Reviewer’s report

Title: The potential role of Illness Expectations in the progression of medical diseases

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Reviewer: John Weinman

Reviewer's report:

This paper provides a fairly brief and rather superficial overview of the ways in which a patient's expectations could influence the nature and outcome of bodily symptoms during the disease process. Drawing on parallels with placebo/nocebo effects, which produce positive/negative bodily changes, the author(s) argue that expectations could have similar effects on disease progression but with involving any deception. The note that all patients develop "a certain mindset" towards their illness and that the resultant expectations will result in physiological changes, either via behaviour (e.g., adherence) or directly via hormonal/immunological processes.

They also note that expectations are a central aspect of illness perception but argue that the main illness perception framework (CSM) does not explicitly include expectations. The latter argument seems very questionable since timeline, consequences and control beliefs reflect both current and future perceptions.

The author's key message is to propose the linked concepts of Illness expectation (IE) and cognitive rigidity. IE describes the individual's beliefs about the outcome of their condition as well as unconscious/implicit processes. They equate IE with response efficacy, which seems a bit problematic as the latter is usually taken to describe the beliefs/expectancies about the outcomes of one's behaviour. They also maintain that the strength of IE effects will depend on the individual's level of cognitive rigidity, and present a fairly loose model to bring all these elements together.

Although this is a clearly written paper, I do not think that it merits consideration for publication for a number of reasons. :

1. as it stands, it is a set of quite loose ideas, which borrow heavily from existing work but do add anything of substantive value.

2. It does not seem to add anything more than illness perceptions but somehow claims to be both different and distinct.

3. Its one potentially unique contribution is in the concept of cognitive rigidity but that seems to be no different from describing the strength with which illness beliefs are held. This could be a potentially interesting concept if it was to be investigated and analysed more systematically but it
is not clear whether it is meant to be a state or trait-like concept, which could either moderate or mediate IE effects on outcome.

4. No data are provided nor is there convincing reference to other empirical studies, which have shown the sorts of effects proposed by the authors, apart from the well-known illness perception and placebo literature, which the authors seek to distance themselves from.

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