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Foreword

Forewords are those parts of books that are rarely read – take it from me as a reader of many books but few Forewords. The fact that you, kind reader, are reading this Foreword and no doubt looking forward eagerly to the similarly neglected Preface, makes you a highly unusual, undoubtedly gifted and discerning person who is kind to children, old people and animals. In fact just the sort of person who will appreciate and benefit from this book.

What can one say about a book that, within only ten years, is now in its third edition? The fact that a third edition is necessary is a fact that itself speaks volumes; and, yes, the feeble pun is deliberate. The need for this third edition reflects how Psychology and Sociology continue to make inroads to inform practice and research in medicine. If anything is a testament to the integration of Psychology and Sociology within the medical curriculum, this book is it. The successful format remains of brief and easily assimilated two-page “spreads” where key topics are discussed, clinically-relevant examples are given, and the reader is challenged to consider their implications. The authors have been careful to revise their contributions in light of recent research findings and current theoretical thinking. Whilst the target audience is medical undergraduate students, the text will be equally at home on the shelves of those who teach the subject and, indeed, those health professionals in other disciplines who appreciate the relevance of Psychology and Sociology to their practice and teaching and wish to gain a contemporary view.

The world has changed radically in the ten years since the first edition appeared in 1998, and in ways that, directly and indirectly, impact on the health and well-being of us all. The third edition reflects those changes, most notably in the case of two new spreads: “Health: a global perspective” and “Health: a rural perspective”. The global issues are the world events that change, subvert or derail the best laid plans of national governments – described memorably by Britain’s last old-style avuncular and patrician prime minister Harold McMillan as “Events, dear boy, events”. Those events, whether mass murder in New York, Madrid, London and elsewhere, natural disasters or the collapse of stock markets, bring distress, misery and hardship to many tens of thousands. The consequences for public and individual health and psychological well-being hardly need description, but it is health professionals who must be aware of those consequences and the evidence-based interventions that can help: this book provides them with such information. More positively, the information and communications revolution which continues apace despite the economic hiccup of the burst “dot.com bubble” brings significant benefits via “e-Health” and “Tele-health” mentioned in the new spread addressing rural perspectives of health. The internet provides previously unimagined immediate access to information about our health, symptoms and self-care and equips us better when we seek the advice of health professionals. Whether, however, this has had the unfortunate downside of adding to the worries of the already “worried well” and increased their consulting rates remains to be seen.

The past ten years have also seen major advances in functional and structural magnetic resonance imaging (MRI) of the brain which have provided remarkable insights as to ‘how we work’ in terms of our cognitive and emotional processes. This third edition devotes a section of the spread on “Memory Problems” to brain imaging: the technique was not mentioned in the earlier editions. We will certainly be reading much more about imaging in subsequent editions of this book.

This third edition has moved on and kept up to date but retains the basic strength of the earlier editions in making clear the contribution of Psychology and Sociology to understanding the processes behind the individual’s behaviour in health and illness, and the overarching influence of our socio-economic background, culture and ethnicity. Medical students who read this book and engage with its ethos of active learning will profit from a deeper understanding of the people who will become their patients and an insight to their own motivations and aspirations in becoming medical practitioners.

Of course there is self-interest here. You, the medical students who are reading this textbook, will be those who, in ten or twenty years time, will be ministering to the present authors and Foreword writer as we succumb to the decline that awaits us all – the cells wildly out of control, the weary and failing heart or the deepening fog and confusion of the good Dr Alzheimer. But as you are the sort of people who read Forewords, we have the reassurance that we will be in good hands.

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Preface to Third Edition

The first edition of *Psychology and Sociology Applied to Medicine* was published in 1999, and the second in 2004. The second edition was reprinted several times and was very well received by reviewers, and medical and healthcare students. The third edition has given us the opportunity to add recent advances and expand into new areas. We have again updated the text, graphs and figures and added some chapters and omitted others. We have recruited new expert authors who have been involved in educating students in the health professions.

The views expressed in the prefaces of the previous editions still hold. As new medical curricula are developed in the UK and worldwide, it is recognised that an understanding of psychological and sociological processes is crucial to optimal individual care and effective national healthcare policies. These issues are central to core teaching in the medical and healthcare professions. An increasingly educated patient population and use of the web emphasises the need for greater interpersonal skills amongst health professionals, and the importance of communication to understanding and initiating behaviour change.

Medical curricula in the UK and elsewhere include psychology and sociology in integrated modules dealing with care and treatment in relation to particular physiological systems or diseases. *Psychology and Sociology Applied to Medicine* makes health psychology and medical sociology accessible to medical and healthcare students. This text also integrates psychological and sociological research findings with the delivery of care and treatment in healthcare settings. We have included recent references and often selected illustrative studies from medical and health journals rather than psychology or social science journals.

This book has been designed and written primarily to take account of the needs of students who are embarking on the various integrated systems-based and problem-based medical courses. Our material is presented in accessible, two-page ‘spreads’. Each spread addresses a discrete topic with its own case study, questions for further thought and key points. However, the spreads are cross-referenced so that the book also forms an integrated whole. Of course, none of these topics can be adequately covered in two pages, but the spreads provide a good introduction and an overview of each topic. Spreads include key references which may be followed up, but individual course organisers and tutors will undoubtedly want to recommend further reading which links the material to their particular courses or modules.

The teaching and learning of psychology and sociology in relation to health, illness and medicine is often hampered by two important factors. First, psychology and sociology (unlike biomedical sciences) deal with aspects of our everyday experience. It is all too easy to believe that we already know what there is to be known about such familiar issues as, for example, ‘Why don’t people take their doctor’s advice?’ However, there is a body of research evidence which allows us to make informed judgements. Secondly, the very fact that people attempt to understand and make sense of their personal and social worlds makes it difficult to conduct behavioural and social research without, in some way, influencing what they tell us and their behaviour. Researchers have endeavoured to overcome this by using standardised assessments of health outcomes, and qualitative research has allowed those using health services to have their own voice.

Thus, for example, asking patients whether they took their medication or not may, if not carefully asked, elicit responses which patients think researchers want to hear rather than their real reasons. Asking doctors why patients don’t take their medicines may prompt doctors to think about their own part in the process and so change their behaviour. Such opportunities for bias and influence make it particularly important for students to think critically and to check the assumptions, methods and findings of different research studies.

The references have been included not just to encourage students to read more deeply into a topic, but also to think critically about the reasoning and the evidence presented. Both psychology and sociology are enlivened by debate and discussion. Details of research studies are often given in boxes and students are encouraged to be critical. Evidence-based medicine is a concept that is as applicable to behavioural science as it is to clinical practice.

The book begins with a description of the bio-psycho-social model, which underpins the approach taken throughout the book. The remaining spreads are arranged into nine sections beginning with a description of normal human development and common health problems associated with the lifespan. The second section addresses the question ‘How does the person develop?’ and focuses on the development of some key psychological processes, for example the development of language, personality and sexuality. The third section seeks to address the question ‘In what ways are our behaviour and health constrained by the social contexts within which we live?’ and also includes spreads on the concepts and measurement of health, illness and disease. Section 4 presents a more specific discussion of how social and personal factors interact to influence our risk of ill-health. Issues of illness prevention and health promotion are discussed in terms of both the behaviour of individuals and the behaviour of government and large organisations.

Section 5 shifts the perspective from health promotion to illness behaviour and focuses on what people do when they feel ill or anxious about their health and on their experience of consultations and of hospitals. Section 6 selects a number of specific disorders and examines how people experience and respond to them. In Section 7 ways in which people cope with illness and disability are described, including a new spread on counselling.

Section 8 examines some of the problems and issues associated with different ways of organising health services. Two new spreads have been added on International Perspective and Rural Health, and Section 9 has been extensively revised to review the experience of being a medical student and a trainee doctor, concluding with a discussion of basic professional and ethical issues.

It is doubtful whether any introductory textbook could cover such a wide range of topics comprehensively and we are aware of some important topics which have not been covered, and others which have received more of a psychological than a sociological approach, and vice-versa. We hope, however, that the breadth of coverage and the style of presentation will be attractive to students, stimulate their interest in the psychosocial aspects of health, illness and medical practice, and encourage them to pursue their interests in greater depth.

We were very sad that Pamela Baldwin and Mike Hepworth died before this third edition was planned. Their names remain attached to those chapters that have required only revision and updating.

Some editorial control has been exercised by the editors, but final responsibility for each spread has been left to individual authors. Our thanks to our authors for responding so willingly to our comments and suggestions, and for writing to such a tight word limit.

B.A.  
C.A.  
E.v.T.  
M.P.
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