

CONCEPTS OF ILLNESS AND CHOICE OF TREATMENT

(A preliminary communication of a study on concepts of illness and choice of treatment among the people of Sri Lanka).

By C. P. WIJESINGHE

Professor, Department of Psychiatry, University of Sri Lanka, Colombo Campus, Sri Lanka.

INTRODUCTION

Concepts of illness and the preferred methods of treatment in a community are governed by a complex of interacting factors. These have to be understood by the practitioner not only for the purpose of helping the sick individual but also to effect counter-propaganda against beliefs and practices which militate against the acceptance of rational medicine.

It is observed in developing countries where strong traditions of indigenous medicine prevail, that efforts at introducing scientific medicine is hampered by varying degrees of resistance. To a considerable extent, this resistance is due to well established popular concepts of indigenous medicine which run counter to the concepts of modern medicine.

In Sri Lanka, the ill person has the opportunity of seeking assistance from three different sources, each of which is based on a different conceptual system. The oldest system of medicine originates from a magico-religious philosophy of life which leans heavily on demonology and to a lesser extent on astrology, Hinduism and Buddhism. The Ayurvedic system of medicine was introduced about 2000 years ago and this is based on the humoral theory of disease. The latest in the field is scientific medicine (western medicine), which although introduced about a century ago, was not generally available to the majority of the population up to the last few decades.

PRESENT STUDY

Objectives

The present study was undertaken with the following objectives:

- (a) to determine the aetiological factors (concepts) which the patient (or informant) believed were responsible for his illness and to ascertain the factors correlated with such beliefs, and
- (b) to determine the preferred methods of treatment and factors correlated with such choice.

Method

The sample consisted of 241 patients who entered the study from the following sources:

- (a) 56 randomly sampled consultations from a suburban general practice,
- (b) 63 consecutive admissions to 4 medical wards in a general hospital,
- (c) 62 consecutive consultations from a psychiatric clinic in the out-patients department of a general hospital, and
- (d) 60 randomly sampled admissions to a mental hospital.

Two criteria were applied in the selection of patients. First, the consultation should have been the first occasion on which the patient sought treatment for the present illness from any of the above sources and second, the duration of the present illness should have been at least two weeks, except for general practice where the minimum duration was taken as one week.

Study-Group

The study-group consisted of a general practitioner, two medical officers-in-psychiatry and a psychiatrist.

Data-Collection

A schedule was prepared by the study-group to collect the relevant data. This was completed by the interviewer soon after the clinical examination of the patient. In case the patient was below the age of 15 years or for any reason was considered incapable of responding adequately to the questions in the schedule, an informant who had intimate knowledge of the patient's illness was interrogated to complete the schedule.

A reliability trial was undertaken on 20 first-attenders to a psychiatric clinic of a general hospital. This established a high degree of correlation in the collection and recording of data between the members of the study-group.

RESULTS

In the presentation of data, respondent refers to the person who was interviewed to complete the schedule. Thus the concepts presented in this

section and the characteristics correlated with concepts and methods of treatment, refer to that of the respondents, irrespective of whether they be patients or informants.

Illnesses

The total sample consisted of 241 patients. When illnesses were classified into 3 broad groups of illnesses, there were 84 psychotic patients, 57 neurotic patients, 88 medical patients and 12 patients whose diagnosis was in doubt. The total number of psychiatric patients (psychotic + neurotic) was 141.

Concepts

The concepts stated by the respondents were classified under (a) demonological – which included demoniacal possession and charms or spells cast by an enemy, (b) unfavourable astrological influences, (c) disorder of humors, (d) organic affliction (other than disorder of the humors), (e) emotional disturbance, (f) other, and (g) no concept stated.

Respondents often claimed more than one aetiology for an illness; for 241 illnesses there were 485 concepts stated.

Concepts by Diagnostic Group

Respondents claimed a demonological concept most frequently in psychotic illnesses followed by neurotic illnesses. A good proportion (34%) also stated a demonological concept for medical illnesses.

About a third of respondents stated an astrological concept or humoral concept, in roughly equal proportions for the 3 groups of illnesses.

An organic aetiology was expressed mainly for physical illnesses followed by neurotic illnesses and medical illnesses, in that order. In reverse order, was stated an emotional origin for illnesses.

Concepts by Educational Level of Respondents

Belief in demonological, astrological and humoral concepts tended to drop sharply on reaching a Grade 10 level of education. This decline was less marked for psychiatric illnesses than for medical illnesses.

An emotional aetiology was infrequently stated at the lower levels of education.

Concepts by Income Level of Respondents

Demonological, astrological and humoral concepts were claimed less by respondents in the 2 highest income groups. This difference was less marked for psychiatric illnesses than for medical illnesses.

Treatment

Magico-religious methods of treatment were sought mainly in psychiatric illnesses – especially in psychotic disorders. However, they were also used in a considerable proportion of medical illnesses.

When the expenses incurred in the various forms of treatment were compared, it was observed that the magico-religious methods of treatment were the most expensive for the patient. Treatment by the witch-doctor was particularly exorbitant.

CONCLUSION

The general conclusions which can be drawn are:

- (1) traditional concepts of illnesses and traditional methods of treatment are very much in vogue, especially in psychiatric illnesses,
- (2) there is a tendency to abandon these concepts and methods of treatment with increase in education and income beyond a certain critical level.
- (3) the magico-religious methods of treatment are more expensive to the patient than Ayurveda or modern medicine.