



Health Psychology

Psychology 320
Social Psychology

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Psyc 320 – Social Psychology

Behavioral Focus

- Stress
- Pain
- Risk Factor Modification
- Adherence/Compliance
- Chronic Illness
- Vices: Smoking, Drinking, Eating
- Exercise

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Pain

- Phantom Limb Pain
 - Chronic pain in an absent body part
 - All amputees report sensation (13-71% pain)
 - Loss of body part as adult
 - Missing neural activity means pain messages are not inhibited

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Gate Control Theory

- Acute Pain can be controlled (stopped) through stimulation of unrelated 'large' sensations.
 - Stub your toe → rub your thigh

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Distraction

- Choking
 - Raise your arms
- Hiccup
 - Hold your breath

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Coping with Stress & Pain

- Hypnosis
 - (placebo for those who are not suggestible)
- Relaxation Training
 - Lowers blood pressure (even 3-12 mo later)
- Biofeedback
- Behavior modification
 - Don't reinforce pain communication

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Conceptualizing Illness

- Identity of the disease
 - Feel symptoms congruent with label
- Time line
- Consequences of the disease
 - No cure → helplessness → no healthcare
- Cause of the disease



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Sick Role

- Being sick is not the sick person's fault.
- Being sick relieves the sick person of normal responsibilities.
- A sick person will take steps to get well.

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Hospital Patient Role

- Obey rules
- Nonperson treatment
- Lack of information
- Loss of control



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Bad patient

- May exacerbate illness
- Compromise care from medical staff

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Good Patient

- More attention from hospital staff
- Helplessness
- Passiveness
 - Can include withholding important information
 - Depression → depletion of norepinephrine → compromised immune fctn.

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Children

- Only 1/3rd get psychological preparation
- Parent anxiety
 - Constant reassurance is not effective
- Self-talk, relaxation training, peer models
 - Better than valium
- Videotapes: adult, peer, no video
- Parents present or not
- Tapes were effective especially when parents are present.

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Adherence not Compliance

- Appointments: 75% of self-scheduled
 - Only 50% of other scheduled
- Cure treatment > preventative treatment
 - 77% > 63%
- Waiting room
 - More than 1 hr 40% adherence
 - Less than 30 minutes 80% adherence

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Take your medicine

- Physical Symptoms
- Duration of treatment (shorter is better)
- Complexity of treatment
 - 1 pill a day (88%)
 - 4 pills a day (39%)
 - Cued pills based on daily rhythms

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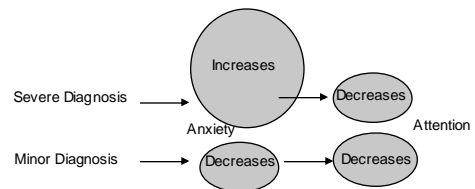
Who isn't taking their medicine?

- Those with no social support
- Low response-efficacy
- Cultural norms or alternative medicine
- People who are NOT Obsessive-compulsive

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Talking to the Doctor

- Physicians overestimate adherence



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Talking to the Doctor

- Doctor is relaxed and doing a routine beh.
- Patient doesn't know jargon or procedure.
- 52% of patients cannot correctly report what the doctor wanted them to do.
- Confidence in the doctor → more listening
 - Important for elderly patients

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Chronic Illness

- Sick role is inappropriate
- Coping strategies often don't work
- Relationships undergo stress
- Uncertainty (esp. cancer/incurables)
- Age of onset

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Issues of body fat (NOT WEIGHT)

- Setpoint: internal thermostat working on the basis of fat
 - Slows metabolism if fat drops
 - Speeds up metabolism if fat increases

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Starvation Experiments

- WWII conscientious objectors
- 36 men ate regularly for 3 months
 - Average intake was 3500 cal/day
- Half rations to reduce body weight to 75%
 - Rapid weight loss at first...but then further reduction was required.
 - Irritable, could not meet in groups, more physical aggression (even though they were very religious). Apathetic, neglectful of appearance, loss of interest in sex.

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Re-feeding

- After 6 mo. of half rations or less
- Remained obsessed with food and ate whenever permitted.
- Gained back their loss and more
- Remained preoccupied with food and did not return to their pre-starvation mood levels.

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Weight gain studies

- Normal prisoners
- Feed them well and limit physical activity
- Again there was a plateau
- Double calories was needed to gain weight
- Some never were able to gain the 20-30 pounds, even at 10k calories per day.
- Once gained it was easily lost for all but two men who had a family history of obesity.

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Fat and Healthy?

- Absolutely possible.
- Some amount of body fat is NECESSARY.
 - Especially for women
 - Distribution of Fat on the Body
- What's the health part?
 - Cholesterol ← more a problem for men than women until menopause
 - Extremely overweight increases stress on joints and can lead to premature arthritis.

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Fat and Fit?

- Exercise
 - The 'male' option ('bulking up')
 - Risk "exercise-addiction" (obsession)
 - Decreased depression & Socially imposed guilt
 - Not a lot of social approval for this option
- Dieting
 - The 'female' option
 - Very rare without 'yo-yo' effects
 - CHANGES in body weight and fat are *harmful* to the body.

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Disordered Eating

- Anorexia Nervosa
 - Most fatal psychological disorder
 - 'fat fear'
 - No guilt
 - Socially supported
- Bulimia
 - More treatable
 - Some reinforcement
 - Expensive