

Slide 1

**ILLNESS AND THE REACTIONS OF SICK PERSONS TO ILLNESS**

Prof. Dr. Doina Cozman  
Asist. Univ. Dr. OANA DOBRESCU

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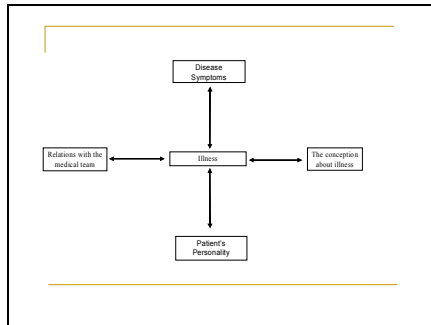
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Slide 2



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Slide 3

**I. DEFINITIONS**

**I. Health Definition (WHO):** psychological, somatic and social well being

- pathologic point of view: somatic integrity
- clinic point of view: no symptoms
- sick persons point of view - well being

**II. Disease implies:**

- Subjective sensations of suffering (illness)
- Physical, somatic disturbances (disease)
  - Non-specific (influenza, anemia, anxiety, etc)
  - Specific (ex. Palpitations in cardiac patients, sputa in bronchitis, etc)
- Socio-professional consequences
  - Limited work ability
  - Loss of social roles and rights
  - Relations changing especially in hospitalized persons

**III. SICK ROLE** - implies a specific behavior defined by T. Parson as:

- Exemption of social responsibilities
- The Right to be helped (varying between excessive assuming of sick role and denying this Right to be helped because of the inferiority complex engendered)
- The obligation of the sick person to consider his sickness undesirable and to cooperate for his cure
- The obligation of the sick person to ask for specialized help, which mean accepting the diagnosis and the treatment.

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Slide 4

**ILLNESS BEHAVIOR**

**III. ILLNESS BEHAVIOR:** implies individual ability to perceive the sickness, to correctly interpret it and to take decisions to facilitate the cure, varying between normality and exaggeration, catastrophic reactions.

- **Maintaining factors of illness behavior:**
  - Personality traits (depression, hypochondria, anxiety)
  - Education
  - Cultural model
  - Socio-economic status (health assurances, etc)
  - Secondary gains

**IV. Subjective reactions to disease:**

- Isolation
- Core uncertainty
- Helplessness
- Guilt
- Death anxiety, etc

**V. Disease perception:**

- „normal situation“ even if unwanted, mobilize the individual to fight against it and increase the adherence to the treatment
- „denial“, with sometimes „escape in health“, meaning ignoring, denial of the disease or surrender in front of the disease
- „undeserved punishment“ – the sick person doesn't mobilize sufficiently
- „undiscovered punishment“ – anger, fight which mobilize all the resources
- „sabotage“, „guilt“, unconscious mechanism (ie. Soldiers wounded on the battle front)
- „benefice“, manipulation
- „weakness“ something shameful for the sick person
- „irreversible loss“ ex. Dental extraction, appendectomy with secondary depression
- „special value“, help the patient to reevaluate his value system

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Slide 5

**ILLNESS BEHAVIOR**

**VI. EMOTIONAL RESPONSES:**

- irritability, anger
- Partial or total denial
- depression
- anxiety
- resignation, etc

**VII. BEHAVIORAL RESPONSES**

- Emotional and behavioral regression (egocentrism, social dependence, affects, aggressivity, depression, magical thinking, etc)
- Evasion and responsibility escape
- Ego exaltation (primary narcissism), especially in those persons with lower intellectual coefficient
- Informational contagious because of decreasing critical sense and of anxiety
- Human help

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Slide 6

**ATTITUDE TOWARD SICKNESS**

- The acceptance of the disease – implies acknowledging the disease, accepting the illness role.  
it can be:
  - realistic, rational (in individuals emotionally balanced, with a satisfactory cultural level, without important existential problems), lead to medical consulting and treatment adherence
  - unbalanced (in neurotic persons, personality disorders, etc)
- The ignorance of the disease (in mentally retarded persons psychiatric, neurologic patients, low cultural level, or focalized on other problems)
- The denial of the disease
  - By underestimating the symptoms, delay of medical consulting, hoping that it will pass by
  - Defense mechanism

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Slide 7

**DOCTOR PSYCHOLOGY**

**Doctors seen as someone :**

- who soothe the patient's suffering
- cure the disease
- save patient's life

**Qualities demanded for doctors:**

- intellectual: professional knowledge for a right diagnostic, treatment, etc
- moral: professional conscience, altruism,
- relational: sincerity, empathy, authority

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Slide 8

**MEDICAL STATUS**

**Parson describe professional status:**

- **Technical competencies**
  - Verified by exams, ritualized and expressed by diplomas, titles, etc
  - Minimal competency in maximal of fields (GP).
  - Offering non medical information (how to obtain different legal rights), prevention
  - Reaction of medical professionals toward magic, parapsychology, religion, etc
- **universalism in offering medical assistance** –equality for treatment
- **Functional specificity** – using professional authority to build professional doctor-patient relationship
- **Affective neutrality** – a doctor never judge, punish or have intimate relationships with his patient
- **Altruism**
- **Obtaining consentment for para clinical investigations, treatment or implication of the family in taking medical decisions**

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Slide 9

**Doctor's role**

- Respecting doctor's rights and obligations
- Communication disponibilities with the patient,
- Using an adequate language to be understood by the patient according to his educational level.
- Attitudinal adaptation according to patient's personality :
  - Authority in medico-surgical emergency,
  - Guide in chronic disorders, in prophylaxis
  - Detached scientist, offering different possibilities for patients with high intellectual level or hypochondriac patients or with therapeutic prejudices.
  - Protecting parent,
  - Advocate of the truth,
  - Therapeutic mirror
- Professional and social doctor's prestige working as a placebo for the outcome of the patient

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