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HEALTH PSYCHOLOGY

Introduction to Health   
Psychology

CHAPTER

What Is Health Psychology?

CHAPTER OUTLINE   
Deﬁnition of Health Psychology   
Why Do We Need Health Psychology?   
The Mind-Body Relationship: A Brief History   
Psychoanalytic Contributions   
Psychosomatic Medicine   
The Biopsychosocial Model in Health Psychology   
The Biopsychosocial Model Versus the Biomedical Model   
Advantages of the Biopsychosocial Model   
Clinical Implications of the Biopsychosocial Model   
The Biopsychosocial Model: The Case History of   
Nightmare Deaths   
Why Is the Field of Health Psychology Needed?   
Changing Patterns of Illness

Advances in Technology and Research   
Expanded Health Care Services   
Increased Medical Acceptance   
Demonstrated Contributions to Health   
Methodological Contributions   
What Is Health Psychology Training For?   
Careers in Practice   
Careers in Research

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Chapter 1 What Is Health Psychology?

“ Hop on a treadmill at your desk: It works”   
(May 21, 2007)   
“ Popular diet plans are light on results”   
( January 10, 2005)   
“ A supporting role in breast cancer: An author   
who’s been there oﬀers straight talk for men   
on how to help the women they love . . .”   
(January 10, 2005)   
“ A day at the beach is packed with stress relief and   
overall rejuvenation” (May 28, 2007)   
“ Squeeze in a yoga class while you wait for your   
prescription” (December 27, 2004)   
Every day, we see headlines about health, such as these   
from the Los Angeles Times. We are told that smoking is   
bad for us, that we need to exercise more, and that we’ve   
grown obese. We learn about new treatments for diseases about which we are only dimly aware, or we hear that a particular herbal remedy may make us feel better

about ourselves. We are told that meditation or optimistic beliefs can keep us healthy or help us to get well more quickly. How do we make sense of all these claims, and   
which ones are personally important? Health psychology addresses important questions like these. ■ DEFINITION OF HEALTH   
PSYCHOLOGY   
Health psychology is an exciting and relatively new   
ﬁeld devoted to understanding psychological inﬂuences   
on how people stay healthy, why they become ill, and   
how they respond when they do get ill. Health psychologists both study such issues and promote interventions to help people stay well or get over illness. For example,   
a health psychology researcher might be interested in   
why people continue to smoke even though they know   
that smoking increases their risk of cancer and heart   
disease. Information about why people smoke helps the   
researcher both understand this poor health habit and   
design interventions to help people stop smoking.   
Fundamental to research and practice in health psychology is the deﬁnition of health. In 1948, the World Health Organization deﬁned health as “ a complete state   
of physical, mental, and social well-being and not merely   
the absence of disease or inﬁrmity” (World Health Organization, 1948). This deﬁnition, which was very forward looking for its time, is at the core of health psychologists’ conception of health. Rather than deﬁning health as the absence of illness, health is recognized to be an

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achievement involving balance among physical, mental,   
and social well-being. Many use the term wellness to   
refer to this optimum state of health.   
Health psychology is concerned with all aspects of   
health and illness across the life span. Health psychologists focus on health promotion and maintenance, which includes such issues as how to get children   
to develop   
good health habits, how to promote regular exercise,   
and how to design a media campaign to get people to   
improve their diets.   
Health psychologists also study the psychological   
aspects of the prevention and treatment of illness. A health psychologist might teach people in a high-stress occupation how to manage stress eﬀectively so that it will not adversely aﬀect their health. A health psychologist might

work with people who are already ill to help them adjust   
more successfully to their illness or to learn to follow   
their treatment regimen.   
Health psychologists also focus on the etiology and   
correlates of health, illness, and dysfunction. Etiology refers to the origins or causes of illness, and health psychologists are especially interested in the behavioral and social factors that contribute to health or to illness and dysfunction. Such factors can include health habits such as alcohol consumption, smoking, exercise, the wearing of

seat belts, and ways of coping with stress.   
Finally, health psychologists analyze and attempt to   
improve the health care system and the formulation of   
health policy. They study the impact of health institutions and health professionals on people’s behavior and develop recommendations for improving health care.   
In summary, health psychology examines the psychological and social factors that lead to the enhancement of health, the prevention and treatment of illness, and the evaluation and modiﬁcation of health policies

that inﬂuence health care.   
Why Do We Need Health Psychology?   
To many people, health is simply a matter of staying   
well or getting over illnesses quickly, states to which psychological and social factors might seem to have little to contribute. But consider some of   
the following puzzles   
that cannot be understood without the input of health   
psychology:   
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When people are exposed to a cold virus, some get   
colds while others do not. Why?   
Men who are married live longer than men who   
are not. Why?

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Part One

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Introduction to Health Psychology

Throughout the world, life expectancy is increasing. But in countries going through dramatic social upheaval, life expectancy can plummet. Why? Women live longer than men in all countries   
except those in which they are denied access to

health care. But women are more disabled, have   
more illnesses, and use health services more. Why?   
Wealthier nations generally have better health care.   
In the United States, which has an average annual   
income of $22, 794, people can expect to live to   
about 77 years of age. But in Costa Rica, where   
the average annual income is $4, 193, life expectancy is exactly the same. Why? At the beginning of the previous century, infectious diseases such as tuberculosis, pneumonia, and inﬂuenza were the major causes of illness and

death. Now chronic diseases such as heart disease,   
cancer, and diabetes are the main causes of disability and death. Why? Attending a church or synagogue, praying, or   
otherwise tending to spiritual needs is good for   
your health. Why?

In this chapter, we consider why our current state   
of knowledge about health and health care issues has   
given rise to the ﬁeld of health psychology. To begin,   
we consider how philosophers have conceived of the   
mind-body relationship and how we have arrived at   
our present viewpoint of the mind and body as inextricable inﬂuences on health. Next, we consider the dominant clinical and research model in health psychology: the biopsychosocial model. Finally, we discuss the

trends in medicine, psychology, and the health care   
system that have contributed to the emergence of   
health psychology.   
■ THE MIND-BODY   
RELATIONSHIP: A BRIEF   
HISTORY   
Historically, philosophers have vacillated between the   
view that the mind and body are part of the same system   
and the idea that they are two separate systems. When   
we look at ancient history, it becomes clear that we

have come full circle in our beliefs about the mind-body   
relationship.   
During human prehistory, most cultures regarded   
the mind and body as intertwined. Disease was thought   
to arise when evil spirits entered the body, and treatment

consisted primarily of attempts to exorcise these spirits.   
Some skulls from the Stone Age have small, symmetrical   
holes that are believed to have been made intentionally   
with sharp tools to allow the evil spirit to leave the body   
while the shaman performed the treatment ritual.   
The ancient Greeks were among the earliest civilizations to identify the role of bodily factors in health and illness. Rather than ascribing illness to evil spirits, they developed a humoral theory of illness. According to

their viewpoint, disease resulted when the four humors   
or circulating ﬂuids of the body—blood, black bile,   
yellow bile, and phlegm—were out of balance. The goal   
of treatment was to restore balance among the humors.   
The Greeks did assign a role for the mind, however. They   
described personality types associated with each of the   
four humors, with blood being associated with a passionate temperament, black bile with sadness, yellow bile with an angry disposition, and phlegm with a laidback approach to life. Thus, the Greeks attributed disease to bodily factors but believed that psychological factors could also have an eﬀect.

By the Middle Ages, however, the pendulum had   
swung back toward supernatural explanations for illness. Disease was regarded as God’s punishment for evil doing, and cure often consisted of driving out the   
evil forces by torturing the body. Later, this form of   
“ therapy” was replaced by penance through prayer and   
good works. During this time, the Church was the   
guardian of medical knowledge, and as a result, medical practice assumed religious overtones. The functions of the physician were typically absorbed   
by priests, and   
so healing and the practice of religion became virtually   
indistinguishable.   
Beginning in the Renaissance and continuing into   
the present day, great strides have been made in understanding the technical bases of medicine. These advances include the invention of the microscope in the 1600s   
and the development of the science of autopsy, which   
allowed medical practitioners to see the organs that were   
implicated in diﬀerent diseases. As the science of cellular pathology progressed, the humoral theory of illness was   
ﬁnally put to rest. As a result of scientiﬁc advances such as these, medical practice drew increasingly on laboratory ﬁndings and looked to bodily factors rather than to the mind as bases for health and illness. In an eﬀort to

break with the superstitions of the past, practitioners   
resisted acknowledging any role of the mind in disease   
processes. Instead, they focused primarily on organic   
and cellular pathology as a basis for their diagnoses and   
treatment recommendations.

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Sophisticated, though not always successful, techniques for the treatment of illness were developed during the Renaissance. This woodcut from the 1570s depicts a surgeon drilling a hole in a patient’s skull, with the patient’s family and pets looking on.

Psychoanalytic Contributions   
This view began to change with the rise of modern psychology, particularly with Sigmund Freud’s (1856–1939) early work on conversion hysteria. According to Freud,   
speciﬁc unconscious conﬂicts can produce particular   
physical disturbances that symbolize repressed psychological conﬂicts. In conversion hysteria, the patient converts the conﬂict into a symptom via the voluntary   
nervous system; he or she then becomes relatively free   
of the anxiety the conﬂict would otherwise produce   
(Cameron, 1963).   
The conversion hysteria literature is full of intriguing but biologically impossible disturbances, such as glove anesthesia (in which the hand, but not other   
parts of the arm, loses sensation), in response to highly   
stressful events. Other problems—including sudden   
loss of speech, hearing, or sight; tremors; muscular paralysis; and eating disorders such as anorexia nervosa and bulimia—have also been interpreted as forms of   
conversion hysteria. True conversion responses are now   
less rarely seen.   
Psychosomatic Medicine   
Nonetheless, the idea that speciﬁc illnesses are produced   
by individuals’ internal conﬂicts was perpetuated in the work of Flanders Dunbar in the 1930s (Dunbar, 1943)   
and Franz Alexander in the 1940s (Alexander, 1950).

Unlike Freud, these researchers linked patterns of personality, rather than a single speciﬁc conﬂict, to speciﬁc illnesses. For example, Alexander developed a proﬁle of   
the ulcer-prone personality as someone whose disorder   
is caused primarily by excessive needs for dependency   
and love.   
A more important departure from Freud concerned the physiological mechanism postulated to account for the link between conﬂict and disorder.

Whereas Freud believed that conversion reactions   
occur without any necessary physiological changes,   
Dunbar and Alexander argued that conﬂicts produce   
anxiety, which becomes unconscious and takes a physiological toll on the body via the autonomic nervous system. The continuous physiological changes eventually produce an actual organic disturbance. In the case of the ulcer patient, for example, repressed emotions

resulting from frustrated dependency and love-seeking   
needs were said to increase the secretion of acid in the   
stomach, eventually eroding the stomach lining and   
producing ulcers (Alexander, 1950).   
Dunbar’s and Alexander’s work helped shape the   
emerging ﬁeld of psychosomatic medicine by oﬀering   
proﬁles of particular disorders believed to be psychosomatic in origin—that is, bodily disorders caused by emotional conﬂicts: ulcers, hyperthyroidism, rheumatoid arthritis, essential hypertension, neurodermatitis (a skin disorder), colitis, and bronchial asthma. Many of

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Part One

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Introduction to Health Psychology

the early ideas generated by adherents to the psychosomatic medicine perspective persist today (Engel, 1986). Nonetheless, several important criticisms of this   
movement have been ventured. First, the work on which   
many of these formulations was based was methodologically problematic, not conforming to the highest scientiﬁc standards of the day. Second, and more   
importantly, researchers now believe that a particular conﬂict or personality type is not suﬃcient to produce illness. Rather, the onset of disease requires the interaction of a variety

of factors; these include a possible genetic weakness in   
the organism, the presence of environmental stressors,   
early learning experiences and conﬂicts, current ongoing   
learning and conﬂicts, and individual cognitions and   
coping eﬀorts. A third criticism of the psychosomatic   
movement is that it cordoned oﬀ a particular set of   
diseases as caused by psychological factors, thereby restricting the range of medical problems to which psychological and social factors were deemed to apply. Despite the criticisms of the early psychosomatic

movement, it laid the groundwork for a profound   
change in beliefs about the relation of the mind and the   
body (Engel, 1986). We now know that physical health   
is inextricably interwoven with the psychological and   
social environment: All conditions of health and illness,   
not just the diseases identiﬁed by the early psychosomatic theorists, are inﬂuenced by psychological and social factors. The treatment of illness and the prognosis for recovery are substantially aﬀected by such factors as

the patient-practitioner relationship and expectations   
about pain and discomfort. Staying well is heavily determined by good health habits, all of which are under one’s personal control, and by such socially determined   
factors as stress and social support. The mind and the   
body cannot be meaningfully separated in matters of   
health and illness.   
The renewed interest in the mind-body relationship   
has also been fueled by increasing attention in Western   
medicine to traditional East Asian medical philosophies   
and practices. For example, the Chinese approach to   
health and illness focuses on the whole person and,

rather than regarding a diseased organ in isolation, considers its relations to all the body’s systems. By identifying symptoms and using other diagnostic technologies, the pattern of disharmony that has resulted in illness is

identiﬁed. The goal of treatment is to restore balance,   
which is often accomplished through treatments such as   
herbal remedies, acupuncture, massage, exercise, and   
nutrition. These insights have been increasingly incorporated into Western medical care.

An adequate understanding of what keeps people   
healthy or makes them get well is impossible without   
knowledge of the psychological and social context within   
which health and illness are experienced. This current   
conception of the mind-body interaction is one of the   
many factors that have spawned the rapidly growing   
ﬁeld of health psychology.   
■ THE BIOPSYCHOSOCIAL   
MODEL IN HEALTH   
PSYCHOLOGY   
The idea that the mind and the body together determine   
health and illness logically implies a model for studying   
these issues. This model is called the biopsychosocial   
model. As its name implies, its fundamental assumption   
is that health and illness are consequences of the interplay of biological, psychological, and social factors (Suls & Rothman, 2004). Because the biopsychosocial   
model ﬁgures so prominently in the research and clinical   
issues described in this book, we consider it in some   
detail here.   
The Biopsychosocial Model Versus the   
Biomedical Model   
Perhaps the best way to understand the biopsychosocial model is to contrast it with the biomedical model. The biomedical model, which governed the   
thinking   
of most health practitioners for the past 300 years,   
maintains that all illness can be explained on the basis   
of aberrant somatic bodily processes, such as biochemical imbalances or neurophysiological abnormalities. The biomedical model assumes that psychological and   
social processes are largely irrelevant to the disease   
process.   
Although the biomedical model has undeniable   
beneﬁts for studying some diseases, it has several potential liabilities. First, it is a reductionistic model. That is, it reduces illness to low-level processes, such as disordered cells and chemical imbalances, rather than recognizing the role of more general social and psychological processes. Second, the biomedical model is essentially a

single-factor model. That is, it explains illness in terms   
of a biological malfunction rather than recognizing that   
a variety of factors, only some of which are biological,   
may be responsible for the development of illness. Third,   
the biomedical model implicitly assumes a mind-body   
dualism, maintaining that mind and body are separate   
entities. Finally, the biomedical model clearly emphasizes

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illness over health. That is, it focuses on aberrations that lead to illness rather than on the conditions that might   
promote health.   
Thus, the shortcomings of the biomedical model   
are several. First, it has diﬃculty accounting for why a   
particular set of somatic conditions need not inevitably

lead to illness. Why, for example, if six people are exposed to measles, do only three develop the disease? There are psychological and social factors that inﬂuence the development of illness, and these are ignored by the biomedical model. Whether a treatment will

cure a disease is also substantially aﬀected by psychological and social factors, and this cannot be explained by the biomedical model. As a consequence, researchers and practitioners have increasingly adopted the biopsychosocial model.

Advantages of the   
Biopsychosocial Model   
How, then, does the biopsychosocial model of health   
and illness overcome the disadvantages of the biomedical model? The biopsychosocial model, as previously noted, maintains that biological, psychological, and   
social factors are all-important determinants of health   
and illness. As such, both macrolevel processes (such as   
the existence of social support or the presence of depression) and microlevel processes (such as cellular disorders or chemical imbalances) interact to produce a state of   
health or illness.   
The biopsychosocial model maintains that health   
and illness are caused by multiple factors and produce   
multiple eﬀects. The model further maintains that the   
mind and body cannot be distinguished in matters of   
health and illness because both so clearly inﬂuence an   
individual’s state of health. The biopsychosocial model   
emphasizes both health and illness rather than regarding illness as a deviation from some steady state. From this viewpoint, health becomes something that one   
achieves through attention to biological, psychological,   
and social needs rather than something that is taken   
for granted.   
But how do biological, social, and psychological

variables interact, particularly if biological factors are   
microlevel processes and psychological and social factors   
are macrolevel processes? To address this question, researchers have adopted a systems theory approach to health and illness. Systems theory maintains that all   
levels of organization in any entity are linked to each   
other hierarchically and that change in any one level will

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eﬀect change in all the other levels. This means that the   
microlevel processes (such as cellular changes) are nested   
within the macrolevel processes (such as societal values)   
and that changes on the microlevel can have macrolevel   
eﬀects (and vice versa).   
Consequently, health, illness, and medical care are   
interrelated processes involving interacting changes both   
within the individual and on these various levels. To address these issues impels researchers toward interdisciplinary thinking and collaboration. It also requires researchers to apply sophisticated, multivariate approaches to testing problems and to the often complex statistics

needed to analyze them (Suls & Rothman, 2004).   
Clinical Implications of the   
Biopsychosocial Model   
There are several implications of the biopsychosocial   
model for clinical practice with patients. First, the model   
maintains that the process of diagnosis should always   
consider the interacting role of biological, psychological,   
and social factors in assessing an individual’s health or   
illness (Oken, 2000). Therefore, an interdisciplinary   
team approach may be the best way to make a diagnosis   
(Suls & Rothman, 2004).   
Second, the biopsychosocial model maintains that   
recommendations for treatment must also involve all

three sets of factors. By doing this, it should be possible   
to target therapy uniquely to a particular individual,   
consider a person’s health status in total, and make treatment recommendations that can deal with more than one problem simultaneously. Again, a team approach   
may be most appropriate (Schwartz, 1982).   
Third, the biopsychosocial model makes explicit the   
signiﬁcance of the relationship between patient and   
practitioner. An eﬀective patient-practitioner relationship can improve a patient’s use of services, the eﬃcacy of treatment, and the rapidity with which illness is resolved (Belar, 1997). In summary, the biopsychosocial model clearly implies that the practitioner must understand the social and psychological factors that contribute to an illness in

order to treat it appropriately. In the case of a healthy   
individual, the biopsychosocial model suggests that one   
can understand health habits only in their psychological   
and social contexts. These contexts may maintain a poor   
health habit or, with appropriate modiﬁcations, facilitate the development of healthy ones. In the case of the ill individual, biological, psychological, and social factors all contribute to recovery.

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Part One

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Introduction to Health Psychology

The Biopsychosocial Model: The Case   
History of Nightmare Deaths   
To see how completely the mind and body are intertwined in matters of health,   
consider a case study that intrigued medical researchers for nearly 15 years. It   
involved the bewildering “ nightmare deaths” among   
Southeast Asian refugees to the United States.   
Following the Vietnam War, in the 1970s, a wave of   
immigrants from Southeast Asia, especially Laos, Vietnam,   
and Cambodia, came to the United States. Around   
1977, the Centers for Disease Control (CDC) in Atlanta   
became aware of a strange phenomenon: sudden, unexpected nocturnal deaths among male refugees from these groups. These sudden deaths showed several important   
similarities. For example, death often occurred in the   
ﬁrst few hours of sleep. Relatives reported that the victim began to gurgle and move about in bed restlessly. Eﬀorts to awaken him were unsuccessful, and shortly   
thereafter he died. Even more mysteriously, autopsies   
revealed no speciﬁc cause of death.   
However, most of the victims appeared to have a   
rare, genetically based malfunction in the heart’s pacemaker. The fact that only men of particular ethnic backgrounds were aﬀected was consistent with the potential role of a genetic factor. Also, the fact that the deaths

seemed to cluster within particular families was consistent with the genetic theory. But how and why would such a defect be triggered during sleep?   
As the number of cases increased, it became evident   
that psychological and cultural, as well as biological, factors were involved. Interviews with victims’ families provided some clues. Family members reported that the victim or another close relative had often experienced a

dream foretelling the death. Among the Hmong of Laos,   
a refugee group that was especially plagued by these   
nightmare deaths, dreams are taken seriously as portending the future. Anxiety due to these dreams, then, may have played a role in the deaths (Adler, 1991).

Another vital set of clues came from a few men who   
were resuscitated by family members. Several of them   
said that they had been having a severe night terror, an   
intensely frightening dream. One man, for example,   
said that his room had suddenly grown darker, and a   
ﬁgure like a large black dog had come to his bed and sat   
on his chest. He had been unable to push the dog oﬀ his   
chest and had become quickly and dangerously short of   
breath (Tobin & Friedman, 1983, p. 440). This was also   
an important clue because night terrors are known to   
produce abrupt and dramatic physiologic changes.

A particularly interesting result of the interviews   
with the survivors was the discovery that many of the   
men had been watching violent TV shows shortly before   
retiring, and the content of the shows appeared to have   
made its way into some of the frightening dreams. In   
other cases, the fatal event occurred immediately after a   
family argument.   
None of the men who succumbed to nightmare death   
had been through any identiﬁably traumatic event. However, many of them were said by their families to have been exhausted from combining demanding full-time jobs with   
a second job or with night school classes to learn English.   
The pressures to support their families had been taking   
their toll.   
All these clues suggest that the pressures of adjusting to life in the United States played a role in the deaths. The victims may have been overwhelmed by cultural   
diﬀerences, language barriers, diﬃculties ﬁnding satisfactory employment, and, in some cases, dependency on welfare—humiliating experiences for once proud,   
hard-working people. The combination of this chronic   
strain, a genetic susceptibility, and an immediate trigger provided by a family argument, violent television, or a frightening dream culminated in   
nightmare death   
(Lemoine & Mougne, 1983). This intriguing phenomenon helps us see that health and illness may be more complex than we realize.   
■ WHY IS THE FIELD OF HEALTH   
PSYCHOLOGY NEEDED?   
A number of trends within medicine, psychology, and   
the health care system have combined to make the emergence of health psychology inevitable. It is safe to say that health psychology is one of the most important   
developments within the ﬁeld of psychology in the past   
50 years. What factors led to the development of health   
psychology?   
Changing Patterns of Illness   
The most important factor giving rise to health psychology has been the change in illness patterns that has occurred in the United States and other technologically advanced societies. As Figure 1. 1 shows, until the 20th

century, the major causes of illness and death in the   
United States were acute disorders—especially tuberculosis, pneumonia, and other infectious diseases. Acute disorders are short-term illnesses, often the result of a viral

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FIGURE 1. 1 | Death Rates for the 10 Leading Causes of Death per 100, 000 Population, United States, 1900 and 2004   
(Sources: Murphy, 2000; National Vital Statistics Reports, 2006; Sexton, 1979)

0

1900   
200

100

202. 2   
194. 4   
142. 7   
137. 4   
106. 9   
81. 0   
72. 3

300

400

Influenza and pneumonia

Diseases of the heart

Vascular lesions of the c. n. s.

Chronic nephritis   
All accidents

64. 0

Malignant neoplasms (cancer)

62. 6

Certain diseases of early infancy

40. 3

222. 7

Tuberculosis, all forms

Gastroenteritis

Diphtheria

or bacterial invader and usually amenable to cure. Now,   
however, chronic illnesses—especially heart disease, cancer, and diabetes—are the main contributors to disability and death, particularly in industrialized countries.   
Chronic illnesses are slowly developing diseases with   
which people live for a long time. Often, chronic illnesses   
cannot be cured but rather only managed by patient and   
health care provider. Table 1. 1 lists the main diseases   
worldwide at the present time. Note how the causes are   
projected to change over the next decade or so.   
Why have chronic illnesses helped spawn the ﬁeld   
of health psychology? First, these are diseases in which   
psychological and social factors are implicated as causes.   
For example, personal health habits, such as diet and   
smoking, are implicated in the development of heart   
disease and cancer, and sexual activity is critical to the   
likelihood of developing AIDS (acquired immune deﬁciency syndrome). Consequently, health psychology has evolved, in part, to explore these causes and to develop   
ways to modify them.   
Second, because people may live with chronic diseases   
for many years, psychological issues arise in connection

2004   
200

100

0

187. 4   
51. 1   
42. 2

300

400

Diseases of the heart

Malignant neoplasms (cancer)

Cerebrovascular diseases (stroke)   
Chronic lower respiratory diseases

37. 0 Accidents   
24. 8 Diabetes mellitus   
22. 4 Alzheimer’s disease   
20. 9 Influenza and pneumonia   
14. 6 Nephritis, nephrotic syndrome, and nephrosis   
11. 4 Septicemia

with them. Health psychologists help the chronically ill   
adjust psychologically and socially to their changing   
health state. They help those with chronic illness develop   
treatment regimens, many of which involve self-care.   
Chronic illnesses aﬀect family functioning, including   
relationships with a partner or children, and health psychologists both explore these changes and help ease the problems in family functioning that may result.

Many people with chronic illnesses use unconventional therapies outside formal medicine (Eisenberg et al., 1993). Understanding what leads people to seek   
unconventional treatments and evaluating their eﬀectiveness are also issues on which health psychologists can shed light.   
Advances in Technology and Research   
The ﬁeld of health psychology is changing almost daily   
because new issues arise that require the input of psychologists (Saab et al., 2004). For example, new technologies now make it possible to identify the genes that contribute to many disorders. Just in the past few years, genes

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Part One

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Introduction to Health Psychology

TABLE 1. 1 | What Are the Worldwide Causes of Death?   
The causes of death and disability are expected to change dramatically by the year 2020. 1990

Rank   
1   
2   
3   
4   
5   
6   
7   
8

9   
10

Disease or Injury   
Lower respiratory infections   
Diarrheal diseases   
Conditions arising during the perinatal period   
Unipolar major depression   
Ischemic heart disease   
Cerebrovascular disease   
Tuberculosis   
Measles   
Road traffic accidents   
Congenital anomalies

Projected   
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Disease or Injury   
Ischemic heart disease   
Unipolar major depression   
Road traffic accidents   
Cerebrovascular disease

Chronic obstructive pulmonary disease   
Lower respiratory infections   
Tuberculosis   
War   
Diarrheal diseases   
HIV

Source: World Health Organization, 1996.

contributing to many diseases, including breast cancer,   
have been uncovered. How do we help a college student   
whose mother has just been diagnosed with breast cancer come to terms with her risk, now that the genetic basis of breast cancer is better understood? Should the   
daughter get tested? And if she does get tested, and if she   
tests positive for a breast cancer gene, how will this   
change her life? How will she cope with her risk, and   
how should she change her behavior? Health psychologists help answer such questions. “ My father had a heart attack. Should I be making   
changes in my diet?” asks a student in a health psychology class. Health psychologists conduct research that identiﬁes the risk factors for disease, such as a   
high-fat diet, and help people learn to change their   
diet and stick to their program. Helping people make   
informed, appropriate decisions is fundamentally a   
psychological task.   
Advances in genetic research have made it possible   
to identify carriers of illness and to test a fetus for the   
presence of particular life-threatening or severely debilitating illnesses. This places some parents in the position of having to decide whether to abort a pregnancy—a   
wrenching, diﬃcult decision to make.   
Certain treatments that may prolong life may also   
severely compromise quality of life. Increasingly, patients   
are asked their preferences regarding life-sustaining measures, and they may   
require counseling in these matters. These are just a few examples of the increasing role that   
patients play in fundamental decisions regarding their

health and illness and its management, and of the help   
health psychologists can provide in this process.   
The Role of Epidemiology in Health   
Psychology Changing patterns of illness have been

charted and followed by the ﬁeld of epidemiology, a discipline closely related to health psychology in its goals and interests (Miller, 1992). Epidemiology is the study   
of the frequency, distribution, and causes of infectious   
and noninfectious disease in a population, based on an   
investigation of the physical and social environment.   
For example, epidemiologists study not only who has   
what kind of cancer but also why some cancers are more   
prevalent than others in particular geographic areas or   
among particular groups of people.   
In the context of epidemiologic statistics, we will see   
the frequent use of two important terms: “ morbidity”   
and “ mortality.” Morbidity refers to the number of cases of a disease that exist at some given point in time. Morbidity may be expressed as the number of new cases (incidence) or as the total number of existing cases

(prevalence). Morbidity statistics, then, tell us how many   
people are suﬀering from what kinds of illnesses at any   
given time. Mortality refers to numbers of deaths due to   
particular causes.   
In establishing the goals and concerns of health psychology and the health care endeavor more broadly, morbidity and mortality statistics are essential. We need   
to know the major causes of disease, particularly the   
diseases that lead to early death, so as to reduce their

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Chapter 1 What Is Health Psychology?

occurrence. For example, knowing that automobile   
accidents have historically been a major cause of death   
among children, adolescents, and young adults has led   
to the initiation of safety measures, such as child safety   
restraint systems, mandatory seat belt laws, and airbags.   
Knowing that cardiac disease is the major cause of premature death (that is, death that occurs prior to the expected age of death for an individual) has led to a nationwide   
eﬀort to reduce risk factors among those most vulnerable,   
including smoking reduction, dietary changes, cholesterol   
reduction, increased exercise, and weight loss (Smith,   
Orleans, & Jenkins, 2004).   
But morbidity is at least as important. What is the   
use of aﬀecting causes of death if people remain ill but   
simply do not die? Increasingly, health psychology is concerned not only with biological outcomes but also with health-related quality of life and symptomatic complaints. Indeed, some have argued that quality of life and expressions of symptoms should be more important targets for our interventions than mortality and other biological indicators (Kaplan, 1990). Consequently, health psychologists are becoming more involved in the eﬀort

to improve quality of life among those diagnosed with   
chronic illnesses, so that these individuals may live out   
their remaining years as free from pain, disability, and   
lifestyle compromise as possible.   
Expanded Health Care Services   
Another set of factors that has contributed to the rise of   
health psychology relates to the expansion of health   
care services. Health care is the largest service industry

in the United States, and it is still growing rapidly.   
Americans spend more than $1. 7 trillion annually on   
health care (National Center for Health Statistics, 2005).   
In recent years, the health care industry has come under   
increasing scrutiny as we have realized that massive   
increases in health care costs have not brought with   
them improvement in basic indicators of quality of   
health (Tovian, 2004).   
Moreover, huge disparities exist in the United   
States such that some individuals enjoy the very best   
health care available in the world while others receive   
little health care except in emergencies. As of 2005,   
46. 6 million Americans had no health insurance at all   
(U. S. Census Bureau, 2005), with basic preventive care   
and treatment for common illnesses simply out of ﬁnancial reach. These are among the developments that have fueled recent eﬀorts to reform the health care system to provide all Americans with a basic health care

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package, similar to what already exists in most European countries. Health psychology represents an important perspective on these issues for several reasons: •

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Because containing health care costs is so important,   
health psychology’s main emphasis on prevention—   
namely, modifying people’s risky health behaviors   
before they become ill—has the potential to reduce   
the number of dollars devoted to the management   
of illness.   
Health psychologists have done substantial research on what makes people   
satisﬁed or dissatisﬁed with their health care (see Chapters 8 and 9). Thus, they can help in the design of a user-friendly

health care system.   
The health care industry employs many millions of   
individuals in a variety of jobs. Nearly every individual in the country has direct contact with the health care system as a recipient of services. Thus,   
its impact on people is enormous.

For all these reasons, then, health has a substantial social and psychological impact on people, an impact that is   
addressed by health psychologists.   
Increased Medical Acceptance   
Another reason for the development of health psychology is the increasing acceptance of health psychologists within the medical community. Although health psychologists have been employed in health settings for many years, their value is increasingly recognized by

physicians and other health care professionals.   
At one time, the role of health psychologists in health   
care was largely conﬁned to the task of administering tests and interpreting the test results of individuals who were   
suspected of being psychologically disturbed. Like psychiatrists in health care settings, psychologists usually saw the “ problem patients”—those who were diﬃcult for medical staﬀ to manage or whose physical complaints were believed to be entirely psychological in origin. Patients who had complaints that could be readily attributed to medical

problems and who were easy to manage were considered   
not to have psychological problems and were therefore   
thought to be outside the psychologist’s province.   
Now, however, caregivers are increasingly recognizing that psychological and social factors are important in health and illness. Accordingly, the role of the psychologist in changing patients’ health habits and contributing to treatment is increasingly acknowledged.

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Introduction to Health Psychology

Demonstrated Contributions to Health   
Health psychology has already demonstrated that it can   
make substantial contributions to health, contributions   
that form the substance of this book. A few brief examples will illustrate this point. Health psychologists have developed a variety of   
short-term behavioral interventions to address a variety   
of health-related problems, including managing pain,   
modifying bad health habits such as smoking, and managing the side eﬀects or treatment eﬀects associated with a range of chronic diseases. Techniques that often   
take a mere few hours to teach often produce years   
of beneﬁt. Such interventions, particularly those that   
target risk factors such as diet or smoking, have contributed to the actual decline in the incidence of some diseases, especially coronary heart disease (McGinnis   
et al., 1992).   
To take another example, psychologists learned many   
years ago that informing patients fully about the procedures and sensations involved in unpleasant medical

procedures, such as surgery, improves their adjustment to   
those procedures (Janis, 1958; Johnson, 1984). As a consequence of these studies, many hospitals and other treatment centers now routinely prepare patients for such procedures. Ultimately, if a discipline is to ﬂourish, it

must demonstrate a strong track record, and health psychology has done precisely that. Methodological Contributions to Health   
Health psychologists make important methodological   
contributions to issues of health and illness. Many of the   
issues that arise in medical settings demand rigorous research investigation. Although physicians and nurses receive some methodological and statistical education,   
their training may be inadequate to conduct research on   
the issues they wish to address. The health psychologist   
can be a valuable member of the research team by providing the methodological and statistical expertise that is the hallmark of good training in psychology.

In the 19th and 20th centuries, great strides were made in the technical basis of medicine. As a result, physicians looked more and more to the medical laboratory and less to the mind as a way of understanding the onset and progression of illness.

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Chapter 1 What Is Health Psychology?

Experiments Much research in health psychology is

experimental. In an experiment, a researcher creates two   
or more conditions that diﬀer from each other in exact   
and predetermined ways. People are then randomly   
assigned to experience these diﬀerent conditions, and   
their reactions are measured. Experiments conducted by   
health care practitioners to evaluate treatments or interventions and their eﬀectiveness over time are also called randomized clinical trials.   
What kinds of experiments do health psychologists

do? To determine if social support groups improve adjustment to cancer, cancer patients might be randomly assigned to participate in a support group or in a comparison condition, such as an educational intervention. The patients could be evaluated at a subsequent time

to pinpoint whether one group was better adjusted to   
the cancer than the other or how they diﬀered in their   
adjustment.   
Experiments have been the mainstay of science, because they often provide more deﬁnitive answers to problems than other research methods. When we manipulate a variable and see its eﬀect, we can establish a cause-eﬀect relationship deﬁnitively. For this reason,

experiments and randomized clinical trials have been   
the mainstays of health psychology research. However,   
sometimes it is impractical to study issues experimentally. People cannot, for example, be randomly assigned to diseases.   
Correlational Studies Other research in health   
psychology is correlational research, in which the   
health psychologist measures whether a change in one   
variable corresponds with changes in another variable.   
A correlational study, for example, might reveal that   
people who are higher in hostility have a higher risk   
for cardiovascular disease. The disadvantage of correlational studies is that it is impossible to determine the direction of causality unambiguously: It is possible,   
for example, that cardiovascular risk factors lead   
people to become more hostile. On the other hand,   
correlational studies often have advantages over experiments because they are more adaptable, enabling us to study issues when the variables cannot be manipulated experimentally. Prospective Designs Some of the problems

with correlational studies can be remedied by using a   
prospective approach to research. Prospective research   
looks forward in time to see how a group of individuals

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change, or how a relationship between two variables   
changes, over time. For example, if we were to ﬁnd that   
hostility develops relatively early in life, but other risk   
factors for heart disease develop later, we might feel   
more conﬁdent that hostility is a risk factor for heart   
disease and recognize that the reverse direction of   
causality—namely, that heart disease causes hostility—   
is unlikely.   
Health psychologists conduct many prospective   
studies in order to understand the risk factors that relate   
to certain health conditions. We might, for example,   
intervene in the diet of one community and not in another and over time look at the diﬀerence in rates of heart disease. This would be an experimental prospective   
study. Alternatively, we might measure the diets that   
people create for themselves and look at changes in rates   
of heart disease, as determined by how good or poor the   
diet is. This would be an example of a correlational prospective study. A particular type of prospective approach is longitudinal research, in which the same people are observed over a long period of time. For example, if we wanted to

know what factors are associated with early breast cancer   
in women at risk for it, we might follow a group of   
young women whose mothers developed breast cancer   
in an eﬀort to identify which daughters developed breast   
cancer and whether there are any reliable factors associated with that development, such as diet, smoking, or alcohol consumption.   
Retrospective Research Investigators also use   
retrospective research, which looks backward in time,   
in an attempt to reconstruct the conditions that led to a   
current situation. Retrospective methods, for example,

were critical in identifying the risk factors that led to   
the development of AIDS. Initially, researchers saw an   
abrupt increase in a rare cancer called Kaposi’s sarcoma   
and observed that the men who developed this cancer   
often eventually died of general failure of the immune   
system. By taking extensive histories of the men who   
developed this disease, researchers were able to determine that the practice of anal-receptive sex without a condom is related to the development of the disorder.   
Because of retrospective studies, researchers knew some   
of the risk factors for AIDS even before they had identiﬁed the retrovirus. Throughout this text, we will refer to a variety of   
research methods that have developed to address the   
manifold problems with which health psychologists

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Introduction to Health Psychology

have been concerned. The previous general introduction   
to some of the most important research methods serves   
as context to clarify the more focused methods that are   
described in subsequent chapters. Suﬃce it to say at this   
point that the research training that health psychologists   
receive in their undergraduate and graduate school experiences makes them valuable parts of the research teams that attempt to understand how we stay healthy and   
why we get ill.   
■ WHAT IS HEALTH PSYCHOLOGY

TRAINING FOR?   
Students who are trained in health psychology on the undergraduate level go on to many diﬀerent occupations. Careers in Practice   
Some go into medicine, becoming physicians and nurses.   
Because of their experience in health psychology, they   
are often able to understand and manage the social and   
psychological aspects of the health problems they treat   
better than would be the case if their education had included only training in traditional medicine. Thus, for example, they may realize that a self-care plan for a   
chronically ill person will be unsuccessful unless the   
family members are educated in the regimen. Some of   
these health care practitioners conduct research as well.   
Other health psychology students go into the allied   
health professional ﬁelds, such as social work, occupational therapy, dietetics, physical therapy, or public health. Social workers in medical settings, for example,   
are often responsible for assessing where patients go after   
discharge, decisions that are enlightened by knowledge   
of the psychosocial needs of individual patients. A woman   
recovering from breast cancer surgery, for example, may   
need linkages to breast cancer support groups and contacts for obtaining a prosthesis. Occupational therapists are heavily involved in the vocational and avocational   
retraining of the chronically ill and disabled to improve   
their occupational abilities and skills for daily living.   
Dietetics is an increasingly important ﬁeld as the role of diet in the development and management of certain   
chronic illnesses, such as cancer, heart disease, and diabetes, becomes clear. Physical therapists help patients regain the use of limbs and functions that may have been compromised by illness and its treatment.

Careers in Research   
Many students go on to conduct research in public   
health, psychology, and medicine. Public health researchers are involved in   
research and interventions that have the broad goal of improving the health of the general   
population. Public health researchers typically work in   
academic settings, public agencies (such as county health   
departments), the Centers for Disease Control, family   
planning clinics, the Occupational Safety and Health   
Administration and its state agencies, and air quality   
management district oﬃces, as well as in hospitals, clinics, and other health care agencies.   
In these settings, public health researchers can be   
responsible for a variety of tasks. For example, they may   
be involved in developing educational interventions for   
the general public to help people practice better health   
behaviors. They may formally evaluate programs for improving health-related practices that have already been implemented through the media and in communities.   
They may be responsible for administrating health agencies, such as clinics or health and safety oﬃces. They may chart the progress of particular diseases, monitor   
health threats in the workplace and develop interventions to reduce these threats, and conduct research on health issues.   
Many undergraduates in health psychology go on   
to graduate school in psychology, where they learn the   
research, teaching, and intervention skills necessary to   
practice health psychology. Some then work in university departments of psychology, where they conduct research and train new students; others work in medical schools; many are in independent practice, where they work with patients who have health-related disorders; others work in hospitals and other treatment settings; and still others work in industrial or occupational health settings to promote health behavior, prevent accidents and other job-related morbidity, and

control health care costs (Quick, 1999; Williams &   
Kohout, 1999).   
The remainder of this book focuses on the kind of

knowledge, training, research, and interventions that   
health psychologists undertake. In the last chapter,   
Chapter 15, information about how to pursue a career   
in health psychology is provided. At this point, it is useful to turn to the content of this exciting and growing ﬁeld. ●

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Chapter 1 What Is Health Psychology?

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S U M M A R Y

1. Health psychology is the ﬁeld within psychology devoted to understanding psychological inﬂuences on how people stay healthy, why they become ill, and   
how they respond when they do get ill. It focuses on   
health promotion and maintenance; prevention and   
treatment of illness; the etiology and correlates of   
health, illness, and dysfunction; and improvement   
of the health care system and the formulation of   
health policy.   
2. The interaction of the mind and the body has concerned philosophers and scientists for centuries. Diﬀerent models of the relationship have predominated at diﬀerent times in history, but current emphasis is on the inextricable unity of the two. 3. The rise of health psychology can be tied to several

factors, including the increase in chronic or lifestylerelated illnesses, the expanding role of health care in the economy, the realization that psychological   
and social factors contribute to health and illness,   
the demonstrated importance of psychological interventions to improving   
people’s health, and the rigorous methodological contributions of expert   
researchers.   
4. The biomedical model, which dominates medicine, is a reductionistic, single-factor model of illness that regards the mind and the body as

K E Y

acute disorders   
biomedical model   
biopsychosocial model   
chronic illnesses   
conversion hysteria   
correlational research   
epidemiology

separate entities and emphasizes illness concerns   
over health.   
5. The biomedical model is currently being replaced   
by the biopsychosocial model, which regards any   
health or illness outcome as a complex interplay of   
biological, psychological, and social factors. The   
biopsychosocial model recognizes the importance   
of both macrolevel and microlevel processes in producing health and illness, and it maintains that the mind and body cannot be distinguished in matters   
of health and illness. Under this model, health is   
regarded as an active achievement.   
6. The biopsychosocial model guides health psychologists in their research eﬀorts to uncover factors that predict states of health and illness and in their clinical interventions with patients. 7. Health psychologists perform a variety of tasks.

They research and examine the interaction of biological, psychological, and social factors in producing health and illness. They help treat patients suﬀering from a variety of disorders and conduct  counseling for the psychosocial problems that illness may create. They develop worksite interventions to improve employees’ health habits and work in organizations as consultants to improve health and health care delivery.

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