

Illness behavior and sick role behavior

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This lecture is about illness and sick role behavior from a clinical aspect, we will start by defining health, then move onto the sick role and finally some terminology and past papers. You still need to go over the slides.

First: Health

- The WHO defines **health** as the complete state of **physical, psychological** or mental and **social wellbeing**. Notice that these 3 elements must coexist for a person to be healthy with complete wellbeing.
- **Health is relative**, meaning that a disruption of any of the three elements of health will prevent the person from having good health. For example, a physically healthy person who has anxiety does not have good health.
- **Health behavior is any activity or behavior you undertake to maintain, attain or regain health:**
 - Maintain means to keep your health at the same level.
 - Attain means to improve health, for example, a person who loses 10 kilograms to reach the optimal BMI.
 - And regain is simply to regain health after sickness.

Examples on health behavior include regular exercise behavior, eating a balanced diet, taking your flu vaccines in November or even the pneumonia vaccine for high risk patients like the elderly. (The UK provides larger budgets to hospitals with vaccinated staff due to the economic benefit).

Second: Illness behavior and sick role

- **Illness behavior: any activity or behavior an individual undertakes to get well, i.e. the person feels ill and wants to improve.**
- **Illness behavior sometimes may proceed to become sick role.**
- What is sick role?

In the concept of sick role, we will discuss a brief introduction, the rights and obligations of sick role, then move onto the variables of sick role.

a) intro to sick role:

Sick role is an old concept that started in the 1950's. (slides: It derived its meaning from Parson's concept** and it refers to a state of social dysfunction, a social role assumed by the individual that is variously specified according to the expectations of a given society, it extends beyond the person to include relation with others)

** The American sociologist, Talcott Parsons, established the social action theory. This theory suggests that the person with illness behavior who adopts a sick role behavior has **2 rights and 2 obligations**.

Watch the free part of this video just to grasp a general idea:

<https://study.com/academy/lesson/sick-role-theory-in-sociology-definition-lesson-quiz.html>

b) rights and obligations

- The sick person **rights**:

1) **The sick person is exempt (معفى) from normal social roles**: this means that the sick person is free from his obligations and responsibilities, for example if you are the person who usually does the shopping, you are exempt from doing it when you are sick. This also means it is expected that other people should take over this person's social role either entirely or partly, for example, a college might offer to do your paper work if you seem to be sick. The sick person also expects kindness and support from other people.

2) **The sick person is not responsible for their condition or illness**: patients should not be blamed for their illnesses, illness happens beyond the control of patients. An example on blaming patients is telling a diabetic patient that is his fault since he has been eating too much sugar and has not been active.

- The sick person **obligations/ duties**:

1) **The sick person should try to get well**

2) **The sick person should seek help** and cooperate with the medical professional: patients should take meds on time and in the right dosage.

c) variables:

3 variables control whether people would seek medical help or not:

illness related variables, patient related variable and physician related variables.

1) illness related variables, these include:

- the **intensity** or severity of symptoms; patients would be more prompted to seek health care if the pain was more intense.
- the **duration** of symptoms.
- the **timing** of the symptoms; people might find symptoms that happen during the night time more disturbing than the ones at day time.
- **previous experience** from the illness; if you have always treated your headache with pills and this time even after taking the pills you do not feel better you are more likely to seek medical care because of experience.
- **family history**; people with a family history of a certain disease are more prompted to seek medical care. This point is quite significant that in some countries, if a person younger than 50 has been diagnosed with bowel cancer, all first-degree relatives must be screened.
- **frequency** of the illness in the population; for example, an outbreak of a certain disease makes people seek medical care more readily.
- your **familiarity with the symptom** itself; say you do not follow what your instructor told you while performing a certain exercise and therefore you get a muscle spasm, now your familiarity with this symptom can affect whether you see a doctor or not.
- **your knowledge of the outcome of the symptom**; if you know that getting some sleep will get rid of your migraine, this might not prompt you to see the doctor.

2) patient related variables:

- **age**: older people consult physicians much more often than younger patients, probably because they are more prone to disease and they use a

lot of medications. Medpack is a management program to help elderly remember their medications and when to take them.

- **gender:** females seek medical care more frequently than males.
- **Globus hystericus** in psychiatry is a feeling that accompanies severe anxiety in females, a female with GH feels as if there is a lump in her throat thus avoids eating for fear of suffocation or relies on liquids for nutrition. These women tend to seek medical care more than others.
- **level of education**
- **socio-cultural** factors: our own interpretation of symptoms will decide whether or not we seek health care.

(مثلا شخص يفكر هذا سحر مش مرض فيروح على شيخ بدل دكتور و هذا من تأثير الثقافة على الفرد)

- **socio-economic** status
- **fear:** if a patient is afraid of being diagnosed with a serious illness the chances are less likely he will seek medical care.
- **embarrassment:** from being examined by the opposite sex doctor.
- **accessibility of health facilities:** e.g.: distance, weather...
- **cost**

3)physician related variables:

- the physician can modulate and has influence on all the other variables.
- the more the doctor is **empathetic** with the patient the better the outcomes.
Sympathy: feelings of pity and sorrow for someone else's misfortune.
Empathy: the ability to understand and share the feelings of another, imagine yourself in the same situation. To put yourself in their shoes.
- **Communication:** Previously, when it came to the patient's compliance with medication it seemed that whatever the doctor prescribes the patient must follow. Today, this has changed, and the doctor and patient are the same level this is called therapeutic alliance (اتحاد علاجي) meaning that, the doctor passes on as much information to the patient to reassure him/her.

Third: terminology

- **Symptom:** the **subjective** feeling experienced and reported by the patient. E.g. the patient tells you has a chest pain.
- **Sign:** what you **objectively** find on examining the patient. E.g. you measure the patients' blood pressure and you find it elevated.
- **Disorder:** this can be **mental, physical** or **chemical** factors. This means CO intoxication is a disorder, and anything related to mentality is a disorder e.g., anxiety disorder.
- **Disease:** refers to something that is more **organic**, in the individual's organ, that has a **pathophysiology** and an **etiology** such as an infection caused by bacteria. We say, liver disease, heart disease.
- **Illness:** a **general** term, the bigger umbrella and is any condition that makes a person feel **unwell**. (feeling sick implies a person is about to vomit)
 - Most diseases go through stages:
 - 1) **the incubation period:** the period between exposure to an infection and the appearance of the first symptoms.
 - 2) the **prodromal period:** from the Greek word "Prodromus" which means running before, so these are **symptoms that are not severe** or specific enough to make a diagnosis, an example from psychiatry: the first signs of schizophrenia do not include hearing sounds rather patients can present by atypical or prodromal symptoms like losing interest or isolation. Some advocate that in this phase we start treatment to prevent conversion of these symptoms to the full-blown disease
 - 3) **convalescence:** time spent **recovering** from an illness or medical treatment

Forth: syndromes related to sick role

Some patients **adopt the sick role without being sick**. From a psychological point of view any rewarded behavior will lead to frequency, this means not every patient that comes to your clinic is sick, the following are some syndromes from a psychological point of view:

1) **Factitious disorder previously the Munchausen syndrome**: is a mental **disorder** where a patient **deliberately** makes himself sick, the patients can swallow some pills or hurt themselves superficially just to get the medical attention. This happens much more commonly among **health care staff** who know the signs and symptoms of diseases or even among patients who do not want to leave the hospital.

2) **malingering/ compensation neurosis (الشخص المتمارض)**: people who report signs and symptoms but in fact are completely healthy, usually this relates to external motives.

Fifth: past papers

- 1- Wrong about the sick role – patient is not obliged to seek medical help
- 2- True about sick role and illness behavior – some can be generated from fear of sickness

3- Which of the following is false about the sick role?

- A- The sick role can be a result of positive reward of the sick person.
- B- Individual in the sick role is exempted from social obligations.
- C- A person in the sick role has no obligation to seek medical help.
- * D- A person in the sick role is not expected to get well on his own.
- E- Adoption of the sick role can be for getting a secondary gain.

Q What is the true statement about sick-Role :-
- sick role not limited to person.
- is related to positive social behavior.
- is explained by the psychoanalytic schools.

16) all of the following are reasons to adopt sick role except :-
- secondary gain.
- experiencing true disease.
- inability to cope with stress
- to avoid seeking medical help.
- fear of the disease.

Best of luck.

