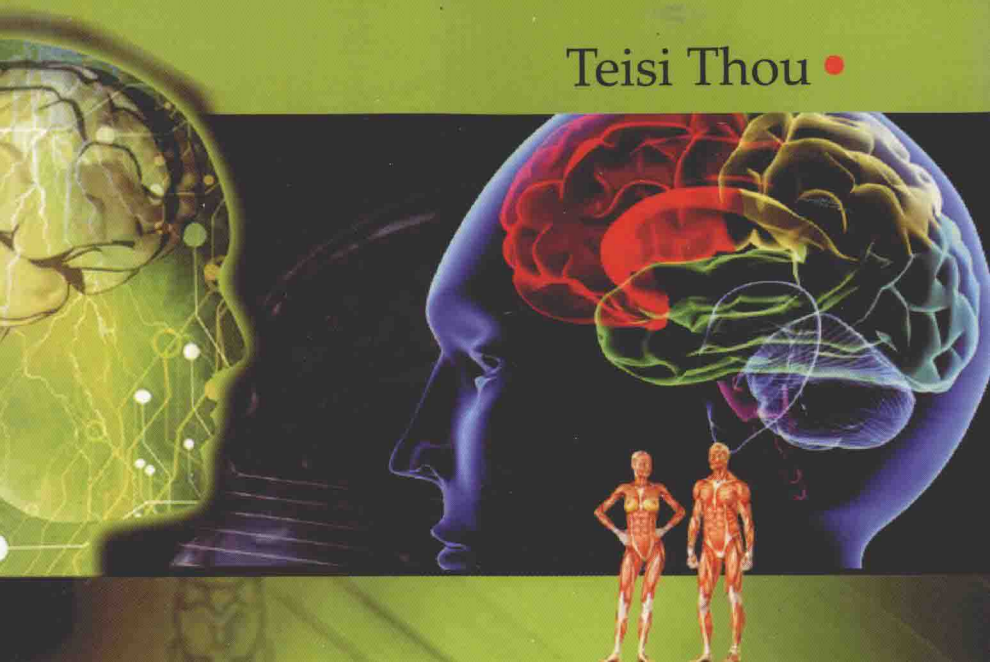
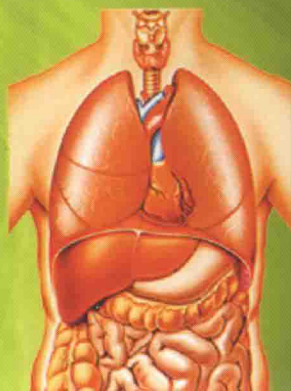


Teisi Thou •



# Health Psychology



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# **Health Psychology**

## Preface

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Health psychology is concerned with understanding how biology, behaviour, and social context influence health and illness. Health psychologists work alongside other medical professionals in clinical settings, work on behaviour change in public health promotion, teach at universities, and conduct research. Although its early beginnings can be traced to the kindred field of clinical psychology, four different divisions within health psychology and one allied field have developed over time. The four divisions include clinical health psychology, public health psychology, community health psychology, and critical health psychology. The allied field is occupational health psychology. Organizations closely associated with the field of health psychology include Division 38 of the American Psychological Association and the Division of Health Psychology of the British Psychological Society.

Recent advances in psychological, medical, and physiological research have led to a new way of thinking about health and illness. This conceptualization, which has been labelled the biopsychosocial model, views health and illness as the product of a combination of factors including biological characteristics (e.g., genetic predisposition), behavioural factors (e.g., lifestyle, stress, health beliefs), and social conditions (e.g., cultural influences, family relationships, social support).

Psychologists who strive to understand how biological, behavioural, and social factors influence health and illness are called health psychologists. The term “health psychology” is often used synonymously with the terms “behavioural medicine” and “medical psychology”. Health psychologists work

with many different health care professionals (e.g., physicians, dentists, nurses, physician's assistants, dietitians, social workers, pharmacists, physical and occupational therapists, and chaplains) to conduct research and provide clinical assessments and treatment services. Many health psychologists focus on prevention research and interventions designed to promote health and reduce the risk of disease. While more than half of health psychologists provide clinical services as part of their duties, many health psychologists function in non-clinical roles, primarily involving teaching and research.

This book provides deep insight to various dimensions of issues relating to the subject.

**Teisi Thou**

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## Introduction

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"Health psychology one of the foremost researchers in health psychology, has been thoroughly revised to incorporate the latest research findings in the field. This edition offers a new design, increased pedagogy and a more concise presentations. The result is a text that conveys the increasing sophistication and complexity of the field in a manner that is accessible and exciting to undergraduates and postgraduates. The flexible organization and emphasis of many relevant areas of psychology make health psychology, health and human behaviour and allied health and pre-med/pharmacy programs.

### Introduction

The changes on the concept of health in the last decades have been an important cause of the continuous growth of clinical and health psychology. The old physical health-mental health dichotomy has been overcome by means of the recognition of the bio-psychosocial component of getting sick. An immediate consequence of the dichotomy dissolution has been the increasing need of multi-disciplinary teams in every sanitary field, even in those farther away from traditional "mental health". Another main consequence is the rising significance of psychological intervention for the prevention of medical disorders mainly determined by behaviour. Thus, psychological prevention has become a useful tool for reducing the incidence of some of the more important disorders in our times, like cancer, those derived from traffic accidents, cardio-vascular disorders and AIDS. Probably we could say that psychological prevention is one of the main factors in creating the foundations



for any sanitary policy for most disorders. In the traditional field of mental health, the clinical psychologist's role has notably changed in the last decades. From its early stereotyped image as an assessor, it has gained more and more a leading role as a professional whose knowledge allow him to give a new look and perspective on the so called mental disorders. In this sense, we must remark the important contribution of Psychology and clinical and health psychologists to change traditional therapy for chronic patients in institutionalized settings, wherever such changes have taken place.

Health psychology is concerned with understanding how biology, behaviour, and social context influence health and illness. Health psychologists work alongside other medical professionals in clinical settings, work on behaviour change in public health promotion, teach at universities, and conduct research. Although its early beginnings can be traced to the kindred field of clinical psychology, four different divisions within health psychology and one allied field have developed over time. The four divisions include clinical health psychology, public health psychology, community health psychology, and critical health psychology. The allied field is occupational health psychology. Organizations closely associated with the field of health psychology include Division 38 of the American Psychological Association and the Division of Health Psychology of the British Psychological Society.

### ***Overview***

Recent advances in psychological, medical, and physiological research have led to a new way of thinking about health and illness. This conceptualizing, which has been labelled the biopsychosocial model, views health and illness as the product of a combination of factors including biological characteristics (e.g., genetic predisposition), behavioural factors (e.g., lifestyle, stress, health beliefs), and social conditions (e.g., cultural influences, family relationships, social support).

Psychologists who strive to understand how biological, behavioural, and social factors influence health and illness are called health psychologists. The term "health psychology" is often used synonymously with the terms "behavioural medicine" and "medical psychology". Health psychologists work with many

different health care professionals (e.g., physicians, dentists, nurses, physician's assistants, dietitians, social workers, pharmacists, physical and occupational therapists, and chaplains) to conduct research and provide clinical assessments and treatment services. Many health psychologists focus on prevention research and interventions designed to promote health and reduce the risk of disease. While more than half of health psychologists provide clinical services as part of their duties, many health psychologists function in non-clinical roles, primarily involving teaching and research. Leading journals include *Health Psychology*, the *Journal of Health Psychology*, the *British Journal of Health Psychology*, and *Applied Psychology: Health and Well-Being*.

- Clinical health psychology (CIHP) is a term for a division of health psychology that reflects the fact that the field was originally a branch of clinical psychology. CIHP is also a major contributor to the field of behavioural medicine within psychiatry. Clinical practice includes education, the techniques of behaviour change, and psychotherapy. In some countries, a clinical health psychologist, with additional training, can become a medical psychologist and, thereby, obtain prescription privileges.
- Public health psychology (PHP) is population oriented. A major aim of PHP is to investigate potential causal links between psychosocial factors and health at the population level. PH psychologists present research results to educators, policy makers, and health care providers in order to promote better public health. PHP is allied to other public health disciplines including epidemiology, nutrition, genetics and biostatistics. Some PHP interventions are targeted toward at-risk population groups (e.g., under educated, single pregnant women who smoke) and not the population as a whole (e.g., all pregnant women).
- Community health psychology (CoHP) investigates community factors that contribute to the health and well-being of individuals who live in communities. CoHP also develops community-level interventions that are designed to combat disease and promote physical and

mental health. The community often serves as the level of analysis, and is frequently sought as a partner in health-related interventions.

- Critical health psychology (CrHP) is concerned with the distribution of power and the impact of power differentials on health experience and behaviour, health care systems, and health policy. CrHP prioritizes social justice and the universal right to health for people of all races, genders, ages, and socioeconomic positions. A major concern is health inequalities. The CrH psychologist is an agent of change, not simply an analyst or cataloger. A leading organization in this area is the International Society of Critical Health Psychology.

Health psychology is both a theoretical and applied field. Health psychologists employ diverse research methods. These methods include controlled randomized experiments, quasi-experiments, longitudinal studies, time-series designs, cross-sectional studies, and case-control studies as well as action research.

Health psychologists study a broad range of variables including genotype, cardiovascular disease, smoking habits, religious beliefs, alcohol use, social support, living conditions, emotional state, social class, and much more. Some health psychologists treat individuals with sleep problems, headaches, alcohol problems, etc. Other health psychologists work to empower community members by helping community members gain control over their health and improve quality of life of entire communities.

### ***Relationship to Occupational Health Psychology***

A separate but related discipline, occupational health psychology (OHP) is a relatively new field that emerged out of the confluence of health psychology, industrial/organizational psychology, and occupational health.

The field is concerned with identifying psychosocial characteristics of workplaces that affect the health and well-being of people who work. OHP is also concerned with developing strategies to effect change at workplaces in order to improve the health of people who work.

## **Objectives of Health Psychology**

### ***Understanding Behavioural and Contextual Factors***

Health psychologists conduct research to identify behaviours and experiences that promote health, give rise to illness, and influence the effectiveness of health care. They also recommend ways to improve health care and health-care policy. Health psychologists have worked on developing ways to reduce smoking and improve daily nutrition in order to promote health and prevent illness. They have also studied the association between illness and individual characteristics. For example, health psychology has found a relation between the personality characteristics thrill seeking, impulsiveness, hostility/anger, emotional instability, and depression, on one hand, and high-risk driving, on the other.

Health psychology is also concerned with contextual factors, including economic, cultural, community, social, and lifestyle factors that influence health. The bio-psychosocial model can help in understanding the relation between contextual factors and biology in affecting health. Physical addiction plays an important role in smoking cessation. However, seductive advertising also contributes to psychological dependency on tobacco. Research in occupational health psychology indicates that people in jobs that combine little decision latitude with a high psychological workload are at increased risk for cardiovascular disease. Other OHP research reveals a relation between unemployment and elevations in blood pressure. OHP research also documents a relation between social class and cardiovascular disease.

Health psychologists also aim to change health behaviours for the dual purpose of helping people stay healthy and helping patients adhere to disease treatment regimens. Health psychologists employ cognitive behaviour therapy and applied behaviour analysis for that purpose.

### ***Preventing Illness***

Health psychologists work towards promoting health through behavioural change, as mentioned above; however, they attempt to prevent illness in other ways as well. Campaigns informed by health psychology have targeted tobacco use. Those least able to afford tobacco products consume them most. Tobacco

provides individuals with a way controlling aversive emotional states accompanying daily experiences of stress that characterize the lives of deprived and vulnerable individuals. Practitioners emphasize education and effective communication as a part of illness prevention because many people do not recognize, or minimize, the risk of illness present in their lives. Moreover, many individuals are often unable to apply their knowledge of health practices owing to everyday pressures and stresses. A common example of population-based attempts to motivate the smoking public to reduce its dependence on cigarettes is anti-smoking campaigns. Health psychologists also aim at educating health professionals, including physicians and nurses, in communicating effectively with patients in ways that overcome barriers to understanding, remembering, and implementing effective strategies for reducing exposures to risk factors and making health-enhancing behaviour changes.

There is also evidence from occupational health psychology that stress-reduction interventions at the workplace can be effective. For example, Kompier and his colleagues have shown that a number of interventions aimed at reducing stress in bus drivers has had beneficial effects for employees and bus companies.

### ***The Effects of Disease***

Health psychologists investigate how disease affects individuals' psychological well-being. An individual who becomes seriously ill or injured faces many different practical stressors. The stressors include problems meeting medical and other bills; problems obtaining proper care when home from the hospital; obstacles to caring for dependents; having one's sense of self-reliance compromised; gaining a new, unwanted identity as a sick person; and so on. These stressors can lead to depression, reduced self-esteem, etc. Health psychology also concerns itself with bettering the lives of individuals with terminal illness. When there is little hope of recovery, health psychologist therapists can improve the quality of life of the patient by helping the patient recover at least some of his or her psychological well-being. Health psychologists are also concerned with identifying the best ways for providing therapeutic services for the bereaved.

***Critical Analysis of Health Policy***

Critical health psychologists explore how health policy can influence inequities, inequalities, and social injustice. These avenues of research expand the scope of health psychology beyond the level of individual health to an examination of the social and economic determinants of health both within and between regions and nations. The individualism of mainstream health psychology has been critiqued and de-constructed by critical health psychologists using newer qualitative methods and frameworks for investigating health experience and behaviour.

***Applications of Health Psychology******Improving Doctor-Patient Communication***

Health psychologists attempt to aid the process of communication between physicians and patients during medical consultations. There are many problems in this process, with patients showing a considerable lack of understanding of many medical terms, particularly anatomical terms (e.g., intestines). One main area of research on this topic involves 'doctor-centered' or 'patient-centered' consultations. Doctor-centered consultations are generally directive, with the patient answering questions and playing less of a role in decision-making. Although this style is preferred by elderly people and others, many people dislike the sense of hierarchy or ignorance that it inspires. They prefer patient-centered consultations, which focus on the patient's needs, involve the doctor listening to the patient completely before making a decision, and involving the patient in the process of choosing treatment and finding a diagnosis.

***Improving Adherence to Medical Advice***

Getting people to follow medical advice and adhere to their treatment regimens is a difficult task for health psychologists. People often forget to take their pills or are inhibited by the side effects of their medicines. Failing to take prescribed medication is costly and wastes millions of usable medicines that could otherwise help other people. Estimated adherence rates are difficult to measure; there is, however, evidence that adherence could be improved by tailoring treatment programs to individuals' daily lives.

### ***Ways of Measuring Adherence***

Health psychologists have identified a number of ways of measuring patients' adherence to medical regimens.

- Counting the number of pills in the medicine bottle-although this has problems with privacy and/or could be deemed patronizing or showing lack of trust in patients
- Using self-reports-although patients may fail to return the self-report or lie about their adherence
- Asking a doctor or health worker-although this presents problems on doctor-patient confidentiality
- Using 'Trackcap' bottles, which track the number of times the bottle is opened; however, this either raises problems of informed consent or, if informed consent is obtained, influence through demand characteristics.

### ***Managing Pain***

Health psychology attempts to find treatments to reduce and eliminate pain, as well as understand pain anomalies such as episodic analgesia, causalgia, neuralgia, and phantom limb pain. Although the task of measuring and describing pain has been problematic, the development of the McGill Pain Questionnaire has helped make progress in this area. Treatments for pain involve patient-administered analgesia, acupuncture (found by Berman to be effective in reducing pain for osteo-arthritis of the knee), biofeedback, and cognitive behaviour therapy.

### **Health Psychology: An Historical Overview.**

Historically, the word health appeared approximately in the year 1000 A. D. Dolfman (1973) and Balog (1978) studied the roots of the concept of health. The word originally came from Old English and it meant the state and the condition of being sound or whole. More precisely, health was associated not only with the physiological functioning, but with mental and moral soundness, and spiritual salvation, as well.

Though the word health has often been preceded by both positive and negative qualifiers such as good, bad or poor, it has always been regarded as a positive entity. For the ancient Greeks, health was always an attribute of paramount

importance. Their initial ideas of health as a divine responsibility and illness as a supernatural phenomenon were replaced by their recognition of the relevance of personal life habits and environmental factors for men's health status. The Greeks' ideas of health and illness have undoubtedly exerted a major impact on the Western views of health.

However, with advances in the fields of medicine, science, sociology, psychology, and politics, the more philosophical theories of health began to be challenged and substituted by more scientific ones.

Insofar as researchers agree that individuals' ideas of health and illness have an impact on their health attitudes and behaviour, people's thoughts of health and health related issues are increasingly being investigated. In consonance, the objective of this study is to critically review major ideas that underlie individual's concepts of health and illness. Findings are discussed in terms of their potential contributions for health psychology.

### ***The Meaning of Health***

As suggested by Balog (1978), three major views of health have emerged in more recent time: (a) the traditional medical concept, (b) the World Health Organization concept, and (c) the ecological concept. A description of these views, as well as their major assumptions and problems will be presented next.

### ***The Traditional Health Concept***

The earliest notion of health as a disease-free state represents the traditional medical concept. This view of health was largely accepted during the first half of the twentieth century, mainly between physicians and medical personnel. As described by Balog (1978), such a traditional medical concept of health was based on the assumption that health and disease were objective and observable phenomena. Developments in the areas of anatomy, bacteriology and physiology contributed to this view.

Rather than representing the presence of certain attributes, health was therefore defined solely in terms of the lack of disease, symptoms, signs or problems. Major pitfalls of this view of health were both that it conceptualized health



emphasising illness, and that it neglected the individual as a whole by overemphasising specific diseases and parts of the body.

Additionally, this traditional view of health assumed there is a dichotomy between health and illness which according to Hinkle (1961) may not be necessarily the case. To be healthy, individuals do not necessary need to be in an absolute disease-free state, but they probably will have less disease than unhealthy people. Thus, the absence of disease, symptoms or problems may not be strong enough delimiters of a healthy state.

### ***The World Health Organization Concept of Health***

In the late 1940's, the World Health Organization developed a more holistic concept of health as "a state of complete physical, mental and social well-being and not merely as the absence of disease or infirmity". Rather than restricting health to an absence of illness, health was conceptualized more in terms of the presence of absolute and positive qualities.

This holistic and more utopian view of health encompasses and extends the traditional medical view by conceiving health as a positive state of well-being in which physical health is only one of the aspects involved. Along with that, social, psychological, physical, economic and political aspects were incorporated in the definition of health, and regarded as components of paramount importance for health and well-being. By adding the psychological and social criteria, the authors of the World Health Organization concept of health not only acknowledged that health and illness are essentially multicausal, but also shifted the focus from a strictly medical perspective in which absence of illness was the criteria used to evaluate a person's status.

The new view of health, however also presents some drawbacks since the qualities of well-being and wellness have not been clearly defined yet. By being so broad and vague, the World Health Organization concept, according to Lewis (1953), lacks specificity enough to be defined operationally and to be applied to practical situations. Moreover, the WHO definition implies an idea of a complete perfect state which is unrealistic and un-reachable.