

Illness Behavior and Perceptions of Illness



Illness



- What is illness? How do people determine when they are ill?
- What do people do when they feel ill? What variables affect a person's illness behavior?
- What others will give us when we're sick, and what is expected out of us when we're sick

Outline



- I. Illness
- II. Symptom recognition
- III. Cultural influences
- IV. Illness representations
- V. Sick Role

How do people determine when they're ill?



- **Illness** is a condition of pronounced deviation from the normal healthy state
- Illness is a subjective experience
- When do patients report illness?
 - When they're unable to engage in day-to-day activities
 - When they have decreased stamina
 - When they feel pain, nausea, fatigue
 - When they just don't feel well

(DiMatteo & Martin, 2002)

Illness Behavior



- Think of your most recent experience of illness
- What did you do?
- Why?

Illness Behavior



- What do you do when you feel ill?
 - Most people do not consult a doctor or a health professional when they first feel ill
- When and why do people seek professional attention?

Illness Behavior

- Biological predisposition
- Nature of symptomatology
- Learned patterns of response
- Attribution
- The situation
- Access to health care
- Availability of secondary benefits

(Mechanic, 1995)

Illness Behavior

- Illness behavior is described as the state when the individual feels ill and behaves in a particular way
- Illness is a psychological concept:
 - It has different meanings for different people
 - It's based upon an individual's **personal evaluation of his/her bodily state and ability to function**

Current paradox

- Americans are objectively healthier than they use to be
- However, Americans report feeling worse

(DiMatteo & Martin, 2002)

Illness

- Often it is difficult to decide objectively whether someone is ill or not
- Some suggest using scales that define illness based on a total score of symptoms
- However, **illness is a relative concept**, and is **often functionally based**
- Let's return to your thoughts on how you know when your ill...

Symptoms

- Illness is recognized because of the presence of **symptoms**, either physical or mental
- People respond to symptoms in a variety of ways

← denying → maximizing

- If we experience unusual symptoms, which are severe enough, we may feel that we are ill and then behave in certain ways

Symptoms

- Illness is recognized because of the presence of symptoms
 - **Recognition of symptoms can be affected by a patient's beliefs and expectations**
 - Pennebaker and Skelton, 1981
 - Anderson and Pennebaker, 1980

Pennebaker and Skelton, 1981

- Three groups
 1. Participants were told that ultrasonic noise may cause an increase in skin temperature
 2. Participants were told that ultrasonic noise may cause a decrease in skin temperature
 3. Control group – did not receive any research expectations
- Next participants were exposed to a tape of 'ultrasonic noise'

- Results? Implications?

(DiClemente & Raczynski, 1999, p. 85)



Anderson and Pennebaker, 1980

- Participants placed their fingers on vibrating sandpaper
 - Group 1: expect pain
 - Group 2: expect pleasant sensation
- Dependent variable
 - Participants rated the pleasantness or painfulness of the sandpaper experience

- Results? Implications?

(DiClemente & Raczynski, 1999, p. 85)



Symptoms

- Patient recognition of a symptom depends on the cognitive **schemata** that the patient has of the symptom
- The more we know, the more our awareness of symptoms – diagnoses increase
- Health professionals themselves may be very aware of physical symptoms and this may contribute to professional stress



Symptom Reporting

- When do people decide it's time to report their symptoms?
- People do not necessarily report all of their symptoms and certainly choose to whom they report them



Symptom Reporting

- Factors that influence symptom reporting:
 - Recognition and identification of the symptom
 - Number and persistence of symptoms
 - Extent of the social and physical disability resulting from the symptoms
 - Perceived severity of the symptoms
 - Symptom change



Cultural Influences on Illness Behavior

- There are many cultural and demographic influences on health and these affect illness behavior
- Consider Chinese traditional medicine with Western medicine



Cultural Influences



- Chinese traditional medicine is based on the forces of Yin and Yang and the interaction of the five elements (metal, water, wood, fire, and earth)
- Traditional Chinese doctors look to balance the Yin and Yang by the use of acupuncture, Chinese herbs, and massage
- This contrasts with Western medicine which uses drugs or surgery to treat symptoms

Cultural Influences



- Culture and the cancer pain experience
 - Taoism: Pain results when Qi is blocked. Pain relief comes via removing the blockage and living in harmony with the universe
 - Buddhism: Pain is suffering; suffering is relieved by following the 8 right ways (i.e., right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration)
 - Confucian: Pain is an essential element of life; hence, endurance is the key
- (Chen, Dodd, & Pantilat, 2008)

Sociological and Demographic Influences



- More illness is found in community surveys in lower socio-economic groups
- However, people in higher socio-economic groups are more likely to seek health care
- Older people consult their doctor **less than** younger people do in relation to their level of illness

Illness Representation



- Symptom recognition is not necessarily enough to make people think that they are ill
- Symptoms on their own have no meaning and are merely bodily sensations
- Different symptoms will be accounted for in different ways
- Consider the symptom of a backache

Illness Representation



- Illness representation will determine how someone responds to potential health threats
- **Illness representation** includes:
 - Information about the illness
 - Its symptoms
 - Possible causes
 - Likely time course
 - Potential consequences

Illness Representation



- Illness representations interpret symptoms and give them meaning
- **The course of action taken will be determined by the representation**

Symptoms

- Symptoms may also suggest the course of the illness
 - So, if symptoms disappear does this mean the illness is over?
- If they are tightly joined to one another, then if the symptoms improve, the illness may be thought to have gotten better and the person may stop treatment

Symptoms

- There is an asymmetrical relationship between symptoms and the diagnostic label:
 - People with symptoms seek a diagnostic label
 - People given a diagnosis seek symptoms
- **Having recognized that they have symptoms, what do people do?**

Self Medication

- An Australian study evaluated the actions taken by 360 people who had minor symptoms or condition in the previous two weeks
 - Their actions included using:
 - Left over prescription medicines
 - Home remedies
 - Over-the-counter medicines
- (Wilkinson *et al.*, 1987)

What's in your medicine cabinet?

- Medicine?
- OTC meds?
- How old are they?
- Why have you kept them?



What's in your medicine cabinet?

- Aloe vera
- Chamomile
- Tea tree oil
- St. John's Wort
- Kava
- Green tabs
- Probiotics
- Super digest
- Adrenal support
- Colloidal silver
- Ricola

Paul Karason



Self Medication



- Elderly people were found to be **twice** as likely to treat a minor illness with an over the counter medication than any other option
- Because drugs are available without a prescription, they may be thought to be harmless
- **Poly-pharmacy among elderly people is very common** and prescribed drugs may be taken in combination with over the counter medicines and the combination may change their effectiveness

Self Medication



- The practice of taking over the counter medicines may begin in early adulthood
 - Headaches are common in all age groups
 - In a study of adolescents, it was found that most of them used medication to cope with headaches

Self Medication



- Self-medication is extremely common
- It has been suggested that those who take non-prescription medicine may be less likely to consult doctors

The Sick Role



- The **sick role** – any activity undertaken for the purpose of getting well by those who consider themselves ill
 - This is a social role
 - A patient who enters the sick role has both rights and obligations
 - There are positives and negatives to the sick role

The Sick Role



- | | |
|---|--|
| <ul style="list-style-type: none">• Advantages<ul style="list-style-type: none">• Exempt from many daily activities• Able to rest and be taken care of• Social support• Meaning• Workers compensation, disability | <ul style="list-style-type: none">• Disadvantages<ul style="list-style-type: none">• Behaviors are scrutinized• Others may view behaviors as illegitimate attempt to gain advantages• Confusion, discomfort, decreased functioning, and distress |
|---|--|

The Sick Role



- People are not expected to will themselves better by effort, and the illness is not considered to be their fault
- However, the symptoms must be recognized by others
- Sick people are expected to want to get better
- They are also expected to seek professional help if needed and to comply with health recommendations

The Sick Role



- The (societal) obligations:
 - The person's **symptoms must correspond with a diagnosis recognized by society**
 - There must be overt symptoms before others will recognize the illness
 - The patient must accept the sick role, and is expected to take steps to get well

The Sick Role—more (societal) obligations



- Sick people are expected to remain optimistic and cheerful and not display distress
- Not everyone is willing to act sick and some people may conceal their symptoms to avoid becoming dependent
 - In some conditions this is seen as desirable

The Sick Role



- Most believe being ill is temporary and in most cases, this is true
- Chronic diseases bring about different responsibilities and the person cannot stay in the sick role forever
- Most people have symptoms of one sort or another at any one time, but whether or not they enter the sick role may be only loosely related to the severity or persistence of symptoms

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