Introduction

Our purpose throughout this book is to offer ideas from psychology that can be applied to your work in health or social care. Our objectives are to enable you to:

- apply evidence-based psychology to enhance your therapeutic work;
- become a reflective thinker who does not draw on simplistic explanations for the behaviour of others;
- work more effectively as a member of a multiprofessional team;
- promote and protect the health and well-being of patients or clients and their caregivers;
- preserve your own health and well-being.

In this chapter, we introduce you to some of the different perspectives used to study psychology, which we draw on in later chapters. We use a framework that is designed to help you reflect on your experiences in practice, starting with a vignette that captures the sort of situation we all face at some time.
Anna is a student nurse on community placement who is being driven by her supervisor, a community nurse, to check on Mr Smythe, an elderly patient who is partially sighted and has recently been diagnosed with Type 2 diabetes. As they drive, Anna is asked to recall what had been said in lectures about the management of Type 2 diabetes. At the same time, Mr Smythe is trying hard to remember the instructions the nurse had given him at her previous visit.

Anna and Mr Smythe both want to present a positive image to the community nurse; they are both trying hard to recall important information and they are both in new situations that give rise to some anxiety. The community nurse is well aware of these parallels and reflects on how she can help the two of them to gain confidence and move forward.

The vignette above introduces some of the many topics we address in later chapters, for example:

- Why are Anna and Mr Smythe concerned about the image they present and how can they be put at ease?
- Why is it difficult to recall information and what can be done to make remembering information easier?
- Why are both Anna and Mr Smythe anxious and what can be done to help them both respond to their situations effectively?

The vignette embodies the important point that the basic ideas from psychology apply to us all, whether we work in health or social care, or are students or patients. If you are an undergraduate student, or have been working in health or social care for a long time, you will remember the transition to becoming a student, including meeting new people and responding to a new set of demands and expectations. The similarities and differences between the situation faced by somebody starting their studies and somebody experiencing illness for the first time are worth reflecting on. If you stop to consider what you have found difficult and what has helped you to deal with life changes, this will help you to understand better the world of your patients. Psychology has an important contribution to make to this process.

**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. 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 is essential. Those we care for come from a variety of different social and cultural backgrounds and have different world views and frameworks of meaning. These shape beliefs and behaviours that may place some people at greater or lesser risk of illness than others. Therefore, in order to apply psychology effectively to health and social care, 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 mostly from western philosophy, science and research, and needs to applied with some caution when applied to people from other cultures.

**Why is psychology important in health and social care?**

Those of us who work in the caring professions spend most, if not all, of our working lives interacting with other people. A key part of our job is to promote health and well-being. Many people are familiar with the following broad 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. They can help us to:

- 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;
- understand how our own thought processes can sometimes lead us to incorrect assumptions about others;
- gain a better understanding of communication processes so that we can identify ways of improving the therapeutic relationship and work more effectively in inter-professional and inter-agency contexts;
- identify factors that affect how people cope with such situations as acute and chronic illness, pain, 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 makes it so hard for people to change health-related behaviours, such as smoking, diet and exercise;
- apply evidence-based interventions to enhance health, well-being and quality of life.

**Schools of thought in psychology**

There are a number of schools of thought in psychology which are quite different from each other. They influence the ways in which academic psychologists work and the ways in which psychology is applied in practice. These schools of thought reflect the separate traditions from which psychology has evolved:

- *Developmental psychology* is the study of the changes to the way individuals interpret and respond to the world around them as they mature throughout their lifespan (see Chapter 3). Developmental research has helped to establish age-appropriate interventions.
- *Cognitive psychology* is the study of cognition (mental processes) including memory, perception and information processing (see Chapter 4). Cognitive therapies aim to change the way the individual thinks about a problem.
● **Behavioural psychology** (based on behaviourism) is the study of learning by observing the direct effects of external contexts and events on behaviour and behaviour change (see Chapter 5). Behavioural therapies aim to change behaviour by altering the context and the consequences of the behaviour, for example by introducing treats for ‘good’ behaviour.

● **Social psychology** is the study of how social settings and social interactions influence the behaviour of individuals, either alone or in groups (see Chapters 2 and 6). Most cognitive and behavioural therapies take account of social influence when planning therapeutic changes, hence the use of the term ‘social cognition’ (see Chapter 9).

● **Psychoneuroimmunology and cognitive science** use modern technologies to study mind–body links between human thoughts and emotions, and physiological and immune responses (see Chapter 7). Research in this field has shown psychological interventions to be effective in disease reduction.

● **Psychodynamic psychology** (developed from psychoanalysis) aims to explain how past experiences exert unconscious influences over an individual’s current thoughts and emotions. Therapies aim to uncover these influences so they can be dealt with at a conscious level. Psychodynamic therapies have been used mainly in the treatment of anxiety and depression. We refer to therapies used in the management of anxiety and depression in Chapters 5 and 8.

● **Humanistic psychology and narrative psychology** involve the subjective study of individual human experience (see Chapters 2 and 8). Humanistic and narrative approaches involve listening in a non-judgemental way to individual accounts. They are based on the assumption that humans have an innate capacity to solve their own problems. They provide the rationale for encouraging personal reflection as a problem-solving tool in practice. Person-centred counselling is commonly used in the treatment of distressing, but not major, psychological problems. Narrative approaches which encourage life review are used predominantly in later life (see Chapter 3).

Figure 1.1 illustrates how these different schools of thought relate to each other in terms of their contribution to the psychology of human experience.

Each approach gives us a unique insight into human psychological processes. It is not a matter of deciding which approach is ‘true’, but which ones are likely to be most useful in a given situation, or how insights from different perspectives can be used together to explain what appears to be happening. In therapeutic settings, many psychologists use an eclectic approach, which means selecting the combination of explanations and therapeutic approaches that best seem to suit the needs of the individual client.

In Table 1.1, we illustrate the application of these approaches to substance use, based on the potentially harmful use by a teenager, Joe, of an imaginary leisure drug nicknamed RAT. RAT could be a form of tobacco, alcohol, cannabis, heroin, crack cocaine or whatever the latest fashion drug happens to be.

Table 1.1 is intended to illustrate, in a very simple way, how each psychological approach can address an important aspect of substance use. When we consider the behaviour of other people, we frequently attribute it to a single cause and this is particularly true if we feel negative towards
the behaviour in question. Our attitude is very likely to be influenced by our knowledge of Joe’s sex, age, education, employment, family or health status, by our own sex, age, education and health status, by whether RAT is a legal or an illegal substance and whether or not it leads to antisocial behaviours.

If we answer the question ‘why does Joe use RAT?’ by suggesting that ‘Joe cares little about its consequences’, we might assume that little can be done to stop Joe from using it. But the real answer is likely to be far more complex and far more demanding of our knowledge and skills. The ability to reflect on a range of influences and explanations in practice enables us to think of therapeutic interventions that could help someone like Joe in very many ways. Try out the following exercise and see how you get on.

Think of a habit that you would like to change. It might be ‘not taking enough exercise’, or ‘eating the wrong food’, or ‘spending too much time on your phone’. Substitute this behaviour for the use of RAT in Table 1.1 and see how many different explanations you can find for why you do this. Then see if you can come up with any ways that might help you to make a change.
You will find relevant and detailed information throughout this book that will help you address these issues in more depth.

**Psychology as a science**

Modern psychology is a ‘science’. Indeed, many courses in psychology are offered under the heading of ‘cognitive science’. When people think of science they usually think in terms of physical sciences like physics. A good definition of ‘a science’ is that it is a discipline that tests its ideas first by making predictions, and then testing whether these predictions are true. Most of psychology, with its emphasis on research-based evidence, is clearly a science according to this definition.

Having read our example of substance use, those of you who have studied natural sciences such as physics or chemistry will probably have found psychology rather confusing. You will be
used to making absolute predictions. For example, if you burn hydrogen you can predict with certainty that you will produce water. But humans are individuals. We are all different and behave in unpredictable ways. This means that psychology cannot possibly predict how any one individual will respond to a specific event or situation.

For ethical reasons, it is nowadays impossible to place humans or animals in experimental situations that could adversely affect their long-term well-being (although we give several examples of old experiments that did just that!). So psychologists have had to find alternative and imaginative ways of testing their predictions. We have selected a few of these experiments to illustrate key points in the forthcoming chapters. What is clear is that psychology can shed important light on behaviours that are difficult to understand, as in the case of substance use. Psychological research may even help us to predict and test therapeutic approaches that are effective for the majority of people.

**Psychology in practice**

In this section, we distinguish between the professionals who are trained in the administration of psychological interventions. We also provide a psychological justification for the use of reflective practice for everyone working in the fields of health and social care.

**Professionals trained to provide psychological interventions**

Those working in health and social care are likely to encounter a number of different types of psychologist. All have a first degree in psychology that is approved by their professional body and are trained in the use of research methods. They are distinguished from each other by the focus of their postgraduate training which nowadays is mainly at doctoral level. The following definitions are based on those given by the British Psychological Society (www.bps.org.uk):

*Clinical psychologists* aim to reduce psychological distress and to enhance and promote psychological well-being by helping those with mental and physical health problems including anxiety, depression and relationship problems.

*Health psychologists* promote positive ways of changing people’s attitudes, behaviour and thinking in relation to both health and illness.

*Counselling psychologists* work with clients to examine mental health issues and explore the underlying problems that may have caused them, including bereavement, relationships and mental health problems.

*Occupational psychologists* help organizations to get the best from their workforce and improve the job satisfaction of individual employees.

*Educational psychologists* aim to help children and young people who experience problems that hinder their learning.

*Sports and exercise psychologists* work with participants in both team and individual sports. Exercise psychology is primarily concerned with the application of psychology to increase exercise participation and motivational levels in the general public.
Other types of psychologist include forensic (criminal) psychologists, neuropsychologists and teachers and researchers in psychology. The roles of some psychologists overlap with those of other health care professionals who have similar aims, including:

- **Counsellor** is similar to a counselling psychologist, except that there is no minimum standard of training, which can vary from a few days to several years and focus on one or several different psychological approaches.

- **Psychoanalyst** is 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 Freud. All analysts undergo psychoanalysis themselves as part of a lengthy period of training.

- **Psychodynamic psychotherapist** has undergone a period of intensive training, including personal analysis and supervised practice, and bases his or her approach on a psychodynamic model.

- **Psychiatrist** is a medical doctor who, since qualifying, has specialized in the diagnosis and treatment of people with mental health disorders. Psychiatrists have the right to prescribe drugs, the authority to admit people to hospital and sometimes use physical interventions such as electroconvulsive therapy (ECT).

- **Cognitive behaviour therapist** is a qualified health or social care professional, such as a mental health nurse, who has completed undergraduate or postgraduate specialist training in CBT. All clinical and counselling psychologists are trained to offer CBT.

### Why is reflective practice so important?

Reflective practice is encouraged as part of education for all of the health and social care professions and psychology provides an important reason for this. For many years, some psychologists have accepted the idea that humans have two ways of processing information: one is unconscious and automatic; the other is conscious and deliberate or intentional. These different processes have a profound effect on our beliefs and behaviour. We compare these processes in Table 1.2, which we refer back to on many occasions in later chapters.

<table>
<thead>
<tr>
<th>Automatic processing</th>
<th>Deliberate processing</th>
</tr>
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<tbody>
<tr>
<td>Implicit</td>
<td>Explicit</td>
</tr>
<tr>
<td>Unconscious or preconscious</td>
<td>Conscious</td>
</tr>
<tr>
<td>Rapid</td>
<td>Slow</td>
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<tr>
<td>Automatic</td>
<td>Controlled</td>
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<tr>
<td>Low effort</td>
<td>High effort</td>
</tr>
<tr>
<td>Intuitive</td>
<td>Deliberative or thoughtful</td>
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<tr>
<td>Dependent on past experience of similar situations</td>
<td>Dependent on ideas</td>
</tr>
</tbody>
</table>
Our beliefs about others and our reactions towards others result from a mixture of automatic and deliberate processing. Deliberate processing is generally essential for the delivery of high-quality, individualized care. But automatic processing tends to take over as we are professionally socialized into stereotypical ways of thinking (see Chapter 2). Automatic processing also tends to take over as we gain in experience; for example, Benner (1984) described an expert as someone who has an intuitive grasp of each situation and no longer needs to waste time on considering alternatives. Intuition can be extremely useful, but there are obvious dangers when we rely on it too much. Reflection forces us to consider alternatives and offers protection against the negative effects of automatic processing. One of the main purposes of this book is to encourage you to reflect on your practice to enhance your learning and, in particular, to consider the impact of your practice on those you care for.

Making effective use of this book

This book has a number of features that, when combined, distinguish it from standard textbooks on psychology and health psychology. These are intended to enhance your learning experience and help you to relate psychological theory and evidence to practice. They include the following:

- A glossary at the back includes most terms that might be unfamiliar to a non-psychologist.
- At the start of each chapter, we have included an introductory vignette to focus your attention on important issues to be addressed.
- Examples illustrate key points and raise questions for you to consider. All of the situations we portray are taken from real life observations.
- Details of published research are used to support or supplement the information we give in the text and help to explain how psychological knowledge is arrived at.
- Summary tables appear at intervals throughout each chapter. These include theory-based practice guidance where appropriate.
- Exercises are intended to consolidate your understanding of the ideas we have introduced. You can do these alone, or with friends, or as part of a formal learning group on your course.

We have included two types of practical exercise:

- Those that enable you to relate the content of the book to your personal life.
- Those that enable you to relate the content of the book to what you observe or hear in practice.

In both types of exercise, the aim is the same – we want you to be able to apply the material in the book to your practice. But we recognize that it is not sufficient to understand the ideas in this book if you cannot relate them to real life situations. The abilities to reflect and to...
empathize are essential requisites for the provision of excellent care – the sort of care you would want your loved ones to receive. To achieve this, you need to be able to draw parallels between your own experiences and those that you work with and care for.

**Introduction to the ‘psychosoap’**

In order to understand psychology, it is important to appreciate how it can be applied in different contexts. To do this, we give case scenarios drawn from our own experiences of practice and research, as well as those of our students and other informal contacts. It is essential for ethical reasons that we use pseudonyms and disguise individual identities at all times. To present a different pseudonym in each of our scenarios would be very confusing. So we have woven our examples into a family scenario that we use throughout the book, as in a soap opera.

Figure 1.2 contains the family tree for our ‘psychosoap’ family. We have also included a thumbnail sketch of each family member to help you make sense of the overall scenario.
Psychosoap family background

Anna is currently studying for a degree programme in nursing, while living at home. Lisa, Anna's older sister, is a qualified social worker working in an inner city area. Anna and Lisa have a brother, Joe, who drifted after leaving school at the age of 16. He is currently unemployed and lives with his girlfriend Sasha and her son, Lee. Sasha is pregnant with Joe's baby.

Janice and Mark are parents to Lisa, Anna and Joe. Mark recently retired early because of the onset of Type 2 diabetes, hypertension and angina. Janice works as a health care assistant in a local nursing home for older people.

Janice's mother is Margaret who 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 when she was in her twenties. Here she married Fred who was then a postman. Fred died in an accident when Janice was 4 years old.

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 recently been undergoing medical tests.

Further reading

The following textbooks are updated about every five years, so look out for the latest editions. There are a lot of alternatives, so you may prefer to be guided by your lecturers.

Background


Introductory psychology


Health psychology

