ILLNESS AND THE ATTITUDE OF THE SICK PERSON TOWARDS ILLNESS

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THE SYMPTOMS OF THE ILLNESS

THE PATIENT’S PERSONALITY

THE RELATIONSHIP WITH THE MEDICAL TEAM

THE EXPERIENCE OF ILLNESS

THE UNDERSTANDING OF ILLNESS
I. The definition of health (WHO): a state of wellbeing – psychological, somatic and social

- Pathological: state of somatic integrity
- Clinical: lack of symptoms
- From the viewpoint of the sick person: state of wellbeing

Illness entails:

- Unpleasant subjective state, human suffering (illess)
- A variety of somatic disorders (disease):
  - specific (ex. palpitations in persons with a heart condition etc)
  - non-specific (insomnia, anxiety, fatigue etc)
- Socio-professional consequences: limited ability to work, loss of social roles, rights and obligations; relational changes – maximal in hospitalized persons
II. SICK ROLE – involves a specific behaviour defined by T. Parson by:

- Exemption from the responsibility of social roles
- The right to receive help from others, which may vary between exaggerated sick role and rejection of the right to be helped due to an inferiority complex
- The obligation of the sick person to consider the sick state as undesirable and to cooperate in treatment and cure
- The obligation of the sick person to ask for specialized and qualified help for healing, which involves accepting the diagnosis and treatment
III. ILLNESS BEHAVIOUR

- Entails the ability of the individual to perceive the illness state, to interpret it appropriately, and make decisions favouring healing
- It oscillates between a pole of normality and a pole of exaggeration, catastrophe
- Factors of maintaining the illness behaviour:
  - Personality traits (depression, hypochondria, anxiety)
  - Education (taught to complain or, on the contrary, to say nothing)
  - The cultural model
  - The socio-economical status (having a health insurance or not etc.)
  - Secondary benefits

IV. IMPACT OF ILLNESS ON THE PATIENT

- Inactivity, isolation
- The uncertainty of getting cured, the feeling of helplessness, self-blame, etc.
- The fear of death and dying
V. INTERPRETATIONS OF ILLNESS

- "normal situation": although unwanted, it drives the person to mobilize and fight against it – adherence to treatment increases

- "enemy": "escape in health” sometimes occurs, i.e. ignoring, denial of illness, surrender to illness

- "deserved punishment” – the sick person does not mobilize enough

- "undeserved punishment” – anger, revolt, with resource mobilization

- "salvation”, "gain” – it is an unconscious mechanism (ex. Soldiers wounded on the battlefield)

- "benefit”: a certain degree of conscious manipulation

- "weakness”: the state is regarded as shameful and hidden by the sick person

- "irreparable loss”: from tooth extraction to nephrectomy, mastectomy etc., the patient reacts with depression

- "unique, distinctive value”: reassessment of life and values
VI. EMOTIONAL RESPONSES TOWARDS ILLNESS

- Irritability, anger
- Partial or complete denial
- Depression, anxiety
- Resignation etc.

VII. BEHAVIORAL RESPONSES TOWARDS ILLNESS

- Infantile behavioral and emotional regression (egocentrism, dependence on other people, dominance of affects, aggressivity, depression and magical thinking etc)
- Evasion and escape from responsibility
- Exaltation of the Ego (primary narcissism), especially in those with a lower cultural and intellectual status
- Informational contagion favoured by anxiety and the decrease of critique
- Human outreach and help
VIII. ATTITUDES TOWARDS ILLNESS

Acceptance – entails the acknowledgement of illness and taking on the sick role

It may be:
- realistic, rational (in emotionally balanced persons with satisfying cultural level, without significant existential issues), leads to seeking a doctor and adhering to treatment
- disproportional (in neurotic persons, with personality disorders etc.)

Ignoring of illness (in persons with retardation, psychiatric or neurological disorders, low cultural level, persons focused on other issues)

Denial: the person refuses the illness, refuses to be aware of certain disorders by underestimating symptoms, delaying the decision to seek a doctor, hoping that the illness will go away by itself

It can be a defense mechanism
THE PSYCHOLOGY OF THE DOCTOR AND THE MEDICAL TEAM

- The doctor is seen from a triple perspective:
  - Alleviates the patient’s suffering
  - Cures illness
  - Saves the patient’s life

- Qualities requested from a physician:
  - Intellectual: professional knowledge, flair etc, in order to make an accurate diagnosis
  - Moral: altruism, professional consciousness and dedication, lack of an interest or hidden agenda
  - Relational (interpersonal): sincerity, cordiality, authority, empathy
Parson describes the defining traits of the doctor status:

- **Technical competence** – proven through exams and ritualized competitions and expressed through titles; minimal competence in a maximal array (the GP), non-medical (disability pensions, other rights) and professional information (protection from toxins), the reaction of the medical staff towards impostors, parapsychology and other non-medical healing currents etc.

- **Universalism in providing medical care** – the right of every patient to equal care.

- **Functional specificity** – the use of professional authority, establishing professional doctor – patient relationships.

- **Affective neutrality** – the doctor does not judge, punish or get intimate with the patient.

- **Altruism** – emergency care in natural disasters.

- **Patient’s informed consent for assessments, treatment is compulsory; patient’s next of kin is involved when the patient is unable to decide (incapacitated)**.
The doctor role entails:
- Respecting the rights and obligations involved by the doctor status
- Professional and social prestige, which may act as placebo, favouring the positive outcome of treatment in some patients
- Availability to communicate with the patient: patience, using terms which the patient can understand, interest in getting a detailed patient history
- Attitude adjustment according to the patient’s personality:
  - Authoritarian tutor demanding unconditional obedience: useful in emergency situations
  - Menthor: in chronic patients, prevention etc.
  - Detached scientist who gives the patient freedom of choice: indicated in patients with high intellectual and cultural level, with hypochondria or prejudice related to therapy
- Protective parent
- Advocate of truth
- Therapeutic mirror