
Health Psychology and Human Diversity

Introduction to the unit

Will be presented by :

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- This unit aims to introduce you to psychological theories and research that will be relevant to your practice as a doctor.
 - Unit designed to meet the requirements of the GMC (Tomorrow's Doctors 2009)

Unit content

- Psychology, health & illness
 - Biopsychosocial model, stress, pain; changing health behaviour; coping with illness; psychological therapy; adherence to treatment; dying
- Diversity
 - Stereotypical thinking; aspects of diversity
- e.g. disability, sexuality, ageing; reflective practice

Teaching on the unit

- Teaching methods include:
 - Lectures, many with visiting speakers for clinical focus, or to cover specialist topics
 - Small group sessions
 - DVDs
 - Independent study & reflection
 - Blackboard (lecture slides, readings, self-directed study discussion board)
- Different locations
 - You need to check the timetable in Unit Book

Support on the unit

- I am always happy to discuss unit content, answer questions, and listen to any feedback or concerns

Assessment

- Assessment based on Learning Outcomes for the unit and for individual sessions
- Formative mid-unit exam, with model answers
- Revision session ONLINE

What is expected from you

- Show respect for speakers and fellow students
- Be on time (ready to start, not just arriving)
- Be quiet in lectures
- Participate in discussions and group sessions
- Offer constructive comments and suggestions
- Seek help appropriately

Diversity in student background

- Some topics may be particularly sensitive for you. Be aware of what is coming up and contact the module leader before the relevant session if you have any concerns.

Psychology and medicine

Biopsychosocial model

Objectives

- To enable you to:
- Describe how biological, psychological and social factors can contribute to health and illness, and to health related behaviour

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- **Psychology** is the science of how people think, feel and behave.
 - **What is health psychology?**
 - – contribution of the discipline of psychology to: the promotion and maintenance of health; the prevention and treatment of illness; the identification of psychological factors influencing health and illness; and the analysis and improvement of the health care system and health policy formation.

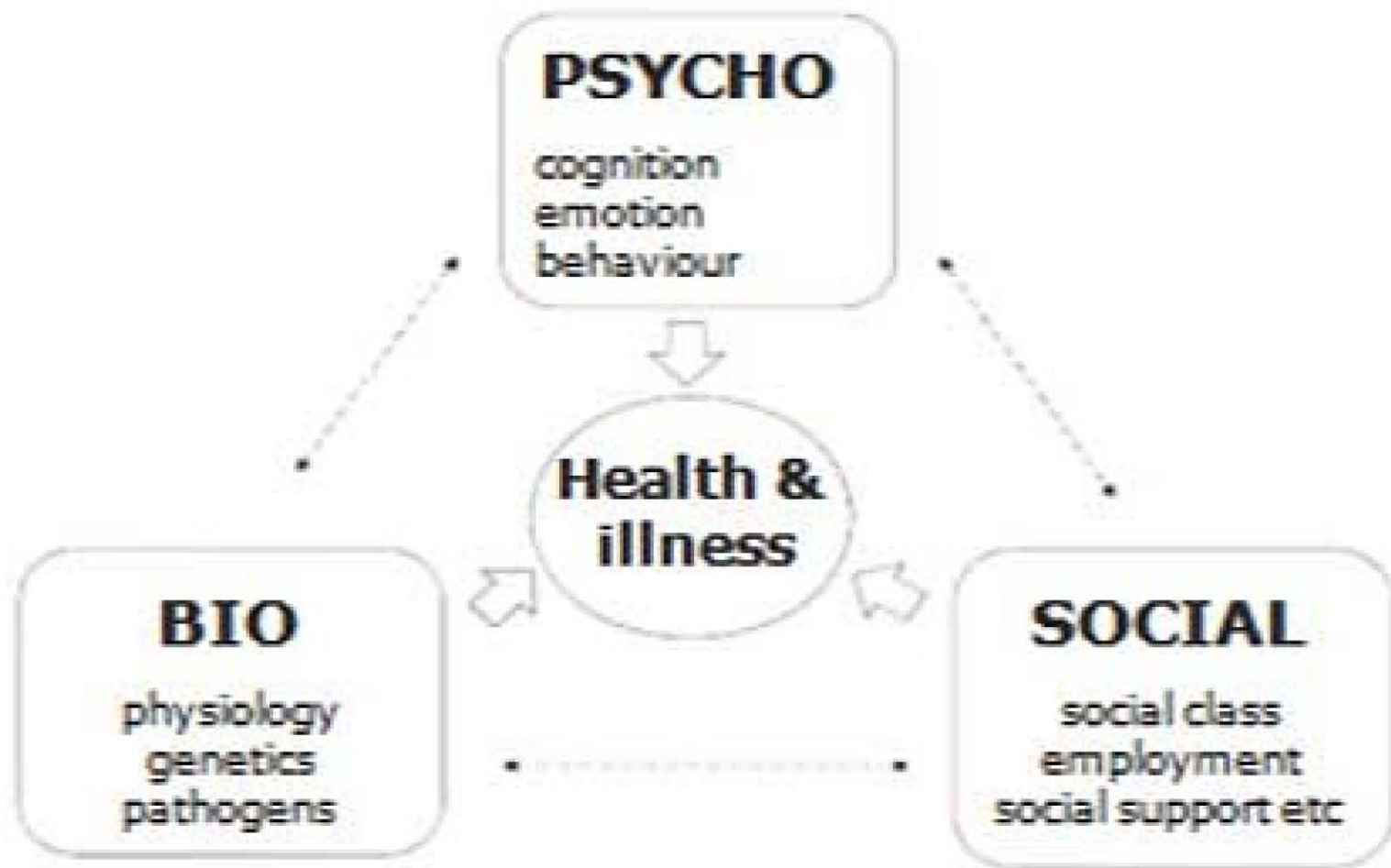
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The biomedical model

- Traditionally medicine not interested in psychological or social factors
- Biomedical model dominant in Western medicine
 - Illness understood in terms of biological and physiological processes
 - treatment involves physical intervention (drugs, surgery)
- "The body is treated like a machine that is fixed by removing or replacing the ailing part or destroying the foreign body that is causing the problem"
McClelland (1985)
- – But is this too narrow a picture? How important are psychological and social factors in health?

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- Ali
 - 50 year old financial manager Divorced, 3 teenage children
 - Recovering from a heart attack
 - What factors might have contributed to Ali's heart attack?
 - Other than medication, what else might his doctor recommend?

The biopsychosocial model (Engel, 1977)



Value of psychology to medicine

- Patients as people (complex and messy!)
- Causal influence of thoughts, feelings, motivation and behaviour on health and illness

- diagnosis
- treatment (and adherence)

Role in

- Doctors have a role in changing health behaviour (e.g. smoking cessation) وقف

- Doctors see people with mental health problems
- Important to understand feelings and emotions e.g. reactions to diagnosis and coping with illness

Life in Change

Diversity and stereotypy

Learning outcomes

- Describe how normal human cognitive functions can lead to stereotypical thinking
- Begin to reflect upon and challenge your own stereotypes around disability

Why do medical students need to study diversity?^{التنوع}

- To prepare themselves for being able to meet GMC requirements
- To increase their knowledge and awareness^{الوعي} of the diversity of their patients
- To increase their awareness of stereotypes and how to challenge them

Why is Human Diversity relevant?

- Different groups of people
 - have different health problems
 - have different lifestyles (that impact on health)
 - want different types of health services
 - hold different health beliefs المعتقدات
 - engage in different health behaviours
 - have different health needs

Duties of Good Medical Practice

- You must treat **patients** fairly and with respect whatever their life choices and beliefs.
- This includes your views about a patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

As a doctor you will

- need to be aware of how your own values, beliefs and stereotypes about different groups may ^{تأثير} impact on your treatment of patients and interactions with colleagues ^{الزملاء}

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not be expected to agree with patients or ^{تتضمن} approve of them in order to provide good health care, *but* you will need to understand them and respect their rights

- This session offers you time to reflect on issues that may be sensitive for you and to consider how you might address them during your training

Stereotypes

- generalisations we make about specific social groups, and members of those groups
- ‘rules of thumb’ – broadly correct but can be erroneous

^{اساس} The basis of stereotypes

- How we store memories and organise knowledge
 - cognitive model of psychology
 - Knowledge is stored as mental representations^{تمثيلات}, organised in schemata, groups of related information
- e.g. restaurant schema, fruit schema
- Function:
 - ^{يمكن التنبؤ بها} save 'processing power'; environment is more predictable; allows anticipation; avoids 'information overload'
- Think of an apple^{تخيل}....

Schemata

- Members of group share some characteristics
- But 'shortcut' - overlooks diversity
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Stereotypes

- *social* schemata (about people, roles, relationships)
- ideas about 'typical' older person, politicians etc
- prone to an emphasis on negative traits, and are resistant to change

In-group / out-group attributions

- Groups are a source of self identity ^{الهوية} & self-esteem ^{حترم الذات}
 - ^{فرض} Assign people to categories to help understand social environment
 - Social identification
 - Social comparison builds self esteem
- People are more likely to focus on negative ^{سلمات} attributes of people from other social groups, and on positive attributes of people in their own social groups
- Negative bias in many stereotypes can lead to prejudice ^{تحيز} ^{تعميد لوك و سيق}

Social cognition دورك

- Compliance, conformity مصافقة and group behaviour
- Behaviour is influenced by social and cognitive processes we may not be aware of
- All human beings are susceptible so we need to know about them and be vigilant

Summary

- Everyone has stereotypes, not just ‘bad people’, it is how we use them that is important!
- We refer to stereotypes unconsciously
 - Provide helpful shortcuts
 - But discount individual differences
 - And can lead to prejudice
- Getting to know members of other groups helps challenge negative stereotypes
- Reflective practice can also help