Definition Of Illness Behavior And Its Symptoms

Illness behavior describes the ways people react to bodily indications and the conditions under which they view them as irregular. The concern with illness behavior and the delay in seeking medical help has prompted to a large body of research since the center of the last century. One of the most punctual studies was conducted by Kutner, Makover, and Oppenheim (1958). In 1961, it was Mechanic and Volkart who identified illness behavior as a precedent for seeking clinical help. They gave one of the earliest descriptions of it stating that it is“the manner in which symptoms are thought to be, interpreted, and acted upon by a person who recognizes any pain irritation or other signs of organic failure” (1961,52).

The analysis of health related behavior is more accurate when it takes into account its trajectory in the context of individuals’ personal history. The illness trajectory contains three steps:

1. preventive health behavior that includes the actions and attitudes of individuals who believe themselves healthy toward disease prevention.
2. illness behavior, the behavior of an individual who feels ill trying to define the problem and find a cure.
3. sick-role-behavior, what individuals do as patients after they have been diagnosed with a specific disease or disability.

As interpreted the timespan between one’s first awareness of symptoms and his or her decision to seek expert help is encompassed as illness behavior, and when the individual accepts a diagnosis by an expert, he or she enters a third stage of sick-role and becomes a “patient”. Upon the perception of symptoms, the individual typically accepts a wait-and-see stance, hoping the symptoms go away. If the symptoms persist or increase, the individual attempts to solve the problem with self-medication, searching for information, and talking about the problem with family and close friends. Eventually, the symptomatic individual may seek medical help. Mechanic appropriately considers illness behavior as the key phenomenon clarifying “why the need for care imperfectly predicts use of services”

One of the most clear illustrations for symptom neglect and its outcomes is the case of stroke warnings called “transient ischemic attacks” or TIAs, The American Heart Association clarified, in its 2011 website page on stroke, that TIAs are “warning strokes that produce stroke like symptoms, yet not lasting damage”, but are “powerful predictions of stroke”. The most common five stroke manifestations are sudden numbness or weakness of the face, arm, or leg, particularly on one side of the body, abrupt confusion, trouble talking or understanding, unexpected trouble seeing in one or the two eyes, unexpected trouble walking, dizziness, loss of coordination or balance, and sudden, extreme and severe headache with no known reason. Contrast between a TIA and a stroke is that a TIA is transient and may just last one to five minutes, leaving no changeless or permanent injury. The briefness of the TIA leads people to disregard the signs and carry on their usual daily routine without looking for medical attention. Specialists recommend that any individual experiencing one or more of those five stroke manifestations should look for medical consideration right away. Unfortunately, people in general either do not know how to recognize TIAs or tend to disregard them.

Indeed, evidence from hospital data on coronary artery diseases, thrombolysis, myocardial infarction, and other different infections demonstrates that people with chest pains and other clear symptoms in general consider the problem to be as not serious enough to call an ambulance.

In any case, the damage inflicted could have been kept away or minimized if the person or a relative, friend, or associate had taken symptoms seriously and looked for clinical consideration earlier.

Other illustrations of illness behavior come from the colorectal cancer (symptoms involve blood in stools), stomach cancer (symptoms involve consistent digestive problems) and mental illness. Onset of Alzheimer’s disease illustrates vividly the challenges and significance of recognizing early symptoms during the illness behavior course. The initial phase of Alzheimer’s disease proposes that a family member might be the first person to observe symptoms. The family caregiver who initially gets aware of the symptoms may postpone seeking clinical help, yet searches for information, talks about the issue with other family members, and may need to sort out family disagreements on the best action plan before contacting a specialist. This process and the procrastination by the family might take months even years.