

On the Role of Culture in the Interaction Between Patient and Provider of Health Care

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Abstract. The process of the formation of illness representations is described, with special attention to the role of culture in this process. Illness representations have strong effects on the emotional and coping reactions of the patient. Also via other ways, culture has an influence on the interaction of the patient with the providers of care, for example in terms of the risk of non-compliance with medical advice. In this paper the implications of these relations for practice are explored.

Key words: illness, culture, patient, compliance, health care provider

Abstrak. Diuraikan proses pembentukan representasi penyakit, dengan perhatian khusus pada peran budaya dalam proses ini. Representasi penyakit memiliki pengaruh yang kuat terhadap reaksi emosional pasien dan cara mengatasinya. Juga lewat cara lain budaya memiliki pengaruh terhadap interaksi pasien dengan penyelenggara perawatan, misalnya dalam masalah risiko ketakpatuhan pada nasihat medis. Dalam artikel ini didalami implikasi hubungan tersebut dalam praktik.

Kata kunci: penyakit, budaya, pasien, kepatuhan, penyelenggara perawatan kesehatan

When a person experiences a physical problem, this experience acquires meaning for that person in a rather complex process. In this process cultural variables play a role at different stages. The fact that a health problem or a physical problem has a specific meaning for the suffering person, is important because this meaning will determine what the person will feel, also emotionally, and will do in relation to this problem and it will have an influence on how the sufferer perceives what is done by others in relation to this problem. So this meaning will determine how the patient perceives and interprets medical interventions and it will determine its behavior in the context of care.

In this paper the implications of the process of symptom formation, and thus of the role of culture, on the interaction between patient and provider of health care will be explored. A more comprehensive discussion of the role of culture in general and in relation to health is found in Matsumoto and Juang (2004).

Specifically, I will (1) describe the process

through which symptoms acquire meaning or how, as it is often called, illness representations are formed (Weinman & Petrie, 1997); (2) indicate the role of culture in this process; and (3) show the importance for medical practice to take these cultural variables into account, and how to do so.

Especially in Western medicine, its dualistic conceptual basis has had as one of its consequences that patients were seen as "lay people" that, because they had not had the required medical education, were unable to understand what happened in their bodies, and, consequently, were unable to decide what had to be done in order to cure illness. This position follows from the dualistic, "Cartesian", scission between body and mind. In this model, illness is, necessarily, situated in the body as a material system. It was, then, in this model further assumed that patients would simply accept medical diagnosis, and comply with medical prescriptions given by the medically competent caregiver. Patients were, in other words, thought of as having to passively undergo medical treatment. If this were the case, it would not matter what the patient thought, or how he/she perceived his/her problem. However, reality appears to be more complex. One of the phenomena that testify of this greater com-

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