Understanding illness experience: a journey within PCP perspective and practice

The concepts of health and illness have been changing across cultures and centuries. Alongside this, the methods of inquiry and treatment have changed. Departing from the perspective of primitive cultures, through the biomedical model of disease, to a bio-psycho-social model of illness, different approaches will be presented. By recovering the wisdom of the ancient understanding of illness, in this keynote I present my journey through the exploration of illness experience in PCP terms. I started checking Chiari and Nuzzo's hypothesis of cancer as a personal construct as part of a qualitative study. Then my search went toward the exploration of an “uncertain” illness: eye floaters. Patients suffering from eye floaters perceive flashes and spots in their perceptive fields, but they do not necessarily have a pathology of the eye. Departing from a constructivist perspective, I tried to understand the experience of these patients, differentiate among them, and propose different ways of treating them. I used a qualitative methodology based on the Grounded Theory approach in order to develop a new theory of illness experience. I subsequently verified this theory in the context of other chronic illnesses, and of the health attitudes of people without particular illnesses, and finally explored the experience of a chronically ill child’s family. In all these cases I found that individuals’ and families’ way of experiencing and reacting to health and illness may differ, and may depend on the
perception of the disease, the personal explanation, the solutions tried, the trust placed in medicine, self-construction, and the dispersion of dependency. On the basis of these categories, cases that exhibited similar experiences were grouped, and four illness trajectories were identified by referring to Kelly’s transitions: aggressiveness, threat, constriction, and guilt. A different health status or illness progression corresponded to each trajectory, and a different clinical intervention might be construed. This journey brought me to propose a new way to trace illness trajectories based on a PCP interpretation of the disorder, and a specific methodology of inquiry, which may be useful for tracing a direction for future studies and practices.