

Psychology, Health & Medicine 2018-19

M5X00912

Dr Ceri Phelps

Psychology, Health & Medicine

Lecture Overview:

- **Introduction to Module & Assessments**
- **Understanding health in the 21st Century**
- **The role of psychology in health & illness**

Module Aims

- Teach students how to apply the key concepts and theories of social cognition to understanding and improving health behaviours;
- Demonstrate the complex interaction between psychological, social and biological processes when attempting to understand health-related behaviour in humans; and
- Develop understanding of how to design and evaluate theory-based interventions in psychology designed to improve health and wellbeing.

Module Learning Outcomes

Learning Outcomes	Assessment Criteria <i>To achieve each outcome a student must demonstrate the ability to:</i>
1. Understand how theories of social cognition can be used to understand and influence specific health behaviours	Apply appropriate social psychological theories to understanding and influencing specific health behaviours.
2. Discuss how the biopsychosocial model informs our understanding of health behaviours and physical health problems	Use empirical evidence to evaluate the extent to which biological, psychological, and social factors underpin specific health behaviours/physical health problems.
3. Identify appropriate research design and associated issues in relation to intervention development	Develop an appropriate applied research proposal based upon appropriate theory and research design in response to a specific health behaviour.
4. The ability to present work suitable for an academic audience through appropriate media	Present work to required conventions using appropriate media.

Module Assessment

Assessment Component 1 – 50%

Two hour scenario-based open book exam: students will be provided with scenarios which they then have to answer questions about, using the core text for this module as the supporting open book.

Assessment Component 2 – 50%

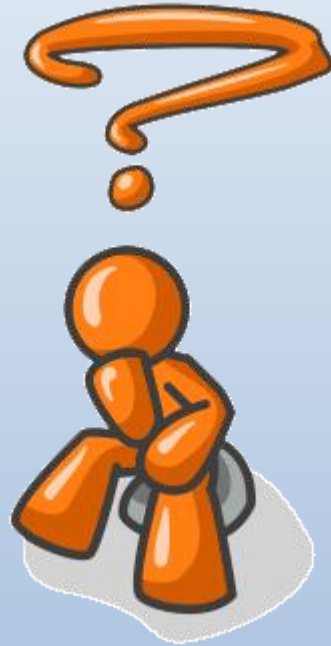
A 2,000 word applied project proposal to a hypothetical health-funding body will allow students to demonstrate their awareness of how to identify an appropriate mixed methods research design for an applied research question.

What is expected at Level 5?

At **Level 5** it is expected that the student will demonstrate the following qualities:

- More highly developed ability to complete a variety of written tasks effectively, including discursive essay, reports, and case study presentations.
- Be able to participate orally in a variety of different groups and settings in a confident and articulate fashion.
- Be able to use language with increasing complexity and sophistication.
- Be practised in hypothesis formation and knowledgeable about the means for testing hypotheses.
- Have the capacity to develop a major research interest evolving from the course and to prepare for an involvement with it.
- Be able to apply a range of theoretical models.
- Be able to synthesise theories, concepts and information in relatively novel ways.
- To have become more practised in critically appraising the competing claims of alternative primary and secondary sources.
- A growing ability to manage learning in a self-organised manner with a particular view to the importance of achieving desired outcomes within limited time periods.

What is health?



What is health?

- Is it simply the absence of disease?

World Health Organisation (1984)

- Health as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity”
- Health as a basic human right
- Equity and empowerment central

Health at a Global level

- Public Health
- Epidemics/Pandemics
- Genomics



Health V Wellbeing/Wellness



What is health?

WORLD HEALTH ORGANISATION (WHO):

Health needs to be measured on three dimensions:

- Social
- Psychological
- Physical wellbeing

= QUALITY
OF
LIFE





Measuring Quality of Life (QoL)

- Reliable
- Valid
- Sensitive to change
- General versus disease-specific measures of QoL

Measuring Quality of Life (QoL)

WHOQOL Group (1998)

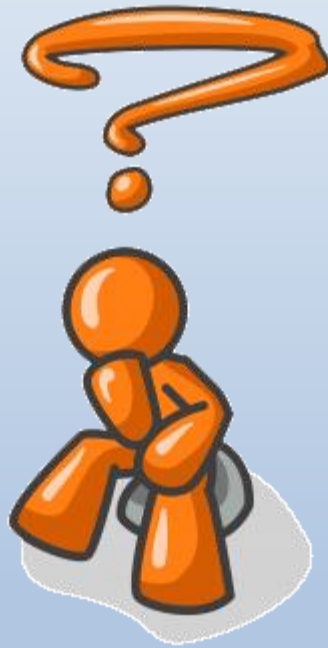
- individuals perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.
- i.e. the impact of any illness has to be considered across a number of life domains.

Measuring Quality of Life (QoL)

Sickness Impact Profile	Nottingham Health Profile	Short Form-36
Sleeping and rest	Sleep	Vitality
Alertness	Energy	Pain
Social interaction	Pain	Social functioning
Emotion	Social Isolation	Mental Health
Mobility	Emotional reaction	Physical functioning
Walking	Physical mobility	Perceive health changes over past year
Bodycare and movement		
Eating		
Housework		
Recreation		
Communication		

Table 9.2, taken from Bennett (2000) page 168.

How do our behaviours influence our health?



Behaviour and Health

- The Alameda County Study (Berkman & Syme, 1979)
 - Longitudinal study
 - 7,000 initially healthy individuals for 20 years
 - Highlighted the link between lifestyle factors and increased longevity

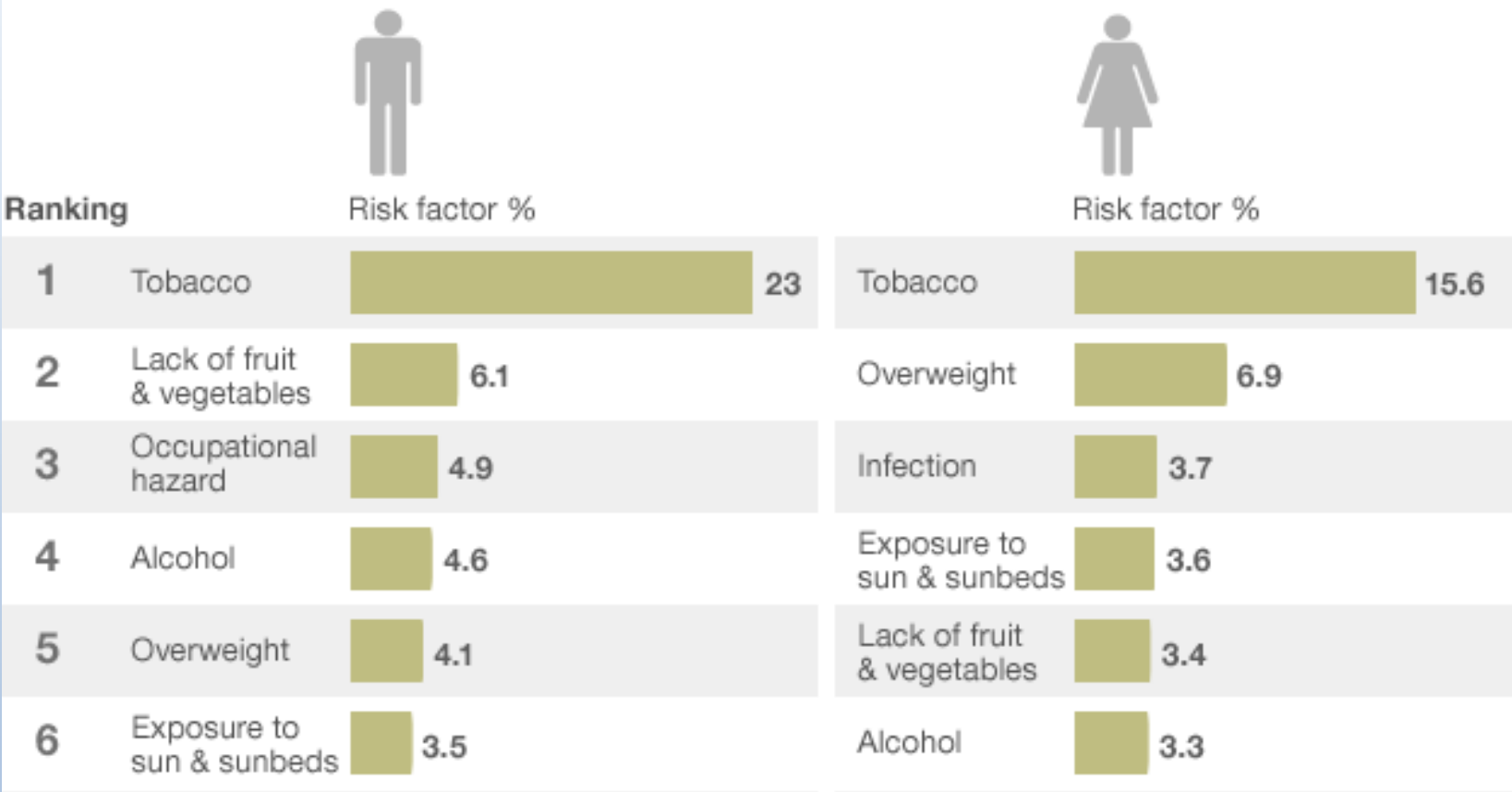
Behaviour and Health

- The Alameda County Study (Berkman & Syme, 1979)
 - The Alameda 7
 - Healthy weight
 - Not smoking
 - Not snacking between meals
 - No excessive alcohol use
 - Exercise/Physical activity
 - Regular sleep
 - Regularly eating breakfast

- Cancer Research UK 2011
 - 40% of cancers are caused by unhealthy lifestyles
- Factors associated with increased cancer risk
 - Smoking
 - Alcohol misuse
 - Poor nutrition
 - Low levels of exercise
 - Unprotected sex

Top six causes of all cancers in men and women

Risk factors of the 158,700 cancers diagnosed in men and 155,600 cancers diagnosed in women each year



Source: Cancer Research UK

Individual Differences in QoL

- What psychological factors predict how well an individual may respond to or cope with illness?

Individual Differences in QoL

- Personality type
- Negative Affect
- Hardiness
- Optimism
- Hostility



Impact on health indirectly by influencing behaviours in response to health threat.

Health-related decision making

- What are some of the key decisions we make in our everyday lives that may have an impact on our physical health?



Health-related decision making?

- What factors may influence the decisions we may make?



Social and environmental influences

- Social Economic Status
 - Strong evidence to support a link between SES and health.
 - Lower SES associated with increased morbidity and mortality (Adler & Ciriello, 1997)
 - Low income individuals are 2.5 times more likely to suffer from a diagnosable mental disorder
 - Influences health directly and indirectly through health choices
 - Exposed to more environmental insults e.g poor housing/pollution
 - Lower SES engage in more health damaging behaviours

- Healthy Eating/Diet

- Cost & Access

- People with lower incomes report the cost of healthier food options is a barrier to eating healthier
 - Increasing out of town supermarkets
 - Leads to consumption of high fat/sugar and low nutrient foods (Thirlaway & Upton, 2009)

Social and cultural influences

Alcohol

- Van Wersh & Walker (2009)
- “Binge-drinking as a Social and Cultural Phenomenon”
 - Aged between 22 & 58
 - “the culture of the binge drinker”
 - “embedded in our national Zeitgeist”
 - “accepted as the norm”
- One Greek participant spoke about the English “Pub culture” and how he only engaged in this culture when coming back to the UK

- Alcohol
 - UK has the highest underage drinking in Europe
 - 35% 13 year olds in Wales reported drinking with the deliberate intention of getting drunk (Currie et al, 2008)
 - Adolescents report drinking 15 units or more in one session (Gunning, Nicholson & Wardle, 2009)
- Why?
 - Coleman & Carter (2003)
 - Ages 14-17 drinking in risky environments
 - Social facilitation
 - Way of forming social group identities
 - Compulsory to gain social approval

- Smoking and CHD
- Hein et al (1992)
 - 17 year prospective study of CHD
 - Men who smoked 3.5 times more likely to develop CHD
 - When data analysed according to SES
 - White collar smokers 6.5 time more likely to experience a cardiac event than non smokers
 - Blue collar workers – no extra risk
 - Although fewer middle class people smoke – those that do particularly vulnerable

Personality and Disease

- Personality types
 - Type A Behaviour
 - Initial research indicated a strong link between Type A and CHD
 - More recent research indicates – HOSTILITY
 - Barefoot et al (1983)
 - 255 physicians for 25 years
 - Those scoring higher in hostility measures 5 times more likely to experience heart attack
 - » Similar findings in women and other European studies.

Personality and Cancer

- Type C
 - Stoic, cooperative, appeasing, inexpressive of negative emotions – particularly anger.
 - This personality type implicated in cancer incidence and progression
 - Those diagnosed with cancer – report histories of unhappiness
 - Suppressed anger/conforming personality – more likely to have more malignant changes
 - Those who inhibit emotions 16 times more likely to develop cancer

e.g. Type D personality

- Associated with greater risk of CVD, poorer prognosis and treatment outcomes
- Often described as a “distressed personality”
- High levels of Negative Affect and Social Inhibition
- Denollet et al. (1996) – Type D associated with increased mortality after a cardiac event even when controlling for biomedical risk factors.
- Likely influence on blood pressure reactivity, heart rate changes and salivary cortisol levels.

Influences on Health Behaviour

Attitudes:

attitudes are considered as relatively enduring and generalisable and made up of three related parts – thought (cognition), feeling and behaviour

- **Cognitive:** beliefs about the attitude-object, e.g. cigarette smoking is a good way to relieve stress/cigarette smoking is a sign of weakness
- **Emotional:** feelings towards the attitude-object, e.g. cigarette smoking is disgusting/pleasurable
- **Behavioural (or intentional):** intended action towards the attitude-object, e.g. I am not going to smoke.

Influences on Health Behaviour

Locus of Control

- **Internal:** individuals themselves as the prime determinant of their health state. Internal beliefs are theoretically associated with high levels of health protective behaviour, and are associated with self-efficacy
- **External/chance:** external forces such as luck, fate or chance determine an individual's health state, rather than their own behaviour
- **Powerful others:** health state to be determined by the actions of powerful others such as health and medical professionals

Self-efficacy

“the *belief* in one's capabilities to organize and execute the sources of action required to manage *prospective* situations.” (Bandura, 1986).

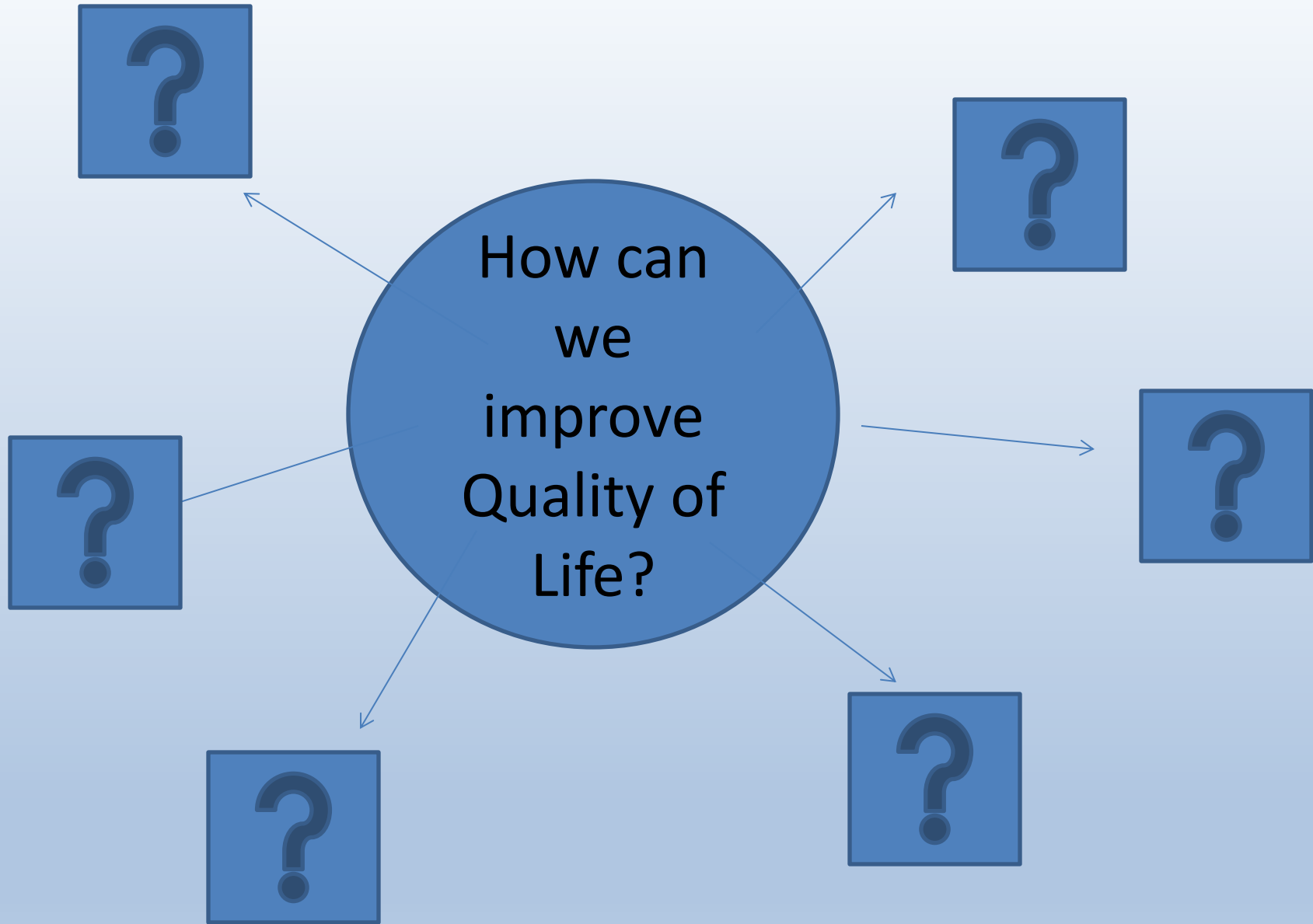
Influences on Health Behaviour

Unrealistic optimism

Weinstein (**1987**) identified four factors that associate with unrealistic optimism:

- a lack of personal experience with the behaviour or problem concerned.
- a belief that their individual actions can prevent the problem.
- the belief that if the problem has not emerged already then it is unlikely to do so in the future; e.g. 'I have smoked for years and my health is fine, so why would it change now?'
- the belief that the problem is rare e.g. 'Cancer is quite rare compared to how common smoking is and so it is pretty unlikely I'll develop it'.

How can
we
improve
Quality of
Life?



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graph TD; A((How can we improve Quality of Life?)) --> B[?]; A --> C[?]; A --> D[?]; A --> E[?]; A --> F[?]; A --> G[?];
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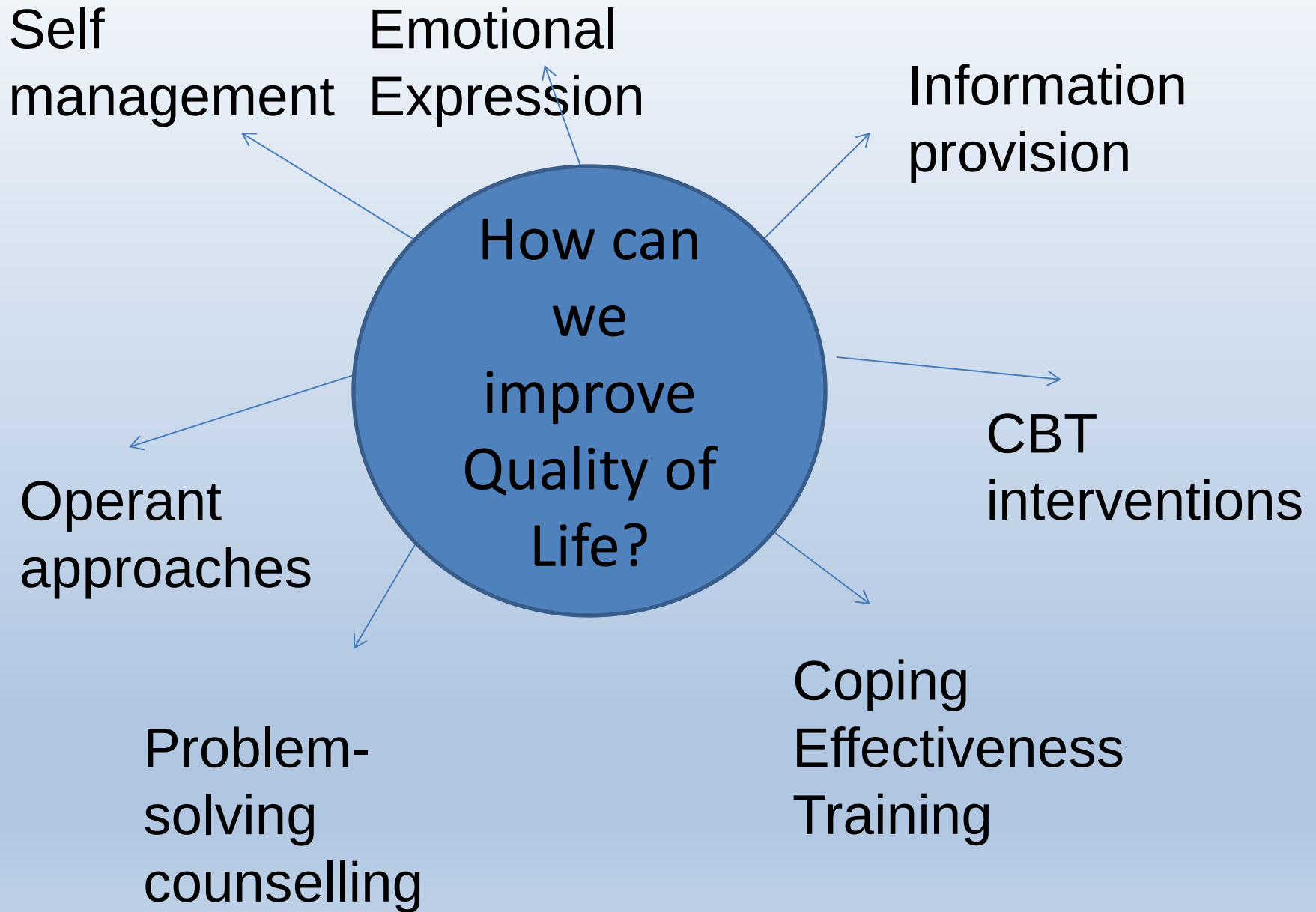
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Summary

- Psychosocial outcomes increasingly important in health care
- Plethora of measures available means careful choice of appropriate measure
- Quality of life is not just the absence of disease
- Can develop effective interventions based on our understanding of psychosocial risk factors and appropriate theory.

Summary

- Psychosocial correlates have important influences on health
- Influence directly or indirectly
- psychosocial correlates such as personality and social influences affect health and health behaviours
- Not always a straightforward correlation

The Biopsychosocial Model of Health

