

S/A 4071: Social/Cultural Aspects of Health and Illness:

Class 11: Social Psychological Factors & Health 1

* Many more people don't seek medical care than those who do for certain conditions. Conversely, many go to doctors for minor conditions

* Social psychological factors thus play a large role in how we perceive health, illness, & respond thereto

(1) Psychosocial Factors Associated with Illness:

* *Stress* can be helpful, but too much in too short a time can harm health

- Cannon: stress as physiologically adaptive: "fight or flight"

- Seyle: GAS: (1) alarm reaction
(2) resistance/adaptation
(3) exhaustion (can lead to "diseases of adaptation"
or even death)

- Short, medium & long-term stressors

- Social Readjustment Rating Scale (is stress quantifiable?)

- Stressors may also be cumulatively classified as:

(1) Individual

(2) Interpersonal

(3) Social Structural

- (4) Cultural
- (5) Ecological
- (6) Political/state

- Impact of stressors varies due to:

- (1) The Person's evaluation of the situation
- (2) Strategies available for coping
- (3) Degree of control felt
- (4) Amount of social support available

- Social Readjustment Rating Scale (SRRS) has been used in

various cross cultural studies: found to be remarkably reliable in ranking of stressful events/predicting illness/distress

- SRRS has been criticized due to:

(1) Ignoring differences in meaning re: specific events

(2) Signs may result from, not cause illness

(3) Desirable vs. undesirable distinction improves prediction

(4) Ability to control must be considered

(5) Whether reporting is what is really being affected (or

behavior during illness)

(6) The cumulative impact of pre-existing factors in years

prior to measurement not considered

- Improvements:

(1) Turner & Avison: management of life events
minimizes stress impact

(2) Conger et.al: integrate gender into stress paradigm:
different patterns

- Statistics Canada: GSS: stress associated with
more role

 - responsibilities

- Psychoneuroimmunology: stress affects the
immune system

- Relaxation training, yoga & meditation help in this
respect

* *Social Support*:

- Difficult to define (i.e. subjective vs. objective
measures)

 - Social support associated with health/coping in
many situations (both giving & receiving it)

 - Lack of social support/social isolation associated
with

 - illness/death (e.g. cancer)

 - Today social support often referred to as social
capital:

 - Exists through Bonding - horizontal ties

 - Bridging - connections between

 - groups

 - Linking - vertical interactions

 - Defined as objective (structural) and subjective
(perceived)

 - Helps prevent isolation / improves both health

and longevity

* *Type A Behavior:*

- People who are competitive, achievement-oriented, easily-annoyed & time urgent tend to have more health problems (vs. more easygoing types)

* *Sense of Coherence/ Belief that “things are under control”:*

- Associated with better health
- 3 components:
 - (1) Comprehensibility: (i.e. “the world is understandable/predictable”)
 - (2) Being able to cope: (i.e. “I have the resources necessary to meet demands”)
 - (3) Meaningfulness: (i.e. “It’s worth the effort”)
- Vary by SES and other demographic factors
- Impact on health/illness is again through the immune system

* *Religion & Health:*

- Religion enhances health & well-being through:
 - (1) Social integration & support

(2) Personal relationship with the Divine
(3) Providing systems of meaning
(4) Promoting specific patterns of religious organization & personal lifestyle

- These effects are more positive for men than women

- Various hypotheses linking religion & health:

- (1) Behavior changes
- (2) Heredity
- (3) Psychosocial effects
- (4) Psychodynamics of belief
- (5) Psychodynamics of religious rites
- (6) Psychodynamics of faith
- (7) Multifactorial explanations
- (8) Super-empirical explanations
- (9) Supernatural influence

* Prayer & Health:

- Empirical studies link prayer to health. Possible links:

- (1) Behavioral adjustments
- (2) Feeling of support
- (3) Immune system changes

- Byrd's "double blind study": distant/unknown prayer for cardiac patients had an effect

(2) The Illness Iceberg:

* Some people routinely seek medical care/others don't so readily. Why?

- some people don't notice or acknowledge symptoms
- people with similar symptoms respond differently

* Zola: "Pathways to the Doctor":

- interpersonal crises
- perceived interference with social/personal relations
- sanctioning by others
- perceived interference with vocational/physical activity
- a kind of 'temporalizing' of symptoms

* Mechanic: Seeking help depends on 10 determinants:

- visibility/recognition of the symptoms
- extent to which symptoms perceived as dangerous
- extent to which symptoms disrupt family, work & social activity
- frequency/persistence of symptoms
- amount of tolerance for the symptoms
- available information, tolerance, & cultural assumptions
- basic needs that lead to denial
- other needs competing with the symptoms
- competing interpretations that can be given to the symptoms
- availability of treatment resources, physical

proximity, &
psychological & financial costs of taking action

* Each has different emphases, but both complement
each other's
insights