

Human Problems: Sick Role Behavior Among Chronic Disease Sufferers and Various Treatment Models to Increase It

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Abstract: *This article is aimed to conduct a review of research related to therapy or treatment used to enhance sick role behavior. This study uses a literature review on subjects with chronic disease to assess therapies in improving sick role behavior. The research used mostly uses single experiments and group experiments. This review discusses interventions in humanism, therapies used in sufferers of chronic diseases, subjects used, and therapies used in sufferers of chronic diseases. This review was carried out using 15 international articles published from 2009 to 2018. The results of several studies indicated that existential cognitive therapy, which is a modification between CBT and logotherapy, is more effective than other therapies to improve someone behaving like a sick person. The results of the discussion from the review of this study are important for subsequent research, while most of the research conducted in Indonesia.*

Keyword: *a systematic review, intervention, behaviorism approach, humanistic approach, therapy in patients with chronic diseases*

Introduction

The public's view about the assessment of a healthy and sick person is always about the body (Miczo, 2009). When someone suffers from a severe illness, then he is in a situation that causes stress, so that the strength within him can help him to adapt to the triggers of stress and interpret his life (Loprinzi, Prasad, Schroeder, & Sood, 2011). Everyone can choose how to handle the incident. The ability of individuals to choose to rise and adapt to their conditions is called resilience. Resilience has a relationship with physical and mental health (Wagnild, 2009). Resilience is key to a healthy and productive life (Siebert, 2005). A high level of resilience in a person is usually positively correlated with a high level of self-esteem, self-confidence, and discipline, courage and optimism in overcoming failures, cognitive capacity above average, and greater chance of being free of disease (Portzky, Rn, & Bacquer, 2010).

The sick person has a role, including the rights and obligations to be better (Miczo, 2009). Sick role behavior improves behavior like normal people (Parsons & Illness, 2010). As a sick person, a person must be active and motivated to change the needs associated with the desires to recover; this requires great perseverance and willpower. The theory of sick role behavior was first defined by Talcott Parsons. Sick role behavior that determines the disease and behavior for medical treatment that shows the sick person doing the right thing with that role (Pearce & Pickard, 2010).

Individuals who are responsible for the disease and have high sick role behavior will be aware of their health; each sick person has a significantly different awareness of their health based on their sick role behavior (Cho, Seo, Yon-hee, Park, 2018). In increasing sick role behavior, it can be strengthened by improving therapy and modeling in childhood which is

supported by parents so that increasing compilation is faced with every disease (Bilsky, 2016). This is supported by research by Sener and Cimete (2016) which explains the role of parenting for children to produce and increase the achievement of healthy living (Sener & Cimete, 2016). A healthy life is everyone's needs so that someone suffering from severe pain; most will experience depression and often feel hopeless (Brat, 2009).

Patients who are depressed are an indication of the lack of meaning in the patient's life. With the help of logotherapy, patients can be taught that they have the freedom to take a positive attitude towards their suffering or others and find real meaning in their lives (Brat, 2009). In the study of Gagnon et.al (2015), logotherapy was modified into existential cognitive interventions which showed that existential cognitive interventions could improve the quality of life and existentialism of cancer patients in the face of suffering (Gagnon et al., 2015). This is supported by research by Helena, Haug, Demarinis & Danbolt (2016) which explains that existential meaning in daily life is related to behaviors such as recovery, growth, and resilience (Helene, Haug, Demarinis, & Danbolt, 2016).

Individuals who suffer from medical diseases will experience anxiety and depression so that the conduct of cognitive-behavioral therapy (CBT) results in an increase in quality of life in patients and that patients are trained to identify their thoughts, feelings, and behavior (Hosseini, Rafiei, Gaemian, Tirgari, & Zakavi, 2017). CBT therapy will reduce pain and difficulty in chronic disease patients so that they have an effective understanding of self-care and treatment (Ehde, Dillworth, & Turner, 2011). CBT is a therapy to bring up a behavior, identification and challenge negative thoughts in patients with chronic disease depression (Daher et al., 2016). This is supported by

Daniels research (2015) that CBT is targeted to change perceptions about how and what patients think based on the basic principles that say that a person thinks he has an extraordinary effect on his emotions or behavior (Daniels, 2015).

In the behaviorism approach, several therapies are performed on patients suffering from chronic diseases such as reinforcement, modeling, and CBT. Behavioral therapy such as reinforcement and modeling in childhood is also associated with the response when faced with a disease (Bilsky, 2016). This is supported by research by Sener and Cimete (2016) which explains that the role of parenting among children will produce and increase the achievement of a healthy life.

Existential therapy aims at making meaning that leads to the continuation of life goals and the adjustment of more realistic goals. In making existential meaning, complex interactions are involved with behavioral resources and resilience for the continuation of life goals and the adjustment of more realistic goals. People suffering from chronic diseases can find ways to identify, choose, maintain, and maximize certain personal behaviors, goals, and resources in existential therapy. So that it can help them adapt, care, and identify how they make meaning with their illness (Helene, Haug, Ph, et al., 2016).

Existential therapy facilitates adjustments related to illness, daily life, and the environment. The existential dimension functions to connect many ways regarding behavior modification concerning one's experience. Information obtained through culture and existential can be analyzed in making meaning to individuals so that it contributes to a more diverse understanding of patient interpretation and modification of patient behavior in running life (Helene, Haug, Ph, et al., 2016).

Several journals have written about interventions in patients with chronic diseases both in children and the elderly. However, from several interventions carried out in patients with chronic diseases, there is no specific explanation related to the effectiveness of therapies to improve sick role behavior, so researchers are interested to know which therapies are effective in increasing sick role behavior in chronic disease sufferers.

Cognitive Behavior Therapy

Some reviews evaluate that CBT is good for sufferers of chronic diseases because CBT is the first psychosocial treatment for sufferers of chronic diseases (Ehde et al., 2011). Based on research by Hosseini, et al. (2017), participants were randomly allocated to 4 groups consisting of 40 groups including three intervention groups (RCBT, CBT, and sertraline) and one control group (usual care). The RCBT and CBT program consisted of 12 weekly one-hour sessions and are effective for patients after arterial heart transplant surgery (Hosseini et al., 2017). Behavioral therapy, such as reinforcement and modeling in childhood, is associated with the response when faced with an illness

so that the child will produce and increase the achievement of a healthy life (Bilsky, 2016; Sener & Cimete, 2016).

In a journal, Grensman et al. (2018) reported a research using CBT on 25 women using seven CBT subscales that showed an increase from 4 to 25 points so that CBT could be used as a treatment and prevention for individuals affected by a disease in behavior to improve the quality of their lives related to health (Grensman et al., 2018). In the journal, Salomonsson et al. (2017) explain that CBT has a large effect on patients suffering from an illness to determine their behavior in choosing health care (Salomonsson et al., 2017).

Based on a journal article by Bardideh et al. (2017), they conducted CBT therapy using research methods by adopting a quasi-pretest-posttest two-group experimental design in all children aged 9-11 years who suffer from cancer treated in Tehran with special cancer care centers in 2015. Based on the population at the place, 40 children were selected and divided randomly into two experimental and control groups (20 for the experimental group and 20 for the control group). The results of this study indicate that therapy has a significant impact on this group of patients and the CBT technique can be used as an appropriate solution to reduce the symptoms of children with cancer and increase their confidence so that they try better to treat their cancer (Bardideh, Bardideh, & Kakabaraee, 2017).

Cognitive-behavioral therapy (CBT) is the most common psychological intervention for individuals with chronic pain. The purpose of CBT is to help patients adapt and make desired changes now than to deal with the problem; for this purpose, most care is focused on problem-solving and the acquisition of new coping skills. The therapeutic relationship occurs between CBT therapists and collaborative and supportive patients (Lim et al., 2018).

Behavioral cognitive group therapy can lead to an increase in overall self-esteem and a decrease in anxiety in patients suffering from chronic diseases. Patients must reconsider their life plans. Cognitive-behavioral group therapy leads to reduced anxiety and increased self-esteem and activation of patients by helping them share problems and receive effective exposure solutions from group members, challenging negative thoughts and idealistic beliefs and using diversion strategies, problem-solving and behavior so that care is cheap and in short term can be applied in all health centers for patient protection (Robati & Shareh, 2018). Online CBT training for chronic pain patients will be very helpful, especially given that this modality is easily accessible and does not require time or space limitations (Lim et al., 2018).

Logotherapy

Logotherapy is also very useful when dealing with someone suffering from a deadly disease because they often feel that there is no meaning to life. In research,

Brat (2009) explores various ways to find meaning through cognitive methods of logotherapy. Based on research by Gagnon et al. (2015), 33 cancer patients were randomized between-group interventions, individual interventions, and usual treatment conditions. About 88.9% of participants agreed that an existential cognitive program should be proposed for all cancer patients, and 94.5% agreed that the interventions provided helped them reflect on the meaning of their lives. In post-intervention, existential and psychological quality of life improved in group interventions compared to usual care. At three months of follow-up, quality of life and psychological improvement in individual interventions were noted compared to usual care (Gagnon et al., 2015).

Group logotherapy is an effective method to reduce depression and increase expectations. Despair is one personal factor in determining a person's behavior. In logotherapy, groups can find meaning and strengthen plans to achieve goals, which reduce depression and increase expectations (Khaledian, Yarahmadi, & Mahmoudfakhe, 2016). In Haug, Danbol, Kvigne, and Demarinis (2016) research, the results show that there is a need to collect and assess the function type of patient information to better understand the patient's framework and to identify resources for planning patient care in logotherapy (Helene, Haug, Ph, et al., 2016).

Making meaning in individuals can contribute to a more diverse understanding of patient interpretation and behavior modification in life so the results indicate that the need to incorporate this type of information into the clinical process is to better understand the patient's interpretation framework, and to identify patient care planning resources (Helene, Haug, Demarinis, et al., 2016). Parents who have cancer must get special health care; they must understand the process of adaptation to the disease they suffer in everyday life through existential therapy (Helene, Haug, Ph, et al., 2016).

Existential Cognitive

The development of existential cognitive therapy can improve the quality of life and existentialism of cancer patients in the face of suffering so that the modification between CBT and logotherapy is very beneficial to improve the behavior of the role of pain. This is supported by research by Sener and Cimete (2016) which explains that the role of parental care for children will produce and increase the achievement of a healthy life. The integration of logotherapy with CBT is related to client motivation and well-being, the efficiency of the therapeutic process, and its effectiveness and prevention. Logotherapy opens one's dimensions and relates to the scope of treatment so that not only are dysfunctional reactions and thoughts modified but actions are deliberate, responsible, and meaningful and the client is able to create goals that will increase his well-being and endurance at the end of therapy. In this therapy, suffering is minimized while

welfare is maximized. Therefore, the CBT therapy will be based on the meaning based on logotherapy, which will provide individuals who are sick an efficient and effective way in the role and planning of care (Ameli, 2017).

Treatments Models to Increase Resilience on Sick Role Behavior

Based on the purpose of this study, researchers want to see effective treatments for sick role behavior in patients with chronic diseases. Some treatments that are carried out on someone suffering from chronic disease will cause certain behavior. The results of a journal review regarding the effectiveness of various treatment models in patients with chronic diseases, behavior therapy is suitable for use in young children with chronic diseases that require external reinforcement such as modeling and reinforcement so that the child will increase his achievement of healthy living.

Cognitive-behavioral therapy (CBT) techniques are suitable for patients suffering from chronic illness who are depressed so that the patient's negative thoughts will be reduced to bring out the expected behavior. CBT has a great effect on patients suffering from a disease to determine their behavior in choosing their health care so that CBT can be used as a treatment and prevention for individuals affected by a disease in behavior to improve their quality of life-related to health. CBT applied to children is also effective in increasing their self-confidence so they try to treat the disease. Behavioral cognitive group therapy helps them share problems and receive effective exposure solutions from group members, challenge negative thoughts and idealistic beliefs and use diversion, problem-solving, and behavior strategies to treat themselves well as people suffering from an illness. The developments regarding online CBT for chronic pain patients will greatly assist in the process of implementing therapy.

In logotherapy, patients are invited to reflect on the meaning of their lives and explore various ways to find meaning. Logotherapy is very useful when dealing with someone suffering from a deadly disease because they often feel that there is no meaning to a life where logotherapy explores various ways to find meaning. Logotherapy opens one's dimensions and relates to the scope of treatment so that not only are dysfunctional reactions and thoughts modified but actions are deliberate, responsible, and meaningful and the client is able to create goals that will increase his well-being and endurance at the end of therapy.

In group logotherapy, the method used is effective in reducing depression and increase expectations, thus determining a person's behavior. In group logotherapy, each individual can find meaning and strengthen plans to achieve goals in his life. There is a need to collect and assess types of patient information to understand the patient's framework and to identify patient care planning resources on logotherapy. Making meaning in

individuals can contribute to a more diverse understanding of patient behavior modification in life to identify patient care planning resources.

The modification between CBT and logotherapy is that existential cognitive therapy is more effective in improving someone behaving like a sick person. Behavioral therapy treatments, cognitive behavioral therapy, and logotherapy have a great influence on the behavior of a person's sick role, especially in several key components such as increased care in seriously ill patients. The results of a review of several studies indicate that the three therapeutic treatments in seriously ill patients can be used in different rehabilitation to improve sick role behavior. All therapeutic treatments that have been analyzed can be effectively carried out on children to adults in the form of group or individual therapy.

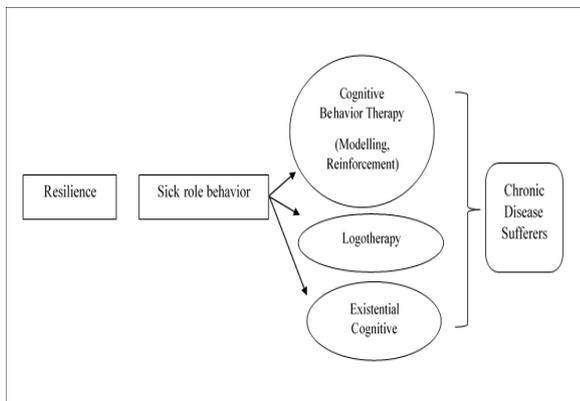


Figure 1: Models to Increase Resilience on Sick Role Behavior

Conclusion

Behavioral therapy is suitable for use in young children with chronic diseases that require external reinforcement such as modeling and reinforcement. Cognitive-behavioral therapy techniques are suitable for patients suffering from chronic illness who are depressed so that the patient's negative thoughts will be reduced to bring out the expected behavior. In logotherapy, patients are invited to reflect on the meaning of their lives and explore various ways to find meaning, open up one's dimensions and relate to the scope of treatment so that not only are dysfunctional reactions and thoughts modified, but intentional actions occur. Existential cognitive therapy, which is a modification between CBT and logotherapy, is more effective in improving someone's behavior as a sick person. Behavioral therapy treatments, cognitive behavioral therapy, and logotherapy have a great influence on the sick role behavior, especially in several key components such as increased care in seriously ill patients. The three therapeutic treatments in terminally ill patients can be used in different rehabilitation to improve the sick role and can be applied to different types of ages.

References

- Ameli, M. (2017). Integrating logotherapy with cognitive behavior therapy : a worthy integrating logotherapy with cognitive behavior therapy : a worthy challenge. <https://doi.org/10.1007/978-3-319-29424-7>
- Bardideh, K., Bardideh, F., & Kakabaraee, K. (2017). Study of the effectiveness of the cognitive-behavioral therapy on self-efficacy and pain among children suffering from cancer, 9(5), 33–41. <https://doi.org/10.5539/gjhs.v9n5p33>
- Bilsky, S. A. (2016). The role of child anxiety in parent sick role reinforcement. Retrieved from <http://scholarworks.uark.edu/etd/1486>
- Brat, P. J. (2009). Logotherapy in the care of the terminally ill. 37–41. <https://doi.org/10.1300/J078v11n03>
- Cho, Seo, Yon-hee, Park, M. (2018). 및 환자역할행위 이행과의 관계 Relationship between uncertainty in illness, subjective health status, and compliance with sick role behavior according to levels of health literacy in hemodialysis patients, 30(4), 437–446.
- Daher, N., Koenig, H. G., Pearce, M. J., Nelson, B., Shaw, S. F., Berk, L. S, Michael, B. (2016). Effects of religious vs. conventional cognitive-behavioral therapy on purpose in life in clients with major depression and chronic medical illness: A randomized clinical trial, 6(1).
- Daniels, S. (2015). Cognitive behavior therapy for patients with cancer. *J adv pract oncol* 2015;6:54–56.
- Ehde, D. M., Dillworth, T. M., & Turner, J. A. (2011). Cognitive-behavioral therapy for individuals with chronic pain, 153–166. <https://doi.org/10.1037/a0035747>
- Gagnon, P., Fillion, L., Ph, D., Robitaille, M., Girard, L. E., Cochrane, J, Sc, M. (2015). A cognitive – existential intervention to improve existential and global quality of life in cancer patients : A pilot study, 981–990. <https://doi.org/10.1017/S147895151400073X>
- Grensman, A., Acharya, B. D., Wändell, P., Nilsson, G. H., Falkenberg, T., Sundin, Ö., & Werner, S. (2018). Effect of traditional yoga, mindfulness-based cognitive therapy, and cognitive behavioral therapy, on health-related quality of life : a randomized controlled trial on patients on sick leave because of burnout, 18:80, 1–16. <https://doi.org/10.1186/s12906-018-2141-9>
- Helene, S., Haug, K., Demarinis, V., & Danbolt, L. J. (2016). The illness reframing process in an ethnic-majority population of older people with incurable cancer: variations of cultural- and existential meaning-making adjustments, 4676(June). <https://doi.org/10.1080/13674676.2015.1126705>
- Helene, S., Haug, K., Ph, D., Danbolt, L. J., Kvigne,

- K., & Ph, D. (2016). Older people with incurable cancer : Existential meaning-making from a life-span perspective, *79*, 20–32. <https://doi.org/10.1017/S1478951515000644>
- Hosseini, S. H., Rafiei, A., Gaemian, A., Targari, A., & Zakavi, A. (2017). Comparison of the effects of religious cognitive behavioral therapy (rcbt), cognitive behavioral therapy (cbt), and sertraline on depression and anxiety in patients after coronary artery bypass graft surgery: Study protocol for a randomized controlled trial, 206–213.
- Khaledian, M., Yarahmadi, M., & Mahmoudfakhe, H. (2016). Effect of group logotherapy in reducing depression and increasing hope in drug addicts *Journal of research & health social development & health promotion research center vol. 6, No. 1*, 167-174.
- Lim, J., Choi, S., Lee, W. J., Jang, J. H., Moon, J. Y., Kim, Y. C., & Kang, D. (2018). Cognitive-behavioral therapy for patients with chronic pain. *Medicine*, *97*:23. <https://doi.org/10.1097/MD.00000000000010867>
- Loprinzi, C. E., Prasad, K., Schroeder, D. R., & Sood, A. (2011). Stress management and resilience training (smart) program to decrease stress and enhance resilience among breast cancer survivors: a pilot randomized clinical trial. *CLBC*, *11*(6), 364–368. <https://doi.org/10.1016/j.clbc.2011.06.008>
- Miczo, N. (2009). Stressors and Social Support Perceptions Predict Illness Attitudes and Care-Seeking Intentions : Re-Examining the Sick Role, (December 2014), 37–41. <https://doi.org/10.1207/S15327027HC1603>
- Parsons, T., & Illness, C. (2010). Body & society talcott parsons, the sick role and chronic illness. <https://doi.org/10.1177/1357034X10364766>
- Pearce, S., & Pickard, H. (2010). Finding the will to recover : philosophical perspectives on agency and the sick role, 831–834. <https://doi.org/10.1136/jme.2010.035865>
- Portzky, M., Rn, G. W & Bacquer, D. De. (2010). Psychometric evaluation of the dutch resilience scale rs-nl on 3265 healthy participants : a confirmation of the association between age and resilience found with the Swedish version, (12), 86–92. <https://doi.org/10.1111/j.1471-6712.2010.00841.x>
- Robati, Z., & Shareh, H. (2018). The effectiveness of cognitive-behavioral group therapy in anxiety and self-esteem in patients with multiple sclerosis. *Fundamentals of Mental Health*, *9*(1). <https://doi.org/10.3402/ljm.v9.24186>
- Salomonsson, S., Santoft, F., Lindsäter, E., Ejeby, K., Ljótsson, B., Öst, L, Hedman-lagerlöf, E. (2017). Cognitive – behavioural therapy and return-to-work intervention for patients on sick leave due to common mental disorders : a randomised controlled trial, *74*, 905–912. <https://doi.org/10.1136/oemed-2017-104342>
- Sener, D. K., & Cimete, G. (2016). Corresponding author : *children and youth services review*. <https://doi.org/10.1016/j.chilyouth.2016.03.007>
- Siebert, A. (2005). *The resiliency advantage: Master change, thrive under pressure, bounce back from setbacks*. San Fransisco: Berret-Koehler Publishers.
- Wagnild, G. (2009). A review of the resilience scale, *17*(2), 105–113. <https://doi.org/10.1891/1061-3749.17.2.105>