THE HEALTH SEEKING PROCESS: AN APPROACH TO THE NATURAL HISTORY OF ILLNESS

ABSTRACT. Anthropological research on health-related behaviors in the United States has tended to emphasize folk illnesses among particular subcultural groups, obscuring the heterogeneity of popular culture health beliefs and practices in the lay health system. The development of theoretical models for this complex society will require research that stresses similarity as well as diversity within and between population groups. The health seeking process is proposed in this paper as a means to document natural histories of illness in any subculture. Concepts from medical anthropology and medical sociology are related to five components of health seeking—symptom definition, illness-related shifts in role behavior, lay consultation and referral, treatment actions, and adherence. Illustrative propositions to guide further research are proposed.

INTRODUCTION

Contemporary anthropological research on health beliefs and practices in the United States has not yet generated models to conceptualize the sociocultural heterogeneity of this society. Indeed, there are very few comparative studies of folk beliefs among American ethnic groups (e.g., Scott 1974; Snow 1974). This contrasts with the work in Asia (e.g., Leslie 1974; Kleinman et al. 1975) and Latin America (Simmons 1955; Fabrega 1970; Fabrega and Manning 1973) where more descriptions are available and models have been developed. To some extent, this situation is due to (1) the recent interest of anthropologists in research in the United States, (2) anthropological adoption for research purposes of the biomedical language of disease (Fabrega 1975), combined with the search for esoteric folk illnesses, and (3) the structural and cultural heterogeneity of the American population. Nonetheless, anthropologists working in the United States are conceptually well-prepared to develop models showing how sociocultural factors influence the behaviors related to sickness and health. Such sociocultural models should be integrated with the bulk of contemporary health research with its focus upon psychological, socioeconomic, and sociopolitical variables. The purpose of this paper is to introduce the health seeking process, a concept that may provide a comprehensive scheme for examining people's reactions to sickness in the context of this complex Western society.

The health seeking model is an attempt to conceptualize people's experiences with sickness holistically as natural histories of illness, a view that has advantages for the development of theory in medical anthropology. First, the health seeking concept has been constructed from aspects of contemporary anthropological and
sociological approaches and thus may serve to integrate existing research. Second, the model outlines the likely relationships of health-related behaviors and sociocultural contextual features allowing the opportunity to test propositions about the impact of daily life on these behaviors. Third, the model facilitates more complete ethnographic descriptions. Finally, because the health seeking process refers to the actions and views of nonpractitioners, it should be a useful complement to studies of health delivery systems.

Traditional anthropological approaches to health-related behaviors have tended to produce fragmented knowledge about how people act when they are sick. For example, anthropological studies designed to discover interesting folk illnesses in American cities among ethnic minorities (cf. Nader 1969; Fox 1972) have frequently resulted in sets of cultural illness stereotypes (Cervantes 1972; Romano 1968). Descriptions and explanations of the internal variability of beliefs and practices, for example, have received little attention. We learn much about folk illnesses and cures, and that Western practitioners may be used (see Press 1969), but the way 'scientific' diseases are integrated into people's belief systems is largely unknown. When Western biomedical diseases are discussed, they are seen as residual categories, useful to the individual when the traditional (folk) categories are not applicable, or as the alternative diagnosis of a medical professional.

Sociological research has also led to a fragmented perspective of people's health-related behaviors. Concepts such as illness behavior (Mechanic 1968) and the sick role (Parsons 1951) imply that formal medical care is a central feature of people's help-seeking behaviors, even though most illnesses do not reach a doctor (Ailinger 1974; White et al. 1961). Like the anthropological focus upon folk illness, this sociological assumption has limited investigators' opportunities for describing and understanding social and cultural variability within and between groups in the United States.

An initial step toward developing a sound theoretical view of the complexity of health-related behaviors in the United States is to focus our attention upon the relationship of the sociocultural imperatives of everyday life and patterns of health beliefs and practices (Fabrega 1975; Young 1976). To accomplish this, we should examine the process of being sick in a variety of subcultural contexts, increasing our scope beyond the heavily studied ethnic minorities. We must attend to illness, the individual perception of being sick rather than to disease, which "designates altered bodily states or processes that deviate from norms as established by Western biomedical science" (Fabrega 1972: 213). We must recognize the importance of a highly variable lay health system in which elements of the scientific health system are integrated with popular and folk health beliefs and practices that more completely relate to the construction of everyday life.