.

Bibliography

- Büssing A, Keller N, Michalsen A, Moebus S, Dobos G, Ostermann T, Matthiessen PF: Spirituality and adaptive coping styles in German patients with chronic diseases in a CAM health care setting. *Journal of Complementary and Integrative Medicine* 2006; 3(4): 4 (1-26) DOI: 10.2202/1553-3840.1049,
- Büssing A, Ostermann T, Matthiessen PF: Adaptive coping and spirituality as a resource in cancer patients. *Breast Care* 2007; 2 (4): 195-202
- Büssing A, Ostermann T, Matthiessen PF. Wer kontrolliert die Gesundheit? - Adaptive Krankheitsverarbeitungsstile bei Patienten mit chronischen Erkrankungen. *Deutsche Zeitschrift für Onkologie* 2008, 40:150-156
- Büssing A, Matthiessen PF, Mundle G: Emotional and rational disease acceptance in patients with depression and alcohol addiction. *BMC Health and Quality of Life Outcomes* 2008; 6:4 (doi:10.1186/1477-7525-6-4) (p. 1-11)
- Büssing A, Fischer J: Interpretation of illness in cancer survivors is associated with health-related variables and adaptive coping styles. *BMC Women's Health* 2009; 9: 2 (pp. 1-11) (<http://www.biomedcentral.com/1472-6874/9/2>)
- Büssing A, Fischer J, Ostermann T, Matthiessen PF: Reliance on God's Help as a Measure of Intrinsic Religiosity in healthy elderly and patients with chronic diseases. Correlations with health-related quality of life? *Applied Research in Quality of Life* 2009; 4(1): 77-90
- Büssing A, Ostermann T, Raak C, Matthiessen PF: Adaptive coping strategies and attitudes toward health and healing in German homeopathy and acupuncture users. *EXPLORE: The Journal of Science and Healing* 2010; 6(4): 237-245
- Büssing A, Ostermann T, Neugebauer EAM, Heusser P: Adaptive coping strategies in patients with chronic pain conditions and their interpretation of disease. *BMC Public Health* 2010, 10:507 (<http://www.biomedcentral.com/1471-2458/10/507>)

Each person has it's own and unique point of view which must not necessarily apply to yours. Thus, read the statements you will find here carefully and then indicate how true each is for you and your situation by circling one number per line.		does not apply at all	does not really apply	I don't know (neither yes nor no)	applies quite well	definitely applies
a1	I actively care for healthy diet	0	1	2	3	4
a2	I try to be physically fit	0	1	2	3	4
a3	I try to live consciously each and every day	0	1	2	3	4
a4	I try to think positive	0	1	2	3	4
a5	I try to keep away harmful influences	0	1	2	3	4
a6	When I am ill, I try to change my life in that way that I will soon get well	0	1	2	3	4
a7	Now I have decided to do all that what pleases me	0	1	2	3	4
a8	I try to resolve cumbering situations of my past	0	1	2	3	4
a9	Now I try to realize shelved dreams and wishes	0	1	2	3	4
a10	I try not to think constantly at my illness	0	1	2	3	4
a14	I have decided to take my life in my own hands	0	1	2	3	4
a17*	I fear what my illness will bring	0	1	2	3	4
a18*	I would like to run away from my illness	0	1	2	3	4
a19*	When I wake up, I do not know how to face the day	0	1	2	3	4
a22	I have thoroughly informed myself about my disease	0	1	2	3	4
a23	I get thorough information how I will become healthy again	0	1	2	3	4
a24	I try to find people which can help me	0	1	2	3	4
a25	I actively search for alternative ways of healing	0	1	2	3	4
a26	I trust the therapeutic potentials of modern medicine	0	1	2	3	4
a27	I take my prescribed medicaments regularly	0	1	2	3	4
a28	I follow the advices of my doctor/therapist	0	1	2	3	4
a29	I have full confidence in my doctors and therapists	0	1	2	3	4
a35	Whatever happens, I will trust in a higher power that carries me through	0	1	2	3	4
a36	I have strong belief that god will help me	0	1	2	3	4
a37	My faith is a strong hold, even in hard times	0	1	2	3	4
a38	I pray to become healthy again	0	1	2	3	4
a39	I try to live in accordance with my religious convictions	0	1	2	3	4
a41	I am convinced that my illness has meaning	0	1	2	3	4
a42	Because of my illness, I reflect on what is essential in my life	0	1	2	3	4
a43	I regard my illness as a chance for my own development	0	1	2	3	4
a44	Without the experience of my illness I would not have valued life	0	1	2	3	4