



CHAPTER

ONE

PSYCHOLOGY IN THE CONTEXT OF HEALTH AND SOCIAL CARE

KEY

QUESTIONS

- **What is 'psychology' and why is it so important in the context of health and social care?**
 - **What do we mean by 'health' and why is psychology central to the effective delivery of health and social care?**
 - **What are the main approaches to psychological thinking and research?**
 - **Who are psychologists and what do they contribute to the promotion of health and well-being?**
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Introduction

This chapter emphasizes the importance of psychology in the context of health and social care. For many years, psychology and the other social sciences were viewed by the medical profession as 'soft sciences', interesting but unimportant. With the advent of research into the links between physical and mental states in the late twentieth and early twenty-first centuries it is now possible to demonstrate that psychology can make a fundamental difference to physical as well as mental health.

In this chapter, we explore the nature of psychology and its relevance to health and social care. We outline the different schools of thought and methods of inquiry in psychology. We seek to distinguish between psychology as an academic discipline and popular notions of psychology, and identify professionals whose practice is mainly concerned with the application of psychology. In order to show how psychology can be applied to health and social care, we introduce a family scenario whose characters appear in examples throughout the book.

What is psychology?

Psychology is the study of human behaviour, thought processes and emotions. It can contribute to our understanding of ourselves and our relationships with other people, if it is applied in an informed way. Health





psychology refers to the application of psychological theory and research to promote evidence-based personal and public health. To do this, psychology must take account of the context of people's lives. Certain sets of beliefs and behaviours are risk factors for illness; therefore some knowledge of public health and the public health agenda for change is essential. Those we care for come from a variety of different social and cultural backgrounds that value certain beliefs and behaviours above others. These may place some people at greater or lesser risk of illness than others; therefore some knowledge of sociology is essential. In order to understand the link between psychological and physiological processes, some knowledge of the biomedical sciences is also essential. Therefore psychology sits alongside these other disciplines to make an important contribution to the health and well-being of the population. But it is important to note that the psychology we draw on has evolved entirely from western philosophy, science and research, and may therefore be viewed as specific to western cultures.

Why is psychology important in health and social care?

Those working in the caring professions spend most, if not all, of their working lives interacting with other people. A key part of their job is to promote health and well-being. Most people are familiar with the following definition of health: 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 1946). If this is seen as an important goal, those working in health and social care need the knowledge and skills to help people work towards achieving it. There are many ways in which psychological theory and research can contribute to improvements in health and social care including:

- appreciate how people's understandings and needs vary, so that we can try to ensure that the individualized care we provide is both appropriate and optimal;
- gain a better understanding of communication processes so that we can identify ways of improving the therapeutic relationship and work more effectively in interprofessional and inter-agency contexts;
- identify factors that affect how people cope with such situations as acute and chronic illness, pain and **loss**, and the demands of everyday life, so that we can help them, and ourselves, to cope better and reduce the risks of stress-related illness;
- inform us about factors that influence people's lifestyles and what motivates certain **health-related behaviours** such as smoking, dietary change and exercise;
- apply evidence-based **interventions** to enhance health and well-being, and help people to change or modify their lifestyles.

Western medicine emphasizes the importance of evidence-based health care. Whereas much of twentieth-century health psychology was characterized by models and theories, the twenty-first century demands research-based evidence to support these. An important recent contribution to





the psychology of health has emerged through a field of study called **psychoneuroimmunology** (pronounced psycho-neuro-immun(e)-ology). Studies now show that our emotions play a key role in the link between the world we inhabit and our immune responses (Chapter 8). This is conceptualized within the '**biopsychosocial**' model of health which emphasizes the complex interaction between biological factors and physiological systems (life sciences), psychological processes (thoughts, feelings, behaviours) and the social and cultural context in which people live and children grow up (see sociology and social policy). This field of study provides strong evidence to support the need for holistic care.

The main purpose of this book is to enable practitioners to apply evidence-based psychology to enhance their therapeutic work, work more effectively with members of the multiprofessional team to promote the health and well-being of patients (or clients) and their caregivers, and preserve their own health and well-being.

The importance of working together



John is aged 9 years. He lives with his unemployed father and alcoholic stepmother. He has diabetes that is well controlled in hospital but poorly controlled at home. His school attendance is poor. He was admitted to hospital in a diabetic coma and found to have an MRSA (methicillin-resistant staphylococcus aureus) infection at his main injection site. He is quiet and compliant.

John's type of problem is not uncommon and serves to highlight the importance of interprofessional and inter-agency working. A few days in hospital treating his infection and controlling his diabetes will save his life but will not promote John's long-term health. Establishing links between school and home and supporting John and his parents under the joint guidance of the doctor, school nurse, psychologist or mental health nurse, and social worker could make a real difference to his future health.

Understanding barriers to integrated care

Holistic care and service provision for someone like John and his family requires an integrated approach. But there are many barriers to overcome and it is helpful to understand why and how these have arisen. The problems go back to the seventeenth century when Descartes, a French philosopher, proposed that body and mind could be understood independently of each other. This is referred to as mind-body '**dualism**'. In medical science, this has legitimized the study of diseases and body systems without focusing on the whole person and is termed '**reductionism**'. This would lead doctors to focus on John's diabetes, rather than the





circumstances that lead to poor control over his diabetes. In the human sciences, dualism has led to the separation of the life sciences from the social sciences.

The various health and social care professions have also developed independently, each with their own sets of assumptions and theoretical perspectives. These include medicine, physiotherapy, occupational therapy, midwifery and social work, while nursing has been subdivided into adult, child, mental health and learning disability. Each of these disciplines seeks to explain human responses, predict human needs and/or treat human problems. But they often draw on different bodies of knowledge, including different aspects of psychology. Such differences in knowledge and values can lead to interprofessional conflict. There have been economic separations between health and social services, and hospital and community services in the UK and other countries. These have reinforced the divide between physical treatment and **social supports** with potentially disastrous effects for those with complex physical and mental health and social care needs, such as John and his family.

Within education, divisions have been brought about by the development of a series of unrelated academic disciplines including physiology, psychology and sociology. Each discipline has its own sets of theories, terminology and research methods with which to study the human condition. Within psychology itself, reductionist approaches to the study of the mind meant that people were often studied in isolation from their social context and social groupings. Prior to the twentieth century, the study of the mind was primarily the preserve of philosophers. This changed at the end of the nineteenth century with the emergence of psychology as a scientific discipline, dominated by positivist philosophy. According to **positivism**, human beings are objects of nature, sharing common functions or attributes that can be studied in an objective, scientific way.

Since the early twentieth century, psychological theory and research has developed into different schools of thought, each with its own theorists and researchers, some of whom (humanistic and narrative psychologists) reject positivism and reductionism. Academic psychologists tend to focus on a discrete field of psychology which has its own specialist network of communication via specialist journals and conferences. Thus a psychologist who specializes in one field of study, such as memory, may have little exposure to serious dialogue with those working in other areas of psychology. This makes it very difficult for those wishing to understand and apply psychological theory and research to their work in health or social care in an integrated way. It also means that many psychology textbooks can seem quite fragmented and confusing.

Current schools of thought in psychology

There are five main schools of thought in psychology in which academic psychologists normally work and on which health psychology is based. They are:





- 1 *Cognitive science* (including cognitive psychology): the study of **cognition** (mental processes) including memory, perception, information processing, psychophysiology, psychoneuroimmunology and **social cognition**.
- 2 *Behavioural psychology* (based on **behaviourism**): the study of learning by observing the direct effects of external environmental stimuli on behaviour and behaviour change.
- 3 **Psychodynamic** *psychology* (developed from **psychoanalysis**): the study of the influence of childhood experiences on current psychological and emotional states.
- 4 *Humanistic psychology*: the subjective study of human experience.
- 5 *Social psychology*: the study of the influence of social settings and social interactions on human behaviour.

Psychology is continuously developing new concepts, theories and methods. A recent addition is the field of '**narrative psychology**', which we have added to this edition. It studies people subjectively through the stories they tell about their lives. Figure 1.1 shows how each of these fields of study relates to different aspects of human experience.

Psychologists working in these different fields of psychology usually agree that people tend to respond in predictable ways in certain clearly defined situations. What they usually disagree about is the theoretical explanation and interpretation of these observations. People working in health or social care may draw on any or all of these approaches, but it is

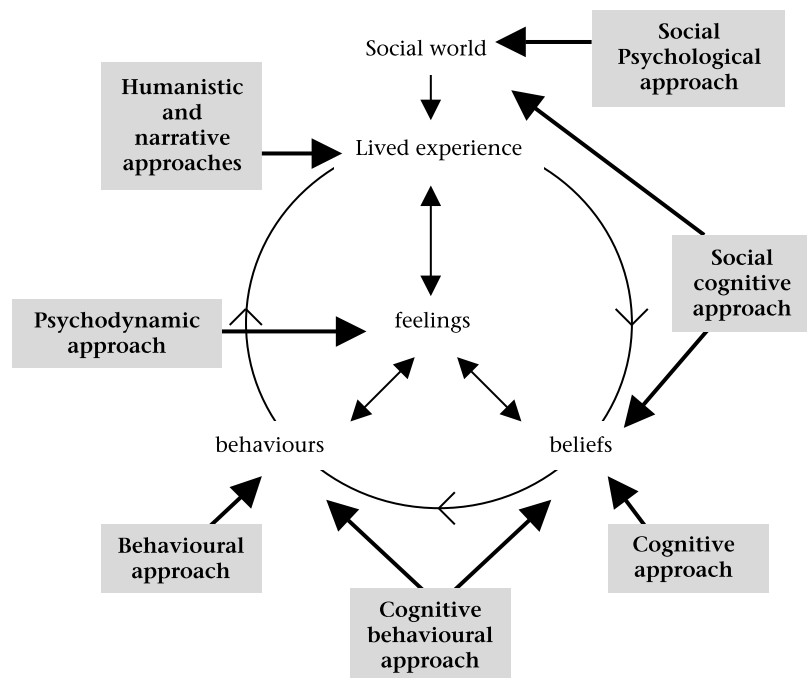


Figure 1.1 Links between different psychological models





helpful to understand the assumptions and principles that underpin them. Therefore we have provided a brief introduction to each one, highlighting where in the book applications are to be found.

Cognitive science

Cognitive psychology is concerned with thought processes. It was originally based on experimental studies of memory, perception and information processing. Until the 1990s, cognitive theories were largely based on assumptions about how information might be transmitted and stored in the brain. More recently, the introduction of brain imaging techniques has enabled psychologists and neuroscientists to map this against brain function. As a result, cognitive psychology has been incorporated into 'cognitive science', which is now the dominant field of academic psychology and closely linked to the biomedical sciences.

Psychologists working in the field of psychoneuroimmunology are increasingly able to make direct links between **psychosocial** processes, immune function, and health and illness (Chapter 8). Social cognition refers to the study of beliefs and attitudes in a social context and currently dominates the psychology of stress and **coping** (Chapter 8) and health behaviour (Chapter 9). In the field of mental health, Aaron Beck is best known for his theory of **depression** (Chapter 6) and the development of cognitive therapy as a treatment for depression. Cognitive behaviour therapy (CBT) currently leads the way in helping people change the way they respond to problems (Chapters 6, 8, 9 and 10).

Behavioural psychology (behaviourism)

Behavioural psychology refers to the study of behaviour change. It is based on the assumption that behaviour change signifies that learning has taken place. Behaviourists did not concern themselves with mental processes since these could not be directly observed. From its beginnings with the work of Pavlov in the early twentieth century, behaviourism grew to prominence during the 1940s to 1970s under the influence of B.F. Skinner, whose theories predicted a direct relationship between behaviour and its consequences in given situations.

Behavioural psychology declined in popularity during the latter part of the twentieth century. Research with animals became unacceptable and some psychologists argued that human mental processes are qualitatively different from those of animals. Most disliked its '**deterministic**' principles, which contradicted the notion of free will. But by then, behavioural research had become more sophisticated and enabled psychologists to draw inferences about the thought processes involved in behaviour change, most notably perceptions of control. These aspects were incorporated into cognitive science and remain influential. Behaviourism's greatest impact has been the development of therapies for fears and phobias (Chapter 5), **anxiety** disorders (Chapter 6), the management of unwanted or challenging behaviours (Chapter 5), and its contribution to CBT (Chapters 8, 9 and 10).





Psychodynamic psychology

Psychoanalysis was founded by Sigmund Freud as a method of inquiry, a theory of mind, and a mode of treatment for complex psychological problems. Freud was a medical doctor who studied neurological problems, moving on to treat physical illnesses that were believed at the time to be manifestations of psychological problems. The correct term for this is **psychogenic** illness (physical illness that has a psychological cause), as distinct from a **psychosomatic** disorder, which refers to a physical illness that has a psychological influence, or vice versa.

Central to Freud's theory was the proposition that certain experiences during childhood are too uncomfortable to remember and are unconsciously 'repressed'. According to Freud, these repressed thoughts, which he proposed were commonly of a sexual nature, eventually give rise to a state of anxiety or depression which may be expressed in terms of physical symptoms. Repressed thoughts may be revealed through dreams, word associations and slips of the tongue. Their release (termed **catharsis**) is an aim of the psychoanalyst.

The terms '**denial**, **repression** and **ego**' entered everyday conversation, but are actually theoretical concepts and not verified facts. Freud's ideas have been influential in psychiatry, clinical psychology and counselling. But many aspects of psychoanalytic theory have been difficult to prove or disprove using scientific methods. Psychoanalytic explanations are usually offered '**post hoc**' (after the event) and some would argue that psychoanalytic theory is therefore unable to fulfil the primary purpose of a theory, which is to *predict* outcomes. This has led to attack from members of the scientific community who regard psychoanalysis as a '**pseudoscience**'. Following Freud's death, psychoanalysis largely gave way to what was termed 'ego' psychology. This gave rise to a number of important developmental and cognitive theories, including theories of lifespan development and **attachment** (Chapter 3), loss (Chapter 6) and coping (Chapter 8).

Psychodynamic psychotherapy evolved from psychoanalysis under the influence of Melanie Klein and others. It retains the notion that many emotional problems are caused by unresolved difficulties in attachment relationships formed in childhood (Chapter 3), and clients are helped to retrieve and resolve difficult or traumatic memories. This approach to therapy has given rise to some concerns about the possibility of introducing false memories (see Chapter 4). Psychodynamic counselling is currently one of the most popular approaches, in western societies, for the treatment of anxiety and depression (Chapter 6).

Humanistic psychology

Humanistic psychology has its origins in existential phenomenology in which causal explanations are of relatively little interest. Humanistic psychologists do not deny the existence of an objective external reality, but are concerned with individual perceptions and interpretations, which are influenced by social and cultural meanings and past experiences. Therefore,





individual perceptions may change over time and vary in different social and cultural settings. Psychologists who accept this philosophical view reject the scientific method as an appropriate method of investigation, preferring **qualitative research** methods such as phenomenology. They would argue that there is no single truth, no single 'right way' of doing things, and no 'one size fits all' treatment for emotional problems.

The main focus of humanistic psychology is on the individual's sense of **self** (Chapter 2). An important theoretical contribution to humanistic psychology came from Abraham Maslow in the 1950s. Maslow observed human needs in different settings and used these observations to construct a 'hierarchy of needs' (see Figure 1.2). He predicted that for all people, lower order needs (such as basic needs for food, drink, warmth etc.) must be satisfied before higher order (intellectual) needs can be fulfilled. The pinnacle of achievement is described as **self-actualization**, which means accepting self and others for what they are; the ability to tolerate uncertainty; creativity; the use of problem-centred rather than self-centred approaches to dealing with issues (see Chapter 8); and strong moral and ethical standards. Maslow's hierarchy has provided an important foundation for human services including nursing where it forms the basis of most nursing models. However, it is not popular with academic psychologists because it lacks scientific evidence.

Carl Rogers is best known for the development of humanistic counselling. He trained as a psychoanalyst but eventually rejected that approach. He observed that people who came to him with psychological problems exhibited a natural tendency towards growth and maturity (self-actualization) that enabled them to overcome many of their own problems. He developed non-directive counselling as a therapeutic technique which encouraged people to explore their self-understanding. Humanistic counselling is quite

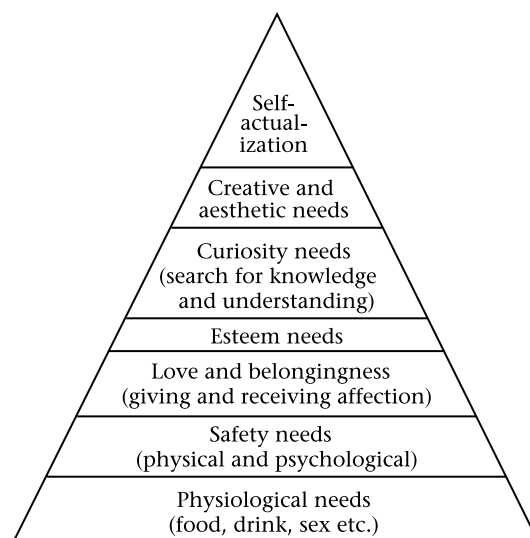


Figure 1.2 Maslow's hierarchy of needs, adapted from Maslow (1970)





different from psychodynamic counselling in that the therapist makes no attempt to interpret the client's problems or direct a course of action. Rogerian counsellors act in a non-judgemental, non-directive way, displaying warmth, empathy and 'unconditional personal regard' towards their clients. These humanistic principles are central to the development of the therapeutic or caring relationship and define the qualities needed by those who seek to work in a holistic and person-centred way.

Social psychology

Much of social psychology lies in a grey area between psychology, sociology and anthropology. It owes much to the work of Erving Goffman, a sociologist and social anthropologist, and his field studies of human interaction. Social psychologists seek to explain how humans behave in certain social contexts and predict social influences on human thought and behaviour. Research in social psychology includes games and experiments that manipulate 'real world' type situations to see how people respond. This often involves some degree of deception because people tend to change their behaviour if they think they are being observed. Social psychologists also use participant observation to study people's responses in naturalistic settings. In the field of health and social care, social psychology has done much to enhance our understanding of the interactions between professionals and patients or clients (Chapters 2 and 7). It has also contributed much to our understanding of the ways in which individuals make sense of illness and disability (Chapters 9 and 10), and how those with altered minds or bodies are perceived by others (Chapter 2).

Narrative psychology

In the late 1980s, Mary and Kenneth Gergen, both social psychologists, became interested in the ways people naturally construct stories to make sense of their lives. Personal stories normally have a narrative thread that links our past with our present, and contain a trajectory towards a desired goal. This provides an aim or purpose in life and an overall sense of meaning and coherence. Research methods and therapeutic interventions based on eliciting personal accounts or stories have since been developed. Narrative therapies provide psychological ways of achieving 'closure', by which is meant bringing an emotional conclusion to traumatic or difficult **life events**. The increasing range of applications are illustrated in Chapters 2, 3, 6 and 9.

Psychological facts versus psychological theory

In spite of recent advances in brain technology, it is rarely possible to study the human mind directly. We can never 'know' what someone is really thinking. We can only find out by studying what people say, how people





behave and, more recently, how the electrical activity in their brains varies in different situations. Therefore, psychology, as with all social sciences, is not a body of 'facts', but a body of theories that change over time in the light of new information, new research methods, new technologies and new ways of thinking about (conceptualizing) things.

The purpose of scientific theory is not merely to explain what has happened in the past, but to predict and control what will happen in the future. For example, while it is helpful to be able to explain why people get ill, the main use of health-related theory should be to help prevent them from becoming ill in the first place. Similarly, the main purpose of psychology is to be able to predict and control certain aspects of human beliefs and behaviour.



The test of a good scientific theory, according to Karl Popper, a famous twentieth century philosopher of science, is that it must be clear and concise. This is known as the principle of parsimony, or 'Occam's Razor'. A good theory generates a logical statement or **hypothesis** that is falsifiable. Popper argued that no theory can ever be proved, but it can be disproved. He used the example of white swans: it is possible to observe thousands of swans over many years and record that they are all white. The logical deduction is that all swans are white. But it takes only one black swan to overturn the theory that all swans are white. Therefore, even the best available theory should not be treated as fact.

Psychological theory, as with all scientific theory, should be treated with caution. Theories predict what is likely to happen, not what will happen to an individual. People vary in their genetic make-up, experiences and circumstances, so no theory or research evidence can ever tell us precisely what will apply to a particular patient or client. When applying theory to practice, it is important to apply IF-THEN logic, and then to use cautious language such as 'may be' or 'is likely to'. For example 'If X theory is applied, then the best course of action is likely to be . . .' or 'If X theory is applied, then this person may be at risk of . . .'.

Research methods in psychology

Research methods are systematic methods of inquiry by which theories are tested and new knowledge gained. The main methods used in psychology are set out below. These are divided, for convenience, into:

- *quantitative methods* which involve the collection of objective measurements to test ideas and theories;
- *qualitative methods* by which researchers collect and analyse subjective reports and observations to develop new ideas and theories.



Quantitative methods

Quantitative methods are usually designed to test a hypothesis or prediction, based on a theory. They are therefore termed deductive (or hypothetico-deductive). For example, a theory might predict that a particular set of beliefs predict a certain type of behaviour; or a particular psychological intervention will lead to a certain outcome. Quantitative methods require that psychological concepts can be measured.

The development of psychological measures

Psychological instruments have been constructed to measure each concept such as anxiety or **self-efficacy**. They consist of a series of statements or questions (items) that represent different aspects of the concept. A fixed range of responses is offered, such as in a '**Likert scale**':

1 Strongly agree 2 agree 3 neutral 4 disagree 5 strongly disagree

Having developed the measure, researchers test its **validity** (to ensure it measures what it is intended to measure) and **reliability** (it does so consistently). It can then be used to measure **variables** in experiments, or in questionnaire surveys. We give information about a range of health outcome measures in Chapter 9.

Experimental methods

The scientific method most commonly used to test theory is the experiment. This involves measuring a set of responses before and after the introduction of a new intervention or change. The intervention might be a new treatment, method of disease management, health promotion programme or care package. The experimental design recommended as the 'gold standard' within the biomedical sciences is the **randomized controlled trial** (RCT), illustrated in Figure 1.3. Here the new 'experimental' intervention is compared to a dummy treatment (**placebo**) or standard care. These are termed the control intervention because it controls for changes that are not attributable to the new intervention, such as the natural propensity to get well or sort out problems. Recruits are randomized to receive either the experimental or control intervention using **random** numbers to ensure that there is no bias in the selection process. Ideally, neither the researcher nor the patient should know which treatment option (experimental or control) the patient is receiving. This is called 'blinding' and is used to ensure that patients' expectations do not lead to a **placebo response** that favours a particular intervention. Experimental designs work well for testing new drugs, but are problematic when applied to interventions that depend on therapeutic interactions. It is often difficult for ethical or practical reasons to randomize people to groups, and it is impossible for the therapist or client not to be aware which treatment is being used. These issues are often seen to damage the scientific credibility of the research.

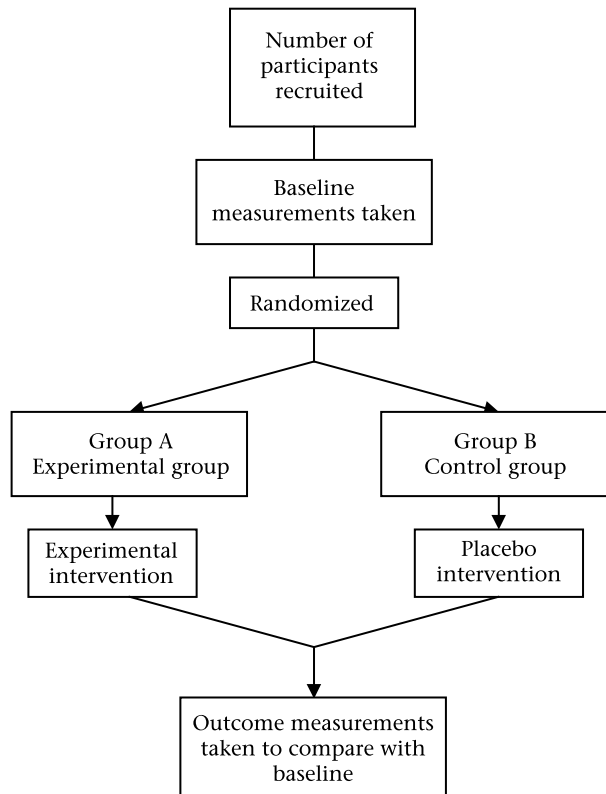


Figure 1.3 Randomized controlled trial (experimental) design

Survey methods

Survey methods use structured interviews or questionnaires as instruments to collect self-report data about such issues as health-related beliefs and behaviours (see Chapter 9). They allow the researcher to identify patterns of response within a population, differences in response between groups (e.g. men and women), and relationships between variables, such as the relationship between beliefs and behaviours. These methods are very popular in health psychology to test models and theories. For example, it is possible to test if the belief that ‘exercise is important for health’ is related to the age of the respondent. The findings might then be used to investigate if different approaches to intervention are needed for different age groups. Although surveys are used to test psychological theory, it is difficult to distinguish between cause and effect. Longitudinal surveys, in which data are collected from the same people at different points in time, can be used to help establish these relationships, but are less common because of the extra time and expense involved.



Qualitative methods

Qualitative methods seek to describe or explain psychological events from the point of view of people involved. They can be used to generate new theory, in which case they are termed **inductive** methods. It is difficult to produce explanations that are not based on preconceived thoughts or ideas. Therefore the researcher must be aware of this and try to approach data collection and analysis with an open mind. Data collection normally involves semi-structured or unstructured interviews, conducted individually or in **focus groups**, participant or non-participant observations in care settings, diaries and/or other documentary analysis. The data presented in qualitative research reports is usually in the form of direct quotations or rich description, rather than statistics, which makes it easier to read and understand. The findings can strengthen or challenge existing assumptions. Qualitative methods are particularly helpful for understanding psychological or care processes, including patients' needs and the nature of patient and staff interactions. As such, they offer a real contribution to improving care. There are a range of different qualitative methods used by psychologists to explore different types of issues:

- *Phenomenology* is a philosophy and a method of inquiry well suited to psychology. Loosely structured or narrative interviews are collected and analysed to understand the 'lived experience' of various aspects of life including health and illness. Within health psychology, interpretive phenomenological analysis (IPA) has become a popular method for identifying common aspects of the patient experience of disease, illness or social problems.
- *Narrative analysis* is used to investigate the structure as well as the content of the stories people tell about important events in their lives. It contributes to our understanding about the ways people construct meaning in their lives.
- *Ethnography* is derived from anthropology and is traditionally associated with participant observation. It provides an insider understanding of behaviours and interactions within specific social and cultural contexts.
- *Grounded theory* was designed for use in sociology. It tends to be based mainly on interview data, but can include observation and documentary sources to construct new theoretical accounts of social situations and interactions. It offers a clearly defined approach to data analysis.

Some pieces of research draw on a mix of these approaches and are referred to quite simply as qualitative research. The choice of research method must suit the needs of the topic and client group. The following example is used to illustrate how qualitative research has relevance for those working in health and social care.



Garley *et al.* (1997) wanted to understand what it was like for children to have a parent with a mental health problem, so that better support might be made available and subsequent problems avoided. Children are





reluctant to be interviewed on their own, so children aged 11 to 15 years who all faced this problem were invited to join one of four focus groups. A number of important themes emerged, including the struggle to gain information and understand what was happening, and what it was like to act as a caregiver. The researchers observed that being part of a group with a shared experience seemed beneficial. This type of information enables practitioners to develop a suitable programme of support.

A piece of work such as Garley's allows professionals to identify transferable issues and solutions that are relevant to their own practice. They might identify changes to improve their own care, or it might prompt them to conduct their own research. Researchers might use the findings to construct a questionnaire to survey the needs of others in similar situations or develop and test a new care package.

Qualitative and quantitative methods are complementary because they answer different types of research question, as illustrated in the following examples:

- *Experimental design*
 - What is the effect of a particular intervention?
 - Which is the best intervention for a particular condition?
- *Questionnaire survey*
 - What factors influence beliefs about a particular issue?
 - Which beliefs are most likely to predict behaviour?
- *Phenomenology*
 - What is it like to experience a particular illness?
 - What do people understand by 'good quality' care?
- *Ethnography/grounded theory*
 - How is a particular intervention (or care) currently delivered in a particular context and how does this affect all concerned?

Pop psychology and pseudoscience

It is important to discriminate between psychology as a serious academic discipline and 'pop psychology'. It is often said that psychology is just common sense. But there are many examples where common sense is contradicted by good psychological research. For instance, some professionals still believe that the reduction in a symptom as a consequence of administering a placebo indicates that the symptom was 'all in the mind' (see Chapter 10 for correct interpretation). Much of what we think of as psychology has no scientific foundation and is therefore myth. A body of knowledge or theory that cannot be tested or has never been tested is called a pseudoscience. Some psychologists might regard psychoanalysis as a pseudoscience because it offers persuasive explanations for an event after it has already occurred (a post-hoc explanation), but does not predict what will happen in the future (an **a priori** prediction). In an age of 'evidence-based' health and social care it is important to be cautious about applying any aspect of psychology unless there is reasonable evidence to support it.





Professionals involved in the prevention, management and treatment of psychological problems

The number of psychologists working in health and social care and other fields has increased considerably over the last few decades. Their tasks focus on preventing, assessing, treating and/or helping individuals to manage emotional, behavioural and cognitive problems using psychological theory and research. They also work alongside, or provide consultancy to, other health professionals. It is helpful to be able to distinguish between the skills available to different types of therapists who use psychology. Definitions of psychologists given below are based on those provided by British Psychological Society (BPS): www.bps.org.uk from where further details of their work and training requirements can be obtained. All chartered psychologists have a first degree in psychology and further training to masters or doctoral level that includes practice placements. All undergraduate and postgraduate education must be approved by the BPS.

- *Clinical psychologists* aim to reduce psychological distress and enhance and promote psychological well-being. They work with people with mental or physical health problems, including anxiety and depression, serious and enduring mental illness, adjustment to physical illness, neurological disorders, addictive behaviours, childhood behaviour disorders, personal and family relationships. They work with people throughout the life span, sometimes specializing in fields such as learning difficulties.
- *Health psychologists* apply psychological research and methods to the strategic prevention and management of disease, the promotion and maintenance of health, the identification of psychological factors that contribute to physical illness, and the formulation of health policy. As examples, they study why and when people seek professional advice about their health, why they do or do not take preventative measures, how patients and health care professionals interact, how patients adapt to illness, and the links between perception, health behaviour and physical functioning.
- *Counselling psychologists* apply psychology to working collaboratively with people across a diverse range of human problems. This includes helping people manage difficult life events such as **bereavement**, past and present relationships and mental health problems such as depression. Counselling psychologists accept subjective experience as valid for each person, explore underlying issues and use an active collaborative relationship to empower people to consider change. Counselling psychologists adopt a holistic stance, which involves examining issues within the wider context of what has given rise to them.

The roles of psychologists overlap with the roles of other health care professionals who have similar aims, including:

- *Counsellor*. Similar to a counselling psychologist, except that anyone can describe themselves as a counsellor. Training courses vary from a few days to several years. There are short courses that provide a certificate





of attendance, longer courses that provide a 'certificate' or 'diploma' (though the academic level may be unspecified), and MSc programmes that include a period of supervised training. Some training programmes offer an **eclectic** mix of psychological approaches, though most follow a particular psychological model such as Rogerian or psychodynamic counselling.

- *Psychoanalyst*. Someone who has trained in psychoanalysis under the supervision of an approved psychoanalyst. All approved psychoanalysts can trace the provenance of their trainers back to those who were trained by Freud himself. All analysts undergo psychoanalysis themselves as part of a lengthy period of training.
- *Psychodynamic psychotherapist*. A therapist who has undergone a period of intensive training, including personal analysis and supervised practice, and who bases their approach on a psychodynamic model.
- *Psychiatrist*. A medical doctor who, since qualifying, has specialized in the diagnosis and treatment of people with mental health disorders. They may use a range of psychological therapies, but these usually include drug treatments which they have the right to prescribe. They sometimes use physical interventions such as electroconvulsive therapy (ECT). They are in charge of psychiatric beds and have the authority to admit people to hospital for treatment on a voluntary or compulsory basis. They usually assume the clinical lead of a multiprofessional mental health team that includes clinical psychologists, mental health nurses and social workers.
- *Cognitive behaviour therapist*. A qualified health or social care professional, such as a mental health nurse, who has completed undergraduate or postgraduate specialist training in CBT for the treatment for such disorders as depression, psychosis or obsessive-compulsive disorders. All clinical psychologists are trained to offer CBT.

Psychology in practice: introduction to the scenario

In order to understand psychology, it is important to appreciate how it can be applied in different contexts. We have devised a family scenario that will be used throughout the book to provide examples, as in a soap opera. Figure 1.4 contains a family tree for the 'psychosoap' family. We have included a thumbnail sketch of each family member to help you make sense of the examples.



Anna is currently on a diploma programme at university, training to be a nurse.

Anna has a brother, Jo, who drifted after leaving school at the age of 16. He is currently unemployed and living with his girlfriend, Sasha, and her son, Lee. Sasha is pregnant with Jo's baby.

Janice and Mark are parents to Anna and Jo. Mark recently retired early from his job as a groundsman because of the onset of Type 2 diabetes,





hypertension and angina. Janice works as a health care assistant in a local nursing home.

Janice's mother, Margaret, was divorced 25 years ago and lives on her own in a town not far from Janice and Mark. She was born in the West Indies and came to this country in the 1950s, where she married Fred who was then a postman. They separated nearly 30 years ago and he died in 1989.

Mark's father Ted is a former factory worker. He is a widower whose wife died three years ago. He has chronic heart disease and has recently given up his home to live with Janice and Mark.

Mark's sister Lillian is unmarried and lives alone close by. She has been unwell and has recently been undergoing medical tests.

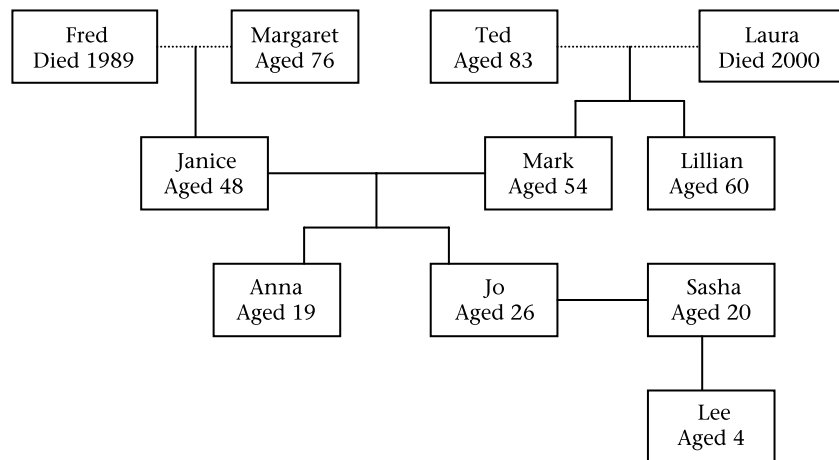


Figure 1.4 'Psychosoap' family tree

The characters from this scenario are used throughout the book to illustrate the application of psychological theories to health and social care and exemplify good practice.

Summary of key points

- Psychology is the study of human behaviour, thought processes and emotions.
- The study of psychology is essential to the achievement of good outcomes in health and social care.
- We have discussed six different approaches to psychology:
 - behaviourism
 - cognitive science and cognitive psychology
 - psychodynamic approaches





- humanistic psychology
- social psychology
- narrative psychology
- Different approaches to psychology are based on different sets of assumptions about the nature of human beings, have different ways of explaining human thought and behaviour, and use different methods of research.
- Each approach to psychology offers a unique contribution to our understanding of health, illness and human interaction in health and social care.
- Psychology is used by a range of psychologists and other professionals working in fields related to mental and physical health care, social care, and health promotion.
- A scenario (psychosoap) is introduced as an aid to understanding and applying psychology.

Exercise

See after Chapter 10.

Further reading

Background information about the nature of psychology and the schools of thought in psychology are to be found in any introductory undergraduate textbook on psychology. We have selected the following texts because they support the approaches to psychology introduced in this book. We recommended you look for the most recent edition.

Introductory psychology texts include:

Gross, R. (2005) *Psychology: The Science of Mind and Behaviour*, 5th edn. London: Hodder & Stoughton.

Smith, E., Nolen-Hoeksema, S. and Frederickson, B. (2003) *Atkinson & Hilgard's Introduction to Psychology*, 14th edn. London: Wadworth/Thomson.

Health psychology texts include:

Marks, D.F., Murray, M., Evans, B.E., Willig, C., Woodall, C. and Sykes, C.M. (2006) *Health Psychology: Theory, Research and Practice*, 2nd edn. London: Sage.

Taylor, S.E. (2006) *Health Psychology*, 6th edn. Boston, MA: McGraw-Hill.

Social psychology texts include:

Brehm, S.S., Kassin, S.M. and Fein, S. (2005) *Social Psychology*, 6th edn. Boston, MA: Houghton Mifflin.

Taylor, S.E., Peplau, L.A. and Sears, D.O. (2006) *Social Psychology*, 12th edn. London: Pearson.

