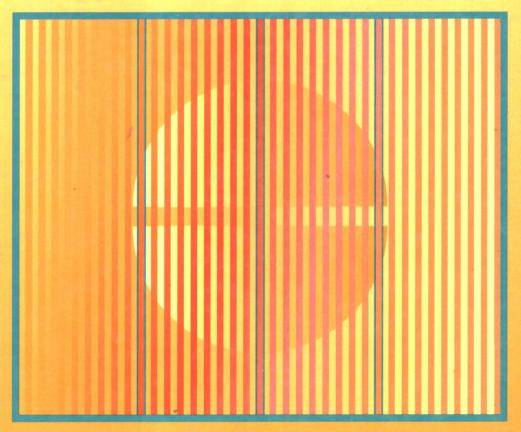
PSYChology.



THIRD EDITION Shelley E. Taylor

HEALTH PSYCHOLOGY

THIRD EDITION

Shelley E. Taylor

University of California, Los Angeles

McGraw-Hill. Lac.

New York St. Louis San Francisco Auckland Bogotá Caracas Lisbon London Madrid Mexico City Milan Montreal New Delhi San Juan Singapore Sydney Tokyo Toronto This book was set in New Century Schoolbook by ComCom, Inc.
The editors were Jane Vaicunas, Laura Lynch, and Fred H. Burns;
the production supervisor was Elizabeth J. Strange.
The cover was designed by Amy Becker.
The photo editor was Anne Manning.
R. R. Donnelley & Sons Company was printer and binder.

HEALTH PSYCHOLOGY

Copyright © 1995, 1991, 1986 by McGraw-Hill, Inc. All rights reserved. Printed in the United States of America. Except as permitted under the United States Copyright Act of 1976, no part of this publication may be reproduced or distributed in any form or by any means, or stored in a data base or retrieval system, without the prior written permission of the publisher.

This book is printed on acid-free paper.

4567890 DOC/DOC 99876

ISBN 0-07-063259-6

Library of Congress Cataloging-in-Publication Data

Taylor, Shelley E.

Health psychology / Shelley E. Taylor.—3rd ed.

p. cm.

This is a revision.

Includes bibliographical references and index.

ISBN 0-07-063259-6

1. Clinical health psychology.

2. Medicine, Psychosomatic.

I. Title.

R726.7.T39

1995

616'.0019-dc20

94-31017

ABOUT THE AUTHOR

SHELLEY E. TAYLOR is Professor of Psychology at the University of California, Los Angeles. She received her Ph.D. in social psychology from Yale University. After a visiting professorship at Yale and assistant and associate professorships at Harvard University, she joined the faculty of UCLA in 1979. Her research interests are in health psychology, especially the factors that promote long-term psychological adjustment, and in social cognition. In the former capacity, she is the co-director of the Health Psychology program at UCLA. Professor Taylor is the recipient of a number of awards, most notably the American Psychological Association's Distinguished Scientific Award for an Early Career Contribution to Psychology, a 10-year Research Scientist Development Award from the National Institute of Mental Health, and an Outstanding Scientific Contribution Award in Health Psychology. She is the author of over 150 publications in journals and books and is also the author of Social Cognition and Positive Illusions.

PREFACE

When I wrote the first edition of Health Psychology nearly ten years ago, the task was much simpler than is now the case. Health psychology was new and relatively small. In the last decade, the field has mushroomed, and great research advances have been made. Chief among these developments has been the increasing use and refinement of the biopsychosocial model: the study of health issues from the standpoint of biological, psychological, and social factors acting together. Increasingly, research has attempted to identify the physiological pathways by which such psychosocial factors as stress may exert an adverse effect on health, and by which such potentially protective factors as social support may buffer the impact of stress. My goal in the second edition of this text is to convey the increasing sophistication and complexity of the field in a manner that makes it accessible, comprehensible, and exciting to undergraduates, without compromising the scientific nature of the field.

My goals guiding the preparation of this edition were several. The first concerns the nature of the content. Like any science, health psychology is cumulative, building on past research advances to develop new ones. Accordingly, I have tried to present not only the fundamental contributions to the field, but the current form research on these issues takes. Because health psychology is developing and changing so rapidly, it is essential that a text be current. Therefore, I have reviewed not only the recent research in health psychology, but sought to obtain information about many research projects that will not be available in the general literature

for several years. In so doing, I believe this edition is both up to date and oriented toward the future.

A second goal is to portray health psychology appropriately as intimately involved with the problems of our times. AIDS is now a major medical reality, having become one of the leading causes of death among young adults in the United States. The need for such health measures as condom use is readily apparent if we are to stop the spread of this disease. The aging of the population and the shift in numbers toward the later years create unprecedented health needs to which health psychology must respond. Such efforts include the need for a campaign of health promotion for these aging cohorts and an understanding of the psychosocial issues that arise in response to chronic disorders. Research that increasingly implicates health habits in the development of the most prevalent disorders in this country underscores more than ever the importance of modifying problematic health behaviors such as smoking and alcohol consumption. Increasingly, research documents the importance of a healthy diet, regular exercise, and breast self-examination, among other positive health habits for maintaining good health. By expanding the coverage of health promotion issues and integrating them more fully into the later chapters on seeking treatment and managing illness, this edition highlights these developments, forging an integrated presentation of the complex relations among health habits, psychosocial resources, stress and coping, and health and illness outcomes.

Fields that were only just developing when the first edition of this book was prepared now boast substantial and sophisticated research traditions, and these are covered in the new edition. There is now extensive coverage of the developing field of psychoneuroimmunology (Chapter 15). We know more about coping techniques and coping resources for dealing with stressful events than we did a mere five years ago (Chapter 8). Research on the psychosocial factors contributing to the development of coronary artery disease and hypertension has mushroomed (Chapter 14). The third edition of *Health Psychology* especially chronicles and highlights the places where research has advanced the most.

Health psychology is both an applied field and a basic research field. Accordingly, in highlighting the research accomplishments of the field, I have not only tried to present a comprehensive picture of the scientific progress, but also tried to portray the very important applications that have been derived from that body of knowledge. The chapters on health promotion, for example, put particular emphasis on the most promising methods and venues for changing health behaviors in the population. The chapters on chronic diseases highlight how knowledge about the psychosocial causes and consequences of these disorders may be used to intervene with

these populations, first to reduce the likelihood that such disorders will develop, and second to deal effectively with the psychosocial issues that do arise. These applications of the science center around intervention implications for those having difficulty managing the implications of their disorders.

The fact that health psychology has so many direct applications to daily life has led to another important feature of this edition, namely the effort to make the issues addressed in this book relevant to the lives of the student readers. For example, the presentation of stress management is tied directly to how students might manage the stresses associated with college life. The presentation of alcoholism and problem drinking includes sections on college students' alcohol consumption and its modification. Health habits relevant to this age group, such as breast self-examination, testicular self-examination, exercise, and condom use, among others, are highlighted for their relevance to the college population. By providing students with anecdotes, case histories, and specific research examples that are relevant to their own lives, I have attempted to show the students how important this body of knowledge is, not only to their growth as developing students, but also to their lives as young adults. The success of any text depends ultimately upon its ability to communicate clearly to student readers and to spark interest in the field.

Health psychology is a science, and consequently it is important to communicate not only the research itself, but some understanding of how studies were designed and why they were designed that way. The role of research methods and theories to understanding health-related issues is consequently a major theme in the book. Throughout the text, particular studies are singled out and illustrated so that the student may have a sense of how researchers make decisions about how to gather the best data on a problem or how to intervene most effectively.

Throughout the book, I have made an effort to balance general coverage of psychological concepts with coverage of specific health issues. One method of so doing is by presenting groups of chapters, the initial chapters offering general concepts and subsequent chapters applying those concepts to specific health issues. Chapters 3 and 4 discuss general strategies of health promotion, and Chapters 5 and 6 discuss those issues with specific reference to particular health habits, such as alcoholism, smoking, accident prevention, and weight control. Chapters 12 and 13 discuss broad issues that arise in the context of managing chronic and terminal illness. In Chapters 14 and 15, these issues are addressed more concretely with reference to specific disorders, such as heart disease, cancer, and AIDS.

Rather than adopting a particular psychological emphasis

throughout the book, I have attempted to maintain a flexibility in orientation. Because health psychology is taught within all areas of psychology (clinical, social, cognitive, physiological, learning, developmental), material from each of these areas is included in the text, so that it can be accommodated to the orientation of each instructor. Consequently, not all material in the book is relevant for all courses. Successive chapters of the book build on each other but do not depend on each other. Thus, each instructor can accommodate the use of the text to his or her needs, giving some chapters more attention than others and omitting some chapters altogether, without undermining the integrity of the presentation. The book also makes no commitment to a particular theory, but instead reviews a variety of theoretical perspectives as they become relevant to the particular health problems under discussion.

INSTRUCTOR'S MANUAL AND STUDY GUIDE

The third edition is accompanied by a comprehensive Instructor's Manual with tests, prepared by Cheryl Rickabaugh. The manual outlines each chapter and provides detailed suggestions for lectures. Also included are ideas for classroom discussion, student projects, paper topics, and other activities. There is extensive presentation of the methodologies of health psychology, including epidemiology, experiments, surveys, and the like. There is also a listing of annotated readings and other materials to enrich the course, and an extensive test bank of multiple-choice questions that test students' recall of material as well as their ability to comprehend and apply the concepts in the text.

ACKNOWLEDGMENTS

My extended gratitude goes to Garrett Duncan Songhawke for the many hundreds of hours he put in on the manuscript, for innumerable hours of overtime, and for the crises he weathered successfully to be certain that the manuscript would be on time. In addition, I thank Lien B. Pham and Armando Koghan who gathered materials and made many trips to the library. In the preparation of this book, I wrote to members of the Society of Behavioral Medicine and the Academy of Behavioral Medicine Research to ask for reprints and preprints relating to their most current research that might otherwise not be available through a search of the literature. Many dozens of you responded to this request, making my task enormously more time-consuming and complex. Ultimately, however, it will greatly enrich the text, making it more comprehensive and up-to-date. I thank you for your efforts in this regard.

I thank my editors at McGraw-Hill, Fred Burns and Brian McKean, as well as former editor Chris Rogers, who devoted much time and help to the preparation of the book. I also wish to thank the following reviewers who commented on all or part of the book: Kelly Brownell, Yale University; Michael Cronin, California College for Health Sciences; Margaret Kemeny, University of California, Los Angeles; Karen Matthews, Western Psychiatric Institute and Clinic; Donald B. Penzien, University of Mississippi Medical Center; Tracey Shors, Princeton University; Laurie Skokan, Portland State University; Marcia Smith, Washington University; and Deborah Wiebe, University of Utah.

Shelley E. Taylor

CONTENTS

Preface	xiii	Advantages of the Biopsychosocial Model	12
PART ONE		The Biopsychosocial Model as a Research Tool	13
INTRODUCTION TO HEALTH PSYCHOLOGY		The Interaction of Biopsychosocial Variables Clinical Implications of the Biopsychosocial Model	14
1. WHAT IS HEALTH PSYCHOLOGY?	3	What Do Health Psychologists Do? Health Psychology: An Overview	18 17
Definition of Health Psychology The Mind-Body Relationship: A Brief History	3 4	2. THE SYSTEMS OF THE BODY	23
Why Is the Field of Health		The Nervous System	23
Psychology Needed?	7	Overview	23
Changing Patterns of Illness	7	The Brain	24
Expanded Health Care Services	10	The Spinal Cord	26
Increased Medical Acceptance	10	The Autonomic Nervous System	27
Demonstrated Contributions to Health	11	The Role of Neurotransmitters	27
${\it Methodological\ Contributions}$	11	Disorders of the Nervous System	28
The Biopsychosocial Model in		The Endocrine System	29
Health Psychology	12	Overview	29
The Biopsychosocial Model versus		The Adrenal Glands	30
the Biomedical Model	12	Diabetes	31

The	e Cardiovascular System	33	Role of Behavioral Factors in Disease	
O	verview	33	and Disorder	63
T	he Heart	33	What are Health Behaviors?	64
D^{i}	iseases of the Heart	34	Intervening with Children and	
	lood Pressure	35	Adolescents	65
Bl	lood	36	Interventions with At-Risk People	66
Bl	lood-Related Disorders	37	Health Promotion: An Overview	69
O	e Respiratory System verview: The Structure and	38	Barriers to Effective Health Promotion	71
Di	Functions of the Respiratory System sorders of the Respiratory System	39	Barriers to Health Promotion within the Structure of Medicine	71
Al	leviating Respiratory Diseases	41	Individual Barriers to Health	
The	e Digestive System and the		Promotion	72
\mathbf{N}	letabolism of Food	42	Health-Habit Factors That	
$O\iota$	verview	42	Undermine Health Practice	75
,	te Functioning of the Digestive System sorders of the Digestive System	42 43	Factors Influencing the Practice of Health Behaviors Determinants of Health Behavior:	77
			An Overview	77
	e Renal System	44	Individual Differences in the Practice	"
	perview	44	of Good Health Behavior	79
	sorders of the Renal System	<i>45</i>		19
Ir	Reproductive System and an attroduction to Genetics	46	Health Promotion: A Preliminary Evaluation	81
	e Ovaries and Testes	46	4. THE MODIFICATION	
	rtilization and Gestation	47	OF HEALTH BEHAVIORS	00
Ge	netics and Health	47		83
The	Immune System	51	Changing Health Behaviors by	
Th	e Course of Infection	51	Changing Health Beliefs	84
Im	munity	53	Attitude Change and Health Behavior	84
Dis	seases of the Immune System	55	The Health Belief Model	87
			Theory of Reasoned Action	91
	PART TWO		Cognitive-Behavioral Approaches to Health Behavior Change	92
TITN A	I WILDELLANDON ASSOCIATION		Self-Observation and Self-Monitoring Classical Conditioning	95 00
	LTH BEHAVIOR AND		Systematic Desensitization	96
PR	IMARY PREVENTION			97
			Operant Conditioning	98
			3.6 7.7	100
3. HE	ALTH PROMOTION			100
AN	D THE PRACTICE			101
	TITLAT OUT TABLE ATTORNOOM	61		102
	ntroduction to Health	-	Broad-Spectrum, or Multimodal,	
	5 ·	63		107
200		UU	Relapse Prevention	108

vii

	Stages of Health Behavior Change	114	Treatment of Alcohol Abuse	176
	Changing Health Behaviors		Can Recovered Alcoholics Ever Drink	
	through Social Engineering	117	Again?	181
	The Appropriate Venue for		Drinking and Driving	185
	Health-Habit Modification	118	$Drinking: A\ Postscript$	186
	The Private Therapist's Office	119	Smoking	186
	The Physician's Office	119	Synergistic Effects of Smoking	187
	Self-Help Groups	120	A Brief History of the Smoking	
	Schools	120	Problem	189
	Worksite Interventions	121	Why Do People Smoke?	191
	Community-Based Interventions	123	Factors Associated with Smoking	
	The Mass Media	125	in Adolescents	191
	Conclusions Regarding the Venue		The Nature of Addiction in Smoking	194
	for Health-Habit Change	127	Interventions to Reduce Smoking	196
5.	HEALTH-ENHANCING		Changing Attitudes toward Smoking	196
	BEHAVIORS	131	The Therapeutic Approach	
	Exercise	132	to Smoking	198
	Benefits of Exercise	133	$Evaluation\ of\ Multimodal$	
	Determinants of Regular Exercise	135	Interventions	202
	Accident Prevention		Who Is Best Able to Induce People	
	Home and Workplace Accidents	138	to Stop Smoking?	205
		139	Why Is Smoking So Hard to Change?	206
	Motorcycle and Automobile Accidents	139	People Who Stop on Their Own	209
	Cancer-Related Health Behaviors	141	Smoking Prevention	209
	Breast Self-Examination	141	Advantages of Smoking Prevention	
	Mammography	144	Programs	210
	$Testicular\ Self ext{-}Examination$	145	Social Influence Interventions	210
	Weight Control	145	The Life-Skills-Training Approach	213
	The Regulation of Eating	145	Social Engineering and Smoking	213
	Why Obesity Is a Health Risk	146	_	
	Factors Associated with Obesity	146	PART THREE	
	Treatment of Obesity	151		
	Evaluation of Cognitive-Behavioral		STRESS AND COPING	
	Weight-Loss Techniques	157	STILLES THIS COI ING	
	Prevention and Weight Control	160		
	Obesity: An Evaluation	160	7. WHAT IS STRESS?	010
	Eating Disorders	161		219
	Diet	165	Stress Defined Early Contributions to the Study	219
6.	HEALTH-COMPROMISING		of Stress	990
	DEILAMODO	173	Selye's General Adaptation Syndrome	220
	41 1 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	173	Psychological Appraisal and the	221
	Origins of Alcoholism and Problem	110	T	222
	75 . 1 .	175	The second second	
	-		recohouses to Duess	223

Contents

Ancillary Skills of Stress Management PART FOUR	292	Enhancing Interventions The Hospitalized Child Preparing Children for Medical Interventions	333 335 336
The Management of Stress Basic Techniques of Stress Management Relaxation Training and Stress Management	287 288 291	Interventions to Increase Control in Hospital Settings Coping with Surgery through Control-Enhancing Interventions Coping with Stressful Medical Procedures through Control-	327 327
Coping and External Resources Social Support Coping Outcomes	273 276 284	The Impact of Hospitalization on the Patient	324
Coping with Stress Personality and Coping Coping Style Coping Strategies	257 258 267 270	The Patient in the Hospital Setting Structure of the Hospital Functioning of the Hospital Recent Changes in Hospitalization	318 319 320 321
8. MODERATORS OF THE STRESS EXPERIENCE Stress and Illness	255 256	for Emotional Disturbances Delay Behavior	312 315
Stressful Life Events Stress in the Workplace Work Stress and Families	$237 \\ 246 \\ 251$	Involvement in Health Care The Misuse of Health Services Using Health Services	311 312
Theories of Emotional Functioning Helplessness and Stress How Stress Has Been Studied	234 235 237	Social-Psychological Determinants of the Use of Health Services Individual Preferences for	309
Theories of Stress: Why Is Stress Stressful? Theories of Cognitive Costs Arousal and Stress	232 232 234	A Portrait of the User of Health Services: Demographic Factors The Sociocultural Approach to the Use of Health Services	306 308
to Be Stressful? Can People Adapt to Stress? Must a Stressor Be Ongoing to Be Stressful?	227 228 230	Interpretation of Symptoms Cognitive Representation of Illness The Beginning of Treatment The Use of Health Services	300 303 304 306
What Makes Events Stressful? Dimensions of Stressful Events Must Stress Be Perceived as Such	225 225	Recognition and Interpretation of Symptoms Recognition of a Symptom	297 298

The Structure of the Health Care Delivery System	344	Gate Theory of Pain Neurochemical Bases of Pain	385
Changes in the Philosophy of	011	and Its Inhibition	387
Health Care Delivery	347	Clinical Management of Pain	388
Practitioners' Behaviors that		Acute versus Chronic Pain	
Contribute to Faulty		Pain and Personality	389 391
Communication	348	· ·	
Patients' Contributions to Faulty		Pain Control Techniques	393
Communication	352	Pharmacological Control of Pain	394
Interactive Aspects of the		Surgical Control of Pain	395
Communication Problem	353	Sensory Control of Pain	395
Results of Poor Patient-		Biofeedback	396
Practitioner Communication	354	Relaxation Techniques	398
Nonadherence to Treatment	004	Hypnosis	401
Regimens	355	Acupuncture	402
Causes of Nonadherence		Distraction	403
Patient-Practitioner Communication	356	Guided Imagery	404
		Additional Cognitive Techniques	
and Malpractice Litigation	360	to Control Pain	405
Improving Patient-Practitioner		Management of Chronic Pain	407
Communication and Reducing		Pain Management Programs	407
Nonadherence	362	Pain: A Postscript	410
Teaching Practitioners How		•	
$to\ Communicate$	362		
Reducing Nonadherence	365	PART FIVE	
The Placebo as Healer	370		
A Historical Perspective	370	MANAGEMENT OF	
What Is a Placebo?	371	CHRONIC AND TERMINA	VI.
Practitioner Behavior and	0.1	ILLNESS	
Placebo Effects	372		
Patient Characteristics and	J		
Placebo Effects	373	12. MANAGEMENT OF	
Patient-Practitioner Communication	0.0	CHRONIC ILLNESS	445
and Placebo Effects	373		415
Situational Determinants	0,0	Quality of Life	416
of Placebo Effects	374	Emotional Responses	
Social Norms and Placebo Effects	374	to Chronic Illness	418
Generalizability of Placebo Effects	375	Denial	418
The Placebo as a Methodological	0.0	Anxiety	419
Tool	375	Depression	420
	375		420
11. PAIN AND ITS MANAGEMEN		Depression Are There Stages of Emotional Adjustment?	420 422
		Are There Stages of Emotional Adjustment?	422
11. PAIN AND ITS MANAGEMEN Significance of Pain	VT 379	Are There Stages of Emotional Adjustment? Coping with Chronic Disease	<i>422</i> 423
11. PAIN AND ITS MANAGEMEN Significance of Pain Elusive Nature of Pain	NT 379 381	Are There Stages of Emotional Adjustment? Coping with Chronic Disease Coping Strategies and Chronic Illness	422 423 423
11. PAIN AND ITS MANAGEMEN Significance of Pain	VT 379	Are There Stages of Emotional Adjustment? Coping with Chronic Disease	422 423 423 424

Physical Problems Associated will Chronic Illness Vocational Issues in Chronic Illn Social Interaction Problems in Chronic Illness Personal Issues in Chronic Illnes When the Chronically Ill Patient a Child	427 dess 432 433 ds 438	Tamily Therapy with the Terminally Ill The Management of Terminal Illnes in Children Alternatives to Hospital Care for the Terminally Ill Hospice Care Home Care	479 \$ 480 482 482 486
Interventions for Psychological Issues after Chronic Illness Pharmacologic Interventions Individual Therapy Brief Psychotherapeutic Intervent Relaxation and Exercise Social Support Interventions Support Groups	443 444 445 tions 445 446 446 448	Problems of Survivors The Adult Survivor The Child Survivor Death Education 14. HEART DISEASE, HYPERTENSION, STROKE, AND DIABETES	487 488 490 491
13. PSYCHOLOGICAL ISSUES IN ADVANCING AND TERMINAL ILLNESS	S 451	Coronary Heart Disease Type A Behavior Cardiovascular Reactivity, Hostility,	495 497
Death across the Life Span Death in Infancy and Childhood Death in Young Adulthood Death in Middle Age Death in Old Age	452 452 453 454 457	and CHD Mechanisms Linking Coronary- Proneness to CHD Modification of CHD Risk-Related Behavior	499 502 502
Psychological Issues in Advance Illness Continued Treatment and Advance Illness Changes in the Patient's Self-Conce Issues of Social Interaction Communication Issues The Issue of Nontraditional Treatment	458 cing 458	Management of Myocardial Infarction Cardiac Rehabilitation Implementation of Lifestyle Changes Problems of Social Support Psychosocial Responses to MI Hypertension Overview Relationship between Stress and	503 504 506 507 508 510
Are There Stages in Adjustmen to Dying? Kübler-Ross's Five-Stage Theory Evaluation of Kübler-Ross's Theory	468 468	Hypertension Personality Factors and Hypertension Treatment of Hypertension	512 514 517
Psychological Management of the Terminally Ill Medical Staff and the Terminally	472	Stroke Consequences of Stroke Types of Rehabilitative Interventions	521 522 524
Ill Patient Individual Counseling with the Terminally Ill	472 477	Management of Diabetes Types of Diabetes Implications of Diabetes	525 525 526

Causes of Diabetes	527	Adjusting to Cancer	570
Problems in Self-Management		Physical Problems	570
of Diabetes	528	Psychological Problems	571
Interventions with Diabetics	530	Types of Rehabilitative Interventions	572
Special Problems of Adolescent		Arthritis	574
Diabetics	532	Rheumatoid Arthritis	578
		Osteoarthritis	577
15. PSYCHOIMMUNOLOGY,		Gout	578
AIDS, CANCER, AND			
ARTHRITIS	535	PART SIX	
Psychoimmunology	535		
The Immune System	535	TOWARD THE FUTURE	C
Assessing Immunocompetence	536		
Stress and Immune Functioning	536		
Academic Stress and Immune	000	16. HEALTH PSYCHOLOGY:	
Functioning	538	CHALLENGES FOR THE	
Stress, Immune Functioning, and		FUTURE	583
Interpersonal Relationships	539	The Research Agenda of Health	
Negative Affect and Immune		Psychology	583
Functioning	541	Health Promotion	583
Coping and Coping Resources as		Stress and Its Management	589
Moderators of the Stress-Immune		Use of Health Services	591
Functioning Relationship	<i>541</i>	Patient-Practitioner Communication	592
Interventions to Enhance		Management of Pain	593
Immuno competence	<i>543</i>	Management of Chronic Illness	594
The Conditioning of Immunity	544	Advances in Management	301
Pathways from Stress		of Terminal Illness	595
$to\ Immuno compromise$	545	Specific Health Disorders: Causes	
AIDS	546	and Consequences	596
AIDS in the United States	546	Trends for the Future	597
Interventions to Reduce Risk		The Changing Nature of Medical	001
Behaviors for AIDS	<i>551</i>	Practice	597
Coping with HIV+ Status	558	Systematic Documentation	00,
The Diagnosis of AIDS and Its		of Treatment Effectiveness	598
Course	<i>558</i>	Systematic Documentation	
Coping with AIDS	560	of Cost-Effectiveness	599
Psychosocial Factors That Affect		Remaining Issues	600
the Course of AIDS	563		
Cancer	564	References	605
Who Gets Cancer? A Complex Profile	564	G)	
Psychosocial Factors and Cancer	565	Glossary	723
Psychosocial Factors and the Course		I J	
of Cancer	568	Indexes	
Mechanisms Linking Stress and		Name Index	737
Cancer	569	Subject Index	764

INTRODUCTION TO HEALTH PSYCHOLOGY