Unit 3
Learning Aim A – Lifestyle choice and health related behaviour

A Lifestyle choice and health-related behaviour

A1 Psychological definition of health and ill health, addiction and stress

Definitions and characteristics of health and ill health, addiction and stress.

- Health and ill health: biomedical, biopsychosocial, health as a continuum.
- Behavioural and physiological addiction:
  - Griffiths' six components of addiction: physical and psychological dependence (salience), tolerance, withdrawal, relapse, conflict, mood alteration
  - stress: definition of a stressor, psychological stress, stress and perceived ability to cope.

A2 Psychological approaches to health

Learners will explore psychological approaches to health and suggest how these could be applied to different scenarios.

- Biological influences – of genetic predisposition, the roles of neurotransmitter imbalances.
- Behaviourist approaches – the role of cues, positive reinforcement and negative reinforcement to explain healthy and unhealthy behaviours; using operant conditioning to encourage and incentivise behaviour.
- Social learning approach – effects of parental and peer role models on healthy and unhealthy behaviours; role models in health education.
- Cognitive approach – decisions to engage in behaviours to provide relief from stress, anxiety, boredom or to mitigate impacts of other health problems, resolving cognitive dissonance for behaviour change, professional biases in diagnoses and treatments.

A3 Theories of stress, behavioural addiction and physiological addiction

Learners will explore theories of stress, behavioural addiction and physiological addiction, and apply these theories to different scenarios.

- Theories: key concepts of psychological theories of stress, behavioural addiction and physiological addiction, to include:
  - health belief model concepts of perceived seriousness, susceptibility, cost-benefit analysis, how demographic variables such as age, gender, culture and external/internal cues affect behaviour
  - locus of control: internal and external locus of control, the role of attributions in determining health behaviour
  - theory of planned behaviour: concepts of personal attitude to behaviour, subjective norms, perceived behavioural control and their effect on behaviour
  - self-efficacy theory: mastery experiences, vicarious reinforcement, the effect of social persuasion and emotional state on self-efficacy and likelihood of behavioural change
  - transtheoretical model: precontemplation, contemplation, preparation, action, maintenance.

A1: Psychological definition of health and ill health, addition and stress

A Lifestyle choice and health-related behaviour

A1 Psychological definition of health and ill health, addiction and stress

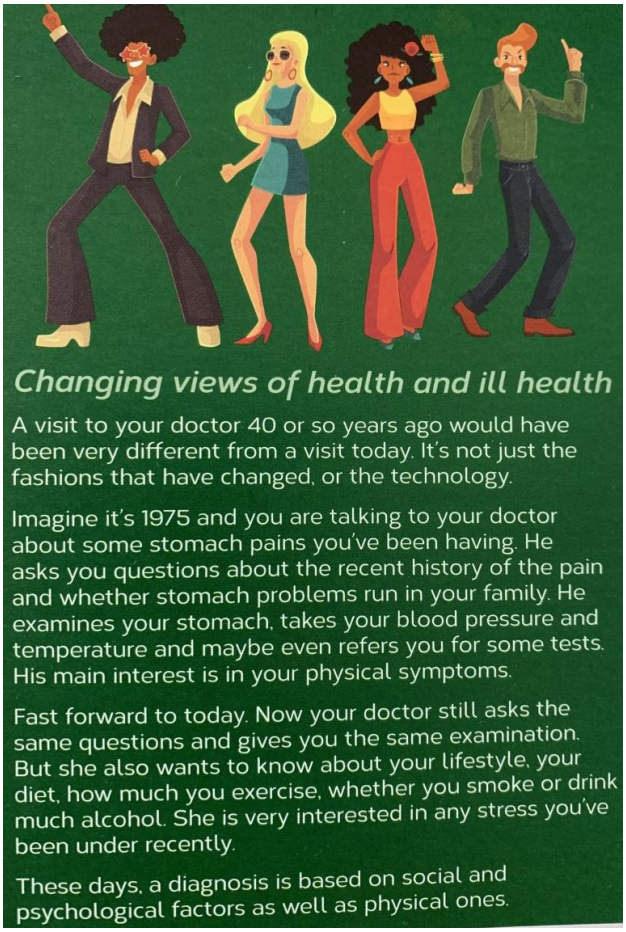
Definitions and characteristics of health and ill health, addiction and stress.

- Health and ill health: biomedical, biopsychosocial, health as a continuum.
- Behavioural and physiological addiction:
  - Griffiths' six components of addiction: physical and psychological dependence (salience), tolerance, withdrawal, relapse, conflict, mood alteration
  - stress: definition of a stressor, psychological stress, stress and perceived ability to cope.

A1.1 HEALTH AND ILL HEALTH

- Health and ill health: biomedical, biopsychosocial, health as a continuum.

What is health?



Changing views of health and ill health

A visit to your doctor 40 or so years ago would have been very different from a visit today. It's not just the fashions that have changed, or the technology.

Imagine it's 1975 and you are talking to your doctor about some stomach pains you've been having. He asks you questions about the recent history of the pain and whether stomach problems run in your family. He examines your stomach, takes your blood pressure and temperature and maybe even refers you for some tests. His main interest is in your physical symptoms.

Fast forward to today. Now your doctor still asks the same questions and gives you the same examination. But she also wants to know about your lifestyle, your diet, how much you exercise, whether you smoke or drink much alcohol. She is very interested in any stress you've been under recently.

These days, a diagnosis is based on social and psychological factors as well as physical ones.

Lifestyle factors indicating ill health	Social factors indicating ill health	Psychological factors indicating ill health

There are THREE definitions of health that you need to know.

These are:

1. **The Biomedical definition**
2. **The Biopsychosocial definition**
3. **Health as a continuum**

The biomedical definition

The biomedical definition views health/illness in terms of _____ or_____ factors. It defines illness as a _____ _____which is diagnosed by a medical professional (doctor) from a person's symptoms. The illness is treated (often in a hospital) with physical methods, such as _____ or _____, which aim to address the physical/biological causes.

The approach tends to define health as 'the absence of _____. A healthy person is therefore someone who is free from _____, pain and disability. When we become ill, the aim of treatment is not really to enhance our health but to return us to our pre-illness condition. The focus is on _____functioning rather than on, for instance, social and psychological causes of illness.

The biomedical approach is closely associated with medical science and technological advances (e.g. brain scanning, chemotherapy) and is the dominant view of health/illness in the healthcare systems of _____countries.

The biopsychosocial definition

Read the following definition and answer the questions that follow:

Engel (1977) was one of the first medical practitioners to argue that the biomedical definition does not consider all of the factors that play a role in health and illness. He proposed a biopsychosocial approach instead.

This definition suggests that health/illness is the result of several interacting factors. Biological characteristics (e.g. genes, neurochemistry) are just one set of factors, alongside psychological/behavioural characteristics (e.g. stress, attitudes) and social environment (e.g. family, culture). Treatment considers all three factors.

The approach aims to enhance the person's health rather than just make them 'not ill'. It also focuses on prevention. This has led to the development of educational programmes designed to promote health lifestyles (e.g. exercising, losing weight, stopping smoking, reducing alcohol intake etc). The biopsychosocial approach has been very influential in the treatment of mental disorders. Mental ill health is not just a matter of faulty biological functioning. There is more to treatment that just correcting this fault.

1. **What are the three key factors this approach considers when treating patients?**

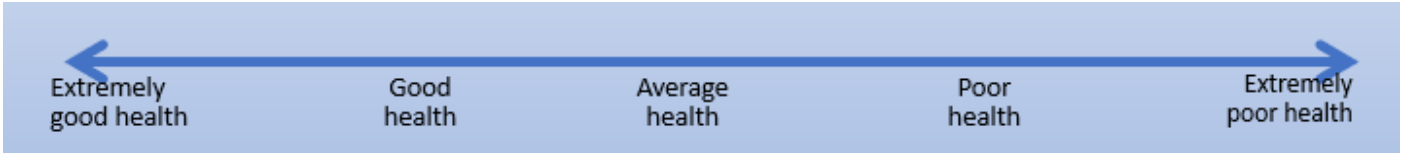
2. **What is the main aim of the Biopsychosocial approach?**

3. **Do you think this approach is better or worse than the biomedical approach? Give reasons for your answer.**

4. **How long ago was it that doctors roughly started taking patients psychological and social factors into account when treating them? Does this surprise you? Why?**

Health as a continuum

Where would you place the biomedical and biopsychosocial definitions on this continuum?



Application

Read through the case studies and decide:

1. **whether or not these patients are likely to be deemed to be healthy or not healthy according to each model**
2. **explain why/why not using examples from the case study.**
3. **try to give an example of what doctors following this approach might do**

Scenario one

Hannah (16) was brought by her mother, concerned at Hannah's weight loss and lack of interest in food for some months. Hannah had always been thin, but her current BMI was 18. Weight loss had begun when life stresses had made her feel fairly sad some months before and she had lost her appetite. She had since found that she felt better if she didn't eat and had avoided doing so even when she felt hungry. There were no underlying medical problems. Hannah is an intelligent teenager who lives with mother, younger brother and stepfather and sees her father every second weekend as she has done since she was 3. She has a close relationship with all 3 caregivers and her parents' divorce was fairly amicable with all the adults on friendly terms. Talking to Hannah revealed that recently her father, who remains single, had begun to drink heavily on access visits which made her quite sad and she felt a great sense of loss.

Biomedical approach:

Biopsychosocial approach:

Scenario two

Mary is aged 42 years, divorced with two children, employed part time and cares for her mother who has Alzheimer's disease. Mary has no significant past medical history, although she frequently makes appointments with her GP and practice nurse about problems experienced by her and her children. She was moderately depressed following her divorce 5 years ago and was offered antidepressants but declined them. She was referred for six sessions of counselling, which led to some improvement in her symptoms. On examination Mary complains of feeling 'stressed' all the time and constantly worries about 'anything and everything'. She describes herself as always having been a 'worrier' but her anxiety has become much worse in the past 12 months since her mother became unwell, and she no longer feels that she can control these thoughts. When worried, Mary feels tension in her shoulders, stomach and legs, her heart races and sometimes she finds it difficult to breathe. Her sleep is poor with difficulty getting off to sleep due to worrying and frequent wakening. She feels tired and irritable. She does not drink any alcohol.

Biomedical approach:

Biopsychosocial approach:

Scenario three

Shubha is a 26-year-old woman who has been referred to you by the local mother and baby clinic. You are a GP for Shubha's husband and members of his extended family are registered at your practice, but this is the first time that you have met her. Shubha emigrated from Bangladesh to the UK three years ago with her husband and his family and gave birth to a baby girl one month ago. She has had an arranged marriage and the family have struggled with financial pressures since the move. Her husband is very close to his mother, who advises him on all issues related to the baby. Shubha can speak limited English. She is unhappy about the appointment with the GP as she feels this will bring shame to the family. She sees you – a white male GP – with her husband, who acts as an interpreter. Her husband says that Shubha seems unhappy and does not want to do anything. She is reluctant to get out of bed or to look after the baby and complains of pain in her stomach constantly. He discloses that his mother thinks she is lazy because she is unwilling to do household chores. An initial physical examination does not reveal anything abnormal. A blood sample for full blood count and testing for vitamin D deficiency are taken and come back normal.

Biomedical approach: Biopsychosocial approach:

A1.2 BEHAVIOURAL AND PHYSIOLOGICAL ADDICTION

- Behavioural and physiological addiction:
  - Griffiths' six components of addiction: physical and psychological dependence (salience), tolerance, withdrawal, relapse, conflict, mood alteration

Types of addiction	
Physiological	**Behavioural**
Signs:	Signs:
Examples:	Examples:

Griffith's six components of addiction

Research the six components using the QR code and complete the table

Stage	What is it?	Example (link to gambling or smoking)
1. Physical and psychological dependence (Salience)		
2. Tolerance		
3. Withdrawal		
4. Relapse		

5. Conflict		
6. Mood alteration		

Application

Read through the case studies and:

1. **Try to identify Griffiths 6 components of addiction in their behaviour (write one sentence for each component that you can find).**
2. **Decide whether or not you think they are addicted (you might find this tricky – that's because it can be! Now imagine if you were a doctor and your decision was final and depended on whether someone got treatment or not!)**

Scenario one

Mike spends a lot of money playing online fruit machines for several hours most days. Although he's a bit worried he might be addicted, he loves the thrill and excitement of playing and it takes his mind off the stresses of his everyday life when he can feel his anxieties drop away. But there are times when Mick can't get online, so he starts to feel irritable, anxious and jittery, just constantly thinking about fruit machines.

Scenario two

Daryl tells his girlfriend that he is not addicted to cigarettes even though he has been smoking for several years. He says he can quit anytime he wants.

His girlfriend is not so sure because Daryl always seems to want to have a cigarette and gets irritated when he can't. She also knows that he has trued to give up several times in the past. He carries on smoking even though he's well aware that it could give him cancer. In fact he seems to be smoking more than ever. She is reluctant to push him too hard to quit because he says smoking is the most important thing in his life, even more important than her.

Scenario three

Mo loves to gamble. He started by buying lottery scratch cards and a bit of online gambling, and now spends much of his time at a local casino. At the request of his family, he has tried to give up, but if he has to go without gambling for longer than a few days he feels a strong urge to gamble. These urges can be particularly strong when he is feeling down in the dumps or bored.

A1.3 STRESS

- stress: definition of a stressor, psychological stress, stress and perceived ability to cope.

What is stress and what causes it?

- These things that cause you stress are called _____.
- These can be _____ stressors (e.g. environment things – noise, temperature, crowding)
- Or these can be _____stressors (e.g. everyday niggles, annoyances, feeling hassled, coping with bereavement)

Complete the stress test

Electronic **Paper**

Use the QR codes to find out some facts about stress in the UK

How does your body respond to stress?

- These bodily responses are called your _____ _____.
- There are _____stress responses (how your body responds to a stressor, e.g. increased heart rate, sweating, feeling sick)
- There are also _____stress (the emotions you experience when a stressor occurs)

_____ stress occurs when the **perceived** demands of your environment are greater than your **perceived** ability to cope with them.

E.G

Perception of available resources

What resources may people have to combat stress?