INTRODUCTION IN MEDICAL PSYCHOLOGY

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DEPT. OF CLINICAL PSYCHOLOGY
Medical Psychology
General goals

- To acquire basic psychological knowledge
- To develop practical skills for an effective interaction with the patient
- To develop the skills required for an effective relationship with the patient and within the medical team
Specific goals

• Basic assessment of mental state and personality
• Identifying psychological aspects related to:
  - Health and illness, disability
  - Cancer, pain, death and dying
• Increasing therapeutic compliance
• Lifestyle counseling
• Approach in:
  - Risky behaviours
  - Crisis, suicide
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• Expectations:
  - Attendance to the practical activities (100%)
  - Attendance to the lectures (75%)

• Grading:
  - Final examination in January: 75% of the final grade
  - Activity: 25% of the final grade
  - Quizzes and reaction papers during the semester
  - Your feedback and input in practical activities
The scope of medical psychology

- Attitude towards the sick person and illness
- Attitudes of both sick and healthy individuals towards healthcare systems
- This logically includes the attitude of the physician towards the medical profession
The scope of medical psychology

- The level of individual psychological issues
- The level of doctor – patient relationships
- The level of social and cultural issues
- Conceptual models of illness:
  - The biomedical model
  - The bio-psycho-social model
The field of Medical psychology is highly interdependent with other knowledge and research fields: psychopathology, holistic psychology, anthropology, psychoanalysis and dynamic psychology, chronobiology, ethology, sociology, experimental psychology and neurophysiology.

These fields have bilateral connections and an ongoing informational exchange.

Medical psychology and the field of general psychology are linked through aspects related to:

- Communication
- Developmental psychology
- Personality
Medical Psychology and Social Psychology

- The doctor-patient relationship
- The impact of medical profession on complementary professions – pharmacists, biologists, chemists
- From the bio-psycho-social model of illness to the therapeutic models in the field of medication
- Quality of life – as modern indicator for the assessment of therapy and medical management
Core Concepts in Medical Psychology

• The individuality of the patient: “we do not deal with illnesses, but with sick people”

• The doctor – patient relationship

• Conceptual models of disease: how do we understand illness, how does it develop?
The individuality of the patient

• „there are no illnesses, only sick persons” could be rephrased as: illnesses do not exist apart from patients (with their individual features) who suffer those illnesses

• Sometimes treating illness, other times changing individual specific reactions may be decisive for therapeutic success

• From the perspective of medical psychology, these specific reactions are not only somatic, but also person-related
When we approach a person suffering an illness, there are inherited/genetic factors and environmental factors to be considered (nature and nurture).

Environment is seen as:

- Physical environment
- Biotic environment (animals, plants, microorganisms: bacteria, viruses one interacts with)
- Socio-cultural environment
- Each environmental factor has a dynamic influence, in relation with the ‘lability’ of the respective developmental stage of the person.

- Environmental factors mostly intervene by mediating a life experience.

- The importance of experiential factors (compared to innate ones) in generating bodily or behavioural reactions is considered higher if the individual is situated on a more evolved phylogenetic level.

- Life experiences are essential in personality development in humans.

- The illness factor represents one of the key determinants of personality, through its interconnection with heredity and environment factors.
The doctor – patient relationship

- Doctor – patient relationships range on a broad scale, from romantic idealism to cynical despair.

- Each actor of this relationship plays their role based on various expectations, building the premises of either effective relationships, or suspicion, frustrations and disappointment.

- Patients commonly understand therapeutic limitations of medicine, if the relationship with doctors/medical staff is based on respect and genuine listening.

- Doctors and medical staff work with sick people, who bring to the table an intricate pattern of biological factors and psychological drives to the social context of the therapeutic relationship.
Conceptual models of illness

- Under the influence of Virchow and Pasteur’s discoveries, medicine was dominated by a strictly biological causality model in the end of the 19th century and the beginning of the 20th century.
- Biomedical model: Reductionist (takes only biological factors into account).
- It incorporates a linear causality (germ – illness).
- Incorporates Cartesian dualism (separating body from mind).
- Focused on the state of illness, ignoring prevention of illness.
- Focused on the sick organ, ignoring the sick person per se.
- It places the responsibility of treating disease on the doctor.
Conceptual models of illness

- Engel G., underlying the multifactorial causality of illness, in which specific (biological) elements intertwine with non-specific psychological and social ones, coins the bio-psycho-social model of illness, regarded as much more pertinent

- The bio-psycho-social model stems from the general theory of systems

- The biological system: the anatomical, structural, molecular background of illness and its impact on biological functioning

- The psychological system: the impact of motivation and personality on the experience of illness and reaction to illness

- The social system: cultural, environmental, family influences on the experience of illness and its behavioral expression
Engel G supported that each aforementioned system can impact on, and be impacted by any of the other systems.

The morbidity of the 20th-21st centuries requires a complex explanatory paradigm for the approach and management of disease, directed mainly towards prevention through identifying and modifying risk factors.

The current status of research data proves that the traditional (biomedical) model of explaining and approaching chronic illnesses is unilateral and restrictive, and does not take into account non-biological variables.

The bio-psycho-social paradigm incorporates both the developments of biological medicine, and the psycho-behavioural, social, cultural and ecological variables, as important factors in the causality (etiology) and evolution of illnesses.
The bio-psycho-social model

- Illness has a multifactorial causality
- Psyche cannot be separated from body, and conversely
- Dwells on both health and illness
- Emphasizes both treatment and prevention
- Organ suffering generates the suffering of the person
- Medical staff, society and the sick person in question are all responsible for prevention, treatment and recovery