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REHABILITATION POTENTIAL IN PATIENTS WITH CHRONIC ILLNESS: THE ROLE OF ILLNESS AND HEALTH REPRESENTATIONS, RESILIENCE, AND COGNITIVE STYLE

Abstract. Rehabilitation potential in patients with chronic illnesses is shaped not only by medical and physiological factors but also by psychological and cognitive mechanisms that influence engagement with treatment and long-term recovery. This paper explores key psychological constructs that determine rehabilitation success, including internal representations of illness and health, resilience, resourcefulness, coping strategies, and cognitive style. The internal representation of illness affects patients' emotional responses, treatment adherence, and perceived ability to regain function, while the internal representation of health serves as a motivational factor in rehabilitation engagement. Resilience and resourcefulness enable individuals to navigate the challenges of chronic illness, with research highlighting the importance of self-efficacy, social support, and structured interventions in fostering these adaptive traits. Coping strategies play a crucial role in rehabilitation trajectories, with problem-focused coping generally associated with better outcomes compared to emotion-focused coping, particularly avoidance and denial. Cognitive style further influences how patients process health-related information, make decisions, and engage with rehabilitation programs. Personalized interventions that align with an individual's cognitive style can enhance treatment adherence and long-term recovery. This article underscores the necessity of integrating psychological and cognitive assessments into rehabilitation planning, advocating for a holistic, patient-centered approach that optimizes engagement and outcomes in chronic illness management.



Keywords: Rehabilitation potential, chronic illness, illness representation, health representation, resilience, resourcefulness, coping strategies, cognitive style, psychological adaptation, treatment adherence.

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ПЕРСОНІФІКОВАНІ ТА КОГНІТИВНІ ФАКТОРИ РЕАБІЛІТАЦІЙНОГО ПОТЕНЦІАЛУ ПАЦІЄНТІВ ІЗ ХРОНІЧНИМИ ЗАХВОРЮВАННЯМИ

Анотація. Реабілітаційний потенціал у пацієнтів із хронічними захворюваннями формується не лише під впливом медичних та фізіологічних чинників, але й визначається психологічними й когнітивними механізмами, що впливають на залученість у лікування та довгострокове відновлення. У цій статті розглядаються ключові психологічні конструкти, які визначають успішність реабілітації, зокрема внутрішнє уявлення про хворобу та здоров'я, резильєнтність, ресурсність, копінг-стратегії та когнітивний стиль. Внутрішнє уявлення про хворобу впливає на емоційні реакції пацієнтів, дотримання режиму лікування та суб'єктивну спроможність відновити функціонування, тоді як внутрішнє уявлення про здоров'я виконує мотиваційну роль у процесі реабілітації.

Резильєнтність і ресурсність дають змогу долати труднощі, пов'язані з хронічними захворюваннями, причому дослідження підкреслюють важливість самоефективності, соціальної підтримки та цілеспрямованих інтервенцій для формування цих адаптивних рис. Копінг-стратегії відіграють провідну роль у реабілітаційному процесі, при цьому проблемно-орієнтовані стратегії зазвичай асоціюються з кращими результатами порівняно з емоційно-орієнтованими, особливо такими, що передбачають уникнення або заперечення. Когнітивний стиль додатково визначає, як пацієнти сприймають інформацію про стан здоров'я, ухвалюють рішення й беруть участь у реабілітаційних програмах. Персоналізовані інтервенції, що узгоджені з індивідуальним когнітивним стилем, здатні підвищити дотримання режиму лікування та покращити довгострокові результати.



У статті підкреслюється нагальна потреба інтеграції психологічних і когнітивних оцінювань у планування реабілітації, висувачи на передній план цілісний, орієнтований на пацієнта підхід, який оптимізує залученість та покращує результати у веденні хронічних захворювань.

Ключові слова: реабілітаційний потенціал, хронічне захворювання, уявлення про хворобу, уявлення про здоров'я, резильєнтність, ресурсність, копінг-стратегії, когнітивний стиль, психологічна адаптація, прихильність до лікування.

Problem statement. Chronic conditions represent as much a physiological as a cognitive, psychological, and social challenge for long-term maintenance. Chronic disease sufferers must adapt to complex processes for rehab involving resilience, resourcefulness, good coping strategies, and compliance with individual treatments. However, outcomes for rehab are highly individual and independent of disease severity and compliance when medical variables are taken into account. The variability in outcomes is in line with the prime influence exerted by cognitive and psychological variables in predicting a patient's rehabilitative potential.

Among the key psychological constructs influencing rehabilitation is internal illness and health representation, influencing a patient's self-perception and expectation for healing. In addition, resilience - the ability to adapt positively to adversity - affects patient responses to rehabilitation, and resourcefulness impacts how they are able to engage personal and external networks. Coping strategies, problem- and emotion-focussed, are key in influencing outcomes in rehabilitation, and flexible adaptation is a good predictor for good outcomes. Cognitive style influences how patients perceive and act upon rehabilitative programs and health information and impact how they comply with prescribed treatments and follow advice in general. Whilst there is recognized relevance in these constructs, there are still rehabilitative programs based primarily upon a biomedical paradigm and overlooking individual cognitive and affective patient need.

Analysis of Recent Studies and Publications. More recent studies have emphasized cognitive and psychological processes in rehabilitative outcomes. The Common Sense Model of Self-Regulation (Leventhal et al., 1980) [10] is a theoretical account for how patients form cognitive and affective representations about sickness and, in doing so, impact strategies for managing sickness, compliance with treatments, and sustaining health behavior in the longer term. Bear et al. (2021) [2] have depicted how in anxiety and depression, representations about sickness have a significant impact upon compliance and recovery outcomes. Similarly, McLaren et al. (2023) [12] have confirmed how individual assumptions about sickness and stigmatisation impact if and when someone presents for medical help for depression, affirming influence upon behavior in health concerns. Chronic illness rehabilitation



research has also extensively studied resilience and resourcefulness. Various stroke patient resourcefulness trajectories have been established and self-efficacy, healthcare access, and social support have been recognized as major in stroke patient outcome improvement (Guo et al., 2024) [7]. Musil et al. (2021) [13] depicted conceptual overlap among mindfulness, resilience, and resourcefulness and theorized that these constructs synergize in creating responses to chronic illness. Ames and Greer (2021) [1] cautioned, however, about defining resilience as a personal characteristic alone and theorized that systemic variables such as healthcare access and structure play equally in shaping patient outcomes. In addressing strategies for adapting, cognitive rehabilitation in virtual reality restored cognitive and adapting functions in traumatic brain injury clients and thereby confirmed targeted cognitive interventions (De Luca et al., 2023). Pedersen et al. (2022) [14] confirmed structured learning programs as highly effective in ensuring compliance in rehab based on learning-based adapting strategies. Igwesi-Chidobe & Nkhata (2023) [9] examined how adapting style impacted pain in chronic pain and emphasized context-dependent interventions based on individual need for adapting style improvement. Cognitive style is another rehabilitative potential predictor and influences how information about health is received and processed in patients. Liu et al. (2021) [11] depicted how patients possessing a more analytical cognitive style had improved self-efficacy in sickness management, while level of education - a correlate highly linked to cognitive style - predicted resourcefulness in rehabilitative processes as established by Guo et al. (2024) [7]. Cognitive training can improve rehabilitative engagement and problem-solving abilities as depicted by De Luca et al. (2023) [6]. Overall, findings justify inclusion of testing for psychology and cognition in rehabilitative plans in a move to maximize patient outcomes.

Purpose of the Article. In this paper, we plan to explore cognitive and psychological variables involved in rehabilitation potential in chronically ill patients. More specifically, we reflect on how illness and health representations, resilience, resourcefulness, problem-solving strategies, and cognitive style play a role in influencing rehabilitation outcomes. Relying on recent research findings, this paper highlights the need for a wider and individualized conceptualization of rehabilitation in correspondence to individual cognitive and psychological variability. The objective is to provide insights appropriate for informing individualized rehabilitative interventions and enhancing patient engagement, compliance, and outcomes in the longer term.

Presentation of main material. How people perceive their illness and health is key in influencing what they experience emotionally, how they cope, and how they engage in rehabilitation. The internal representation of illness (IRI) involves a patient's personal perception of their state, including assumptions about why it is happening, how it is going to go, and how it is going to affect them, as well as how



much they can control it. The perceptions are not passive responses to medical diagnoses but active constructs shaping how someone lives and deals with their state and complies with treatments (Bear et al., 2021) [2].

Empirical research in the Common Sense Model of Self-Regulation (CSM) posits that illness representations are constituted in cognitive and affective processes and impact psychological functioning and behavior (Leventhal et al., 1980; Broadbent et al., 2006) [3, 10]. The perception of unpredictability, chronicity, or uncontrollability in a patient is associated with increased distress, avoidant behavior, and lower compliance in rehabilitation (Leventhal et al., 1980; Broadbent et al., 2006) [3, 10]. Conversely, when a patient is convinced he or she can exert some personal or treatment control in managing his or her state, he or she is able to adapt better psychologically and comply better with medical advice (McLaren et al., 2023) [12]. The relevance of illness perception is further illustrated in research on mental disorders. Bear et al. (2021) [2] compared illness representations in adolescents who had anxiety and depression and concluded anxiety and depression would be thought about as relapsing and not following a smooth course, and this impacted recovery and expectation as much as engagement in interventions. The research emphasized how subjective perception and not objective severity of an illness influence help-seeking behavior, strategies for dealing with it, and outcome in the longer term. Similarly, McLaren et al. (2023) [12] depicted how negative illness representations associated with pessimism about outcome, felt helplessness, or stigmatising attributions are barriers to seeking expert advice and thereby contribute towards chronicity and handicap. The Seeking Mental Health Care Model conceptualized by McLaren et al. is a compelling account for how perception of illness intersects stigmatisation, self-efficacy, and awareness about one's illness in shaping decision-making about health.

In contradistinction, internal representation of health (IRH) is an individual's conceptualization of health in physical, cognitive, and affective domains. Often overlooked in clinical interventions, IRH is a major predictor of rehabilitative potential since it delineates an individual's goal, motivation, and self-perceived capability for restoration to a state of health. A proactive strong IRH is linked to proactive health-optimizing behavior in the form of regular exercising, medication compliance, and resilience (Liu et al., 2021) [11].

In stroke patient research, favorable illness perceptions such as optimism about recovery have been associated with improved rehabilitative outcomes and better strategies for coping with the situation. According to Liu et al. (2021) [11], the connection between illness perception and health behavior is explained in terms of coping style, and cognitive flexibility is identified as central in instilling proactive self-care.



A highly innovative tool for measuring subjective illness burden is the Pictorial Representation of Illness and Self Measure (PRISM), in which someone is represented graphically as seeing how his or her condition affects his or her life (Büchi et al., 2002) [4]. The application of PRISM has been proven in a variety of chronic conditions, such as inflammatory bowel disease, asthma, and lung cancer, and in each, it yielded good correlations with psychological resilience, perception of control, and depression (Ghosh et al., 2021; Szabo-Bartha & Mirnics, 2021) [8, 16]. The measure provides a simple way to measure how deeply a patient perceives his or her illness as being a part of his or her self and general self-perception, and is greatly beneficial in informing individual rehabilitative interventions. Significantly, research based on PRISM has proven that when there is a larger perception in patients of self-identity-illness psychological distance, they have better coping mechanisms and better quality of life (Büchi et al., 1998) [5]. The findings reinforce the notion that perception of illness is not cognitive abstraction but is experience-based reality shaping affective resilience and behavior engagement.

Aside from mainstream models, there is recent qualitative research studying deeply personal and narrative dimensions of sickness representation. Simmons et al. (2025) [15] utilized poetic transcription in studying stories about individuals who have chronic illnesses, and in doing so illustrated how sudden loss or chronic pain, for instance, can alter one's idea about self and future expectation. The implication for addressing sickness stories in clinical interventions is highlighted in this research as they reflect upon existential and affective dimensions of health beyond biomedical designation. The patient who frames sickness in a way favorable for adaptation, personal transformation, or making meaning is likely to have improved psychological functioning and commitment towards rehabilitation than someone who frames sickness as being beyond overcoming and thus is likely to experience despondence and disengagement.

Together, these findings affirm the central role played by illness and health representations in shaping rehabilitation potential. As much as biomedical interventions remain indispensable, they must be complemented by cognitive and psychological assessment about how patients experience sickness, implications, and capability for recovery. By augmenting interventions in favor of adaptive illness representations - such as psychoeducation, cognitive restructuring, and narrative strategies - clinicians can enhance compliance, motivation, and outcomes for longer-term health. In the future, application of individualized instruments such as PRISM and qualitative narrative analysis may offer rich tools for understanding and addressing the deeply personal nature of chronic sickness experience.

Resilience and Resourcefulness in Rehabilitation. Broadly conceived as being able to adapt positively to adversity, resilience is central in shaping responses to chronic illness. More than a fixed quality, resilience is a fluid psychological



process for adapting despite obstacles. It includes mechanisms such as emotional regulation, cognitive adaptability, and making-meaning, each allowing one to include one's condition as part of a larger sense of self and plans for the future (Musil et al., 2021) [13]. The resilient can better convert one's condition as a challenge rather than a constraint and thus experience better agency and commitment to following through on treatments.

Conceptualizations of resilience in healthcare are not without critique. Ames and Greer (2021) [1] have theorized resilient thinking as being in line with neoliberal ideologies in which individual-level adaptability is assumed while systemic frameworks are excused. In healthcare, this is enacted as a tacit expectation for independent "bouncing back" for patients in the context of ever-scarce healthcare resources. As much as resilience is a salient idea, it is as much about individual competency as it is about a quality produced in a supportive social and institutional context. It is not assumed for patients to be resilient in solitary context but should be nurtured in interventions for enhancing affective processing, social support, and psychological flexibility.

Most associated with resilience is resourcefulness, or the ability for mobilizing personal and external resources for managing sickness. Resourcefulness encompasses problem-solving, self-efficacy, and adaptability as well as connectivity to healthcare and social networks for supporting rehab. A longitudinal study in ischemic stroke patients by Guo et al. (2024) [7] recognized resourcefulness as following different trends across time and concluded increased resourcefulness at follow-ups is related to better functioning and better psychological outcomes. Significantly, patient variables such as education, self-efficacy, family relationships, and healthcare access played key roles in shaping whether or not a patient established and maintained resourcefulness at a high level. The implications are interventions aimed at resourcefulness can greatly improve rehab potential and include cognitive-behavioral interventions, structured social support, and rehab education.

The interrelationship between resourcefulness and resilience can be observed in how individuals adapt to practical and psychological dimensions of chronic disease. Musil et al. (2021) [13] explore theoretical distinctions between resilience and resourcefulness and assert that while resilience is fundamentally an individual-level adaptational psychological process, resourcefulness encompasses personal and relational dimensions. The research established mindfulness and resilience scores as being linked to increased resourcefulness and supporting the idea that there is synergy between constructs. From a clinical perspective, this would mean that increased mindfulness and affect regulation can contribute indirectly to improving resourcefulness and thereby improved outcomes in prolonged rehabilitation.

Aside from mainstream frameworks, arts-based and performance-based interventions have also been applied as resilience- and resource-fostering strategies.



Ames and Greer (2021) [1] document how applied theatre and performance practices provide spaces in which to re-narrate stories about sickness, resist hegemonic healthcare discourses, and play in innovative forms of self-expression. It is in accord with broader psychological research suggesting that meaning-making - one of resilience's constituents - is possible to be nurtured in creative and social engagement. Requesting patients to reimagine experience in storytelling, expressive arts, or reflection can be a highly influential way in supporting resilience and resourcefulness. Finally, resilience and resourcefulness must be thought about as interconnected constructs affected not only by individual traits but in addition by healthcare, education, and social systems. As much as individual-level resilience is essential, clinicians must be responsive to system-level barriers to a patient's engagement and access in rehabilitative processes. Rehabilitation must include resilience-fostering interventions in conjunction with interventions for augmenting problem-solving, social networks, and healthcare access. By addressing both individual and systemic dimensions of resilience and resourcefulness, healthcare providers can maximize rehabilitative outcomes and empower patients to adapt to complex chronic illness realities.

Coping Strategies and Their Impact on Rehabilitation. Coping strategies are key in managing the psychological and physiological dimensions of chronic disease. The strategies are behavior-based and cognitive strategies utilized in dealing with stress, remaining emotionally stable, and in rehab procedures. The effectiveness in rehab is greatly dependent on adaptability and relevance in application in varied circumstances. In general, there are affect-based and problem-solving strategies for coping, each resulting in varied implications for rehab outcomes (De Luca et al., 2023) [6].

Problem-solving coping is about actively managing the source of distress using planning, information-seeking, and behaviorally altering in a manner favorable for adaptation. The method is generally associated with better outcomes in rehabilitation as it allows for active participation in treatment and following medical recommendations. Pedersen et al. (2022) [14] depicted how patient education based on self-management and problem-solving increased compliance in cardiac rehabilitation programs. The participants who engaged in active learning and applied strategies for managing problems associated with conditions had better opportunities for program completion and thereby better prospects for longer recovery. Similarly, De Luca et al. (2023) [6] depicted how cognitive training based on virtual reality improved cognitive functioning and adaptability in managing problems in TBI patients and had better affective functioning and compliance in treatment. The implication is that interventions targeting cognitive and problem-solving functions can go a long way in ensuring better engagement in rehabilitation.

In contrast, emotion-focused coping involves strategies such as denial and avoidance as well as emotional expression. Some strategies in emotion-focused



coping, for instance, positive reappraisal, are favorable but excessive use of denial or avoidance is normally related to unfavorable outcomes in rehabilitation (Igwe-Chidobe & Nkhata, 2023) [9]. Maladaptive strategies such as fear-avoidance behavior and endurance of distress have been linked to pain chronicity and lower rehabilitation engagement in chronic pain disorders (Fehrmann et al., 2023). As in a research article on chronic lower back pain, Fehrmann et al. (2023) identified only 15% of patients as having assumed an adaptive style in coping, and this had improved pain control, lower distress, and better quality of life. The active engagement in hobbies, supportive networks, and good attitude towards status had better outcomes in the longer term compared to patients who had avoidant behavior.

The ability to shift between strategies for dealing with problems based on situation demands - the idea termed as coping flexibility - has been established as a key predictor for rehabilitative outcomes. Participants who can shift responses for coping when confronted with fluctuating health conditions have improved rehabilitative outcomes. Cognitive rehabilitative interventions based on virtual reality improved not only executive functions but improved patient self-regulation of emotions and increased coping flexibility, as identified in De Luca et al. (2023) [6]. Igwe-Chidobe & Nkhata (2023) [9] highlighted self-efficacy in overcoming obstacles in coping and noted when individuals believed in managing pain, they would be able to adopt improved forms of coping strategies like exercising and managing stress rather than avoiding them.

We should consider that coping strategies are not universally effective and are subject to individual traits such as personality, culture, and level of support. Igwe-Chidobe and Nkhata (2023) [9] report that some strategies such as prayer and hoping have double-edged implications depending on context as while they can be sources of encouragement and empowerment, they can be sources of evasion and passivity if paired with passive problem-solving strategies. Pedersen et al. (2022) [14] also concluded in research that patient learning and coping-based patient education interventions had favorable outcomes in some but not in all participants in improving self-management and compliance in rehabilitation. It is for this reason why interventions must be individualized and based on individual variations in coping style and hindrances.

In total, strategies for coping are key to rehabilitative outcomes and affect compliance and psychological functioning. Problem-solving strategies such as information-seeking and planning are generally associated with better engagement in rehabilitation, while affective strategies such as denial and avoidance are potentially negative. Cognitive and affective flexibility in being able to move between strategies is key to rehabilitative outcome and interventions to improve cognitive and affect adaptability are thus necessitated. Rehabilitation programs in the future need to include structured learning, cognitive training, and psychological



interventions in an attempt to instill adaptive strategies and better outcomes in chronic disease for better long-term health.

The Role of Cognitive Style in Rehabilitation. Cognitive style is a major contributor in shaping the way in which a patient perceives, comprehends, and responds to being ill and is instrumental in influencing patient engagement in rehabilitation. Cognitive style is a patient's characteristic manner of thinking and problem-solving and is influential in patient information reception related to health, decision-making about compliance in treatments, and use of strategies for managing problems. Cognitive style is greatly varied but certain dimensions are particularly relevant in managing chronic conditions and in outcomes in rehab.

A key cognitive style is field independence versus field dependence. Field-independent thinkers are information processors who can carry out tasks independently and in a logical manner and are consequently more apt to be self-motivated in managing health and making proactive decisions (Liu et al., 2021) [11]. Field-independent thinkers can be responsive to instructional interventions emphasizing personal control and self-competence in rehab. Field-dependent thinkers who are highly responsive to external stimuli and to rewards in a social context may be best accessed through structured rehab programs providing definite guidelines, encouragement in a supportive situation, and joint treatment planning. Pedersen et al. (2022) [14] concluded patient education interventions emphasizing social learning and supportive guidance improved compliance with cardiac rehab, in particular in those who require external encouragement in staying active in rehab. It would be fitting for rehab programs to be flexible and responsive to multiple cognitive modes in attaining patient engagement and outcomes.

Another salient feature is reflection versus impulsiveness. The reflective type is known to adopt intentional decision-making, thoughtfully studying available treatments before making a decision about a course of action. The cognitive style is associated with better compliance in rehab programs since clients are in better positions to consider longer therapeutic outcomes and follow prescribed interventions (De Luca et al., 2023) [6]. The impulsive type, who tends towards quick decision-making without much thought, may be at a disadvantage in consistency in rehab. It is particularly relevant in conditions involving prolonged exertions, such as stroke or pain relief. De Luca et al. (2023) [6] demonstrated how cognitive rehab based on virtual reality improved cognitive functioning and reduced impulsiveness in traumatic brain injury cases and consequently better coping strategies and compliance in rehab plans. It portrays the therapeutic potential in cognitive training in treating impulsiveness-based problems and rehab compliance.

The style of thinking in abstraction and concreteness is another major influence on patient behavior in the rehabilitative context. A patient who can think in abstraction is likely to plan for future health outcomes, include lifestyle alteration,



and be self-care proactive. Interventions for such a patient can be future thinking and goal-setting strategies. A patient who is concrete in thinking may be unable to conceptualize in abstraction and may require procedures in steps, immediate rewards, and practical application in order to be self-motivated in rehabilitation (Musil et al., 2021) [13]. As a case in point, Guo et al. (2024) concluded in a research report that lower-cognitive abstraction level and lower-educated patients exhibited lower resourcefulness in rehabilitation and required structured guidance and direct commands in learning self-care skill improvement. The implication is that interventions in rehabilitation should be tailored for both thinkers in abstraction and in concreteness in providing a combination of goal-setting strategies for use in the future and practical application for use in real time.

Aside from these core cognitive dimensions, cognitive style is also believed to interface with resilience and coping strategies in predicting rehabilitative outcome. A flexible cognitive style in which one can shift back and forth between thinking in an analytical or intuitive style, or between problem- or affect-focussed coping, is linked to better rehabilitative outcome (Igawesi-Chidobe & Nkhata, 2023) [9]. Cognitive flexibility in this manner allows for accommodative responses to fluctuating health status, adaptively shift in required modes of coping, and ongoing learning as one progresses in rehabilitative processes. The ability to shift back and forth across modes of thinking and coping is particularly useful in dealing with chronic conditions, as long-term adaptation is necessitated.

Understanding a patient's cognitive style allows healthcare providers to develop individualized rehabilitative programs based upon how they best learn and resolve problems. Individualized interventions, be they structured guidance for clients who are field-dependent, cognitive training for clients who are impulsive, or goal-setting for conceptual thinkers, can significantly enhance engagement in and compliance with rehabilitative interventions. As cognitive style not only influences how clients perceive and experience sickness but how they participate in recovery as well, inclusion in rehabilitative planning can maximize therapeutic efficacy and enhance general health outcomes.

Conclusion

Individuals who have chronic conditions are not rehabilitatively determined exclusively based on biomedical aspects but are affected by a complex interplay involving cognitive and psychological processes as well. The internal representations of sickness and health play a significant role in shaping how the patient sees his or her situation and affect his or her emotions, strategies for managing it, and engagement in rehabilitative programs. The perception that he or she can cope and regain health makes them comply with treatments and have increased motivation. Alternatively, negative or maladaptive representations of sickness, for example, conceptualizing the situation as uncontrollable or disabling,



can be associated with demoralization and negative outcomes (Bear et al., 2021; McLaren et al., 2023) [2, 12].

Resilience and resourcefulness are central in rehab since they enable good adaptation to adversity and utilization of available supportive systems. Evidence supports resilience as not being a personality trait but rather a dynamic process that can be formed through psychological interventions, social supports, and structured learning programs (Guo et al., 2024; Musil et al., 2021) [13]. Similarly, resourcefulness - the ability to use internal and external mechanisms for dealing with problems - predicts better compliance and restoration in rehab (Guo et al., 2024). However, as Ames and Greer (2021) assert, resilience should be conceptualized as necessitating healthcare systems providing suitable structure and social supports for rehab outcomes.

Coping strategies are at the core of rehab processes, and problem-focussed coping is associated with better outcomes than emotion-focussed coping. Adaptive strategies such as proactive problem-solving and reframing positively are linked to better psychological functioning and better compliance in treatments (De Luca et al., 2023; Pedersen et al., 2022) [14]. Alternatively, application of maladaptive strategies such as denial and avoidance is linked to increased distress and program dropout (Igweni-Chidobe & Nkhata, 2023) [9]. The ability to adaptively shift across different strategies based on situation demands - coping flexibility - has come to be identified as a key predictor for rehab outcome (De Luca et al., 2023) [6].

Cognitive style also influences outcomes in rehab since it influences information about treatments and health and how they are responded to and processed. An independent and analytical cognitive style is linked to self-directed self-care, while a dependency cognitive style would require structured guidance and external encouragement (Liu et al., 2021) [11]. Highly impulsive clients may have problems in adhering to treatments, and cognitive training programs are therefore necessitated to enhance decision-making and executive functions (De Luca et al., 2023) . By being informed about cognitive variations, rehabilitative strategies can be individualized based on each patient's learning and problem-solving style. Based on this research, it is clear rehabilitative interventions must be individualized and include cognitive and psychological testing in treatment plans. By fostering resilience, reinforcing adaptive coping, and tailoring interventions to cognitive style, healthcare providers can enhance patient engagement, compliance, and ultimately maximize outcomes for long-term recovery. Rehabilitation programs in the future must be individualized and integrated in a manner in which cognition, emotion, and behavior are recognized as interlinked in influencing health outcomes. It will not only improve quality of lives in chronic disease sufferers but will be instrumental in achieving patient-centered healthcare in rehabilitative medicine.



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