

# Psychology of Health

Applications of Psychology  
for Health Professionals

Beth Alder

**2nd edition**

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APPLICATIONS OF PSYCHOLOGY  
FOR  
HEALTH PROFESSIONALS

Second Edition

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In memory of my father, Robin Pinsent.

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## PREFACE TO THE SECOND EDITION

The second edition has been revised in a number of ways. Many courses for health professionals are now based on modules of twelve weeks, and so the content has been divided into twelve chapters, each with a unified theme. The research content has also been increased. The demand for evidence based medicine has spread throughout the health professions and has given an impetus to health care research. Research skills are best acquired by active participation and so projects have been suggested. The number of references has been increased by about twenty per cent and brought up to date. These have been brought together at the end of the book.

The philosophy of the second edition has not changed. Psychology is of importance to health professionals for its own intrinsic interest, but also for its contribution to clinical practice. Knowledge of psychology may help health professionals to improve their therapeutic skills, and it may help them to cope with professional demands and their own personal lives. This book is intended for health professionals and practitioners who have had some introduction to psychology. It will be relevant to students and practitioners in physiotherapy, speech and language therapy, dietetics, occupational therapy, podiatry, and nursing and midwifery.

This book is about the psychology *of* health, not psychology *and* health. I have introduced health issues first and then I have discussed the psychological concepts that inform the issues. For readers with little background in psychology I hope this book will give an insight into how psychology contributes to our understanding of health. I hope that they will then refer to a mainstream introductory psychology text.

Some psychological topics are summarized in boxes and these may lead the reader to follow them up in the further reading. Activities are included so that the text can be used for discussion groups, but they can also be carried out by the independent reader. Case studies have not been included although they can be generated. The book is intended for a wide range of professions and each discipline



has particular angles on each of the issues discussed. It is the active application of psychology to real life problems that will convince the reader of the value of psychology to their profession.

In my first week as an undergraduate at Aberdeen University I bought *A Modern Introduction to Psychology*<sup>1</sup> by Rex and Margaret Knight. I have a vivid recollection of reading it all the way through, lying on my bed (It had a pink bedspread – why do we remember visual details of significant events in our lives?), and I was irrevocably captured by psychology. If this book gives only a fraction of the inspiration that I experienced, I will be well pleased.

<sup>1</sup> Knight R. and Knight M. (1959) *A Modern Introduction to Psychology*, Sixth edition. London: University Tutorial Press.

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The Department of Health Sciences at the University of Salford has kept me aware of teaching and learning initiatives and gave me many ideas for Chapter 1.

My husband and family continued to give me support and encouragement which is greatly valued. Katy and Emily helped with the indices.

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# 1

## INTRODUCTION TO THE PSYCHOLOGY OF HEALTH

### Introduction

*“Psychology can do a great deal to improve the quality of health care.” Adler et al. (1979)*

This book is about the psychology of health. In it we will discuss the application of theories and research findings in psychology that help us to understand and thereby improve health care. This first chapter will attempt to introduce what we mean by psychology and how psychology can be related to health. I will refer to issues that are raised in later chapters and show how findings from research in psychology can be applied to health.

Our knowledge in health psychology comes from research that has its base in clinical, social and physiological psychology. Some understanding of the value of research and of how to interpret research findings is important if health professionals are to move towards evidence based medicine.

### The Assumptions of Psychology

My first assertion is that psychology is the scientific study of behaviour. It is arguable that some aspects of psychology may be best studied without using conventional scientific method, but the principles of theoretical understanding, hypothesis testing, data collection and analysis can be applied whatever the approach. The study of health is closely related to the study of medicine and the essential biological basis of human behaviour is particularly pertinent.

Secondly, psychology attempts to understand people and make sense of their emotions and feelings. We are often emotional about our health and we are sometimes irrational. Ill health in others or ourselves can arouse powerful emotions. We may act with anger about a young person suffering a fatal heart attack, with political zeal about

social inequalities of health, and with grief about degenerative disease. We seek explanations for our behaviour and the behaviour of others and we try to understand what is happening when someone else is suffering. An enquiring mind seeks causal explanations and attempts to predict events. Ultimately we hope to control our health and reduce illness and disease. We can use the fundamental principles of psychology to study health behaviour and the experience of health and illness. Psychological knowledge can be applied to health, and the study of the healthy mind and body can inform psychological theories.

The scientific approach used in psychological research is probably familiar because it is the questioning approach used in what is called the nursing process, but could be applied to many health professions. The nursing process is made up of: assessment, planning, implementation and evaluation. The patient's condition is assessed and questions asked about symptoms; a care plan is prepared; it is put into practice, and its effects observed. In scientific research we ask a question, design the research and plan the methodology, collect data or carry out an experiment, and evaluate the results, often using statistics.

### QUESTIONS OF *WHY* AND *HOW*

#### **Why are there individual differences in behaviour?**

Why do some people behave in a healthy way and others do not? Are there consistent individual differences that persist in some people that lead them to behave in a healthy way? Do these individuals always behave in a healthy way or only in some aspects of their health? Are there differences that are characteristics of groups? Does the gender or economic status of a group influence health? Why do groups differ in their attitudes and beliefs about health? Why does health in adults differ from that in children? Is it just because they are more physically mature, or do children view health differently from adults? Do children learn about illness behaviour from their parents? If so, what implications does this have for health education?

#### **How do these differences come about?**

Questions that ask *how* tend to be those that are describing processes. They are often framed in a bio-physiological context and although this book is not about physiology, health professionals often have a

thorough grounding in human physiology and therefore a basic knowledge will be assumed. A bio-psychosocial framework will be proposed. This means that the physiological basis of behaviour is often assumed and never ignored.

- How do motivational states or drives influence behaviour? For example, in a simple way we can say that we eat when we are hungry. However, we also eat when we are not hungry if we want someone's company. If we are trying to lose weight, we will not eat although we are hungry.
- How do families influence the health of their children? To what extent is illness and health behaviour related to family norms and dynamics?
- How do attitudes change? Attitudes to health have changed in the last decade and continue to change. People are now more aware of the consequences of smoking, high-fibre diets, and exercise, although this does not mean that they necessarily change their behaviour (see Chapter 11).
- How do people acquire control over their health or medical treatment, and what happens if they fail? How do we learn health behaviour habits and remember them? Are they learned in childhood, acquired as part of health education in school or are they influenced by media campaigns?

### Activity

Some of these 'how' and 'why' questions are addressed under different headings in conventional undergraduate psychology texts. Select any undergraduate psychology textbook from the further reading list, and identify which of these questions might be covered in chapters on: Learning, Motivation, Social psychology, Personality, and Developmental psychology.

Social variables such as socio-economic status, ethnicity or housing undoubtedly affect health behaviour. In order to understand how they are related we use the concepts of social psychological variables. These are part of the causal relationship between social variables and health outcomes. For example, socio-economic status is related to

pregnancy outcome. An intervening social psychological variable might be the extent to which the pregnant woman attends antenatal clinics. Her attendance might depend on environmental factors such as transport, or on cognitive factors such as knowledge and motivation about health in pregnancy.

### APPLYING PSYCHOLOGY TO HEALTH

This is a book about applied psychology, in the sense of using psychology to solve problems. Some authors of undergraduate psychology textbooks also share this view of psychology.

*“No matter how interesting and intellectually stimulating, a text that fails to show the practical value of new ideas is irrelevant in a very basic sense.”*  
(Coon, 1986, p. xxiii)

The study of psychology can be justified as being of intrinsic interest in its own right. If psychology is to have a place in the educational curriculum of health professionals, it must be demonstrated that it will help them to improve their practice. The study of psychology will then be worth the time spent by hard pressed health professionals. In Chapter 6 we discuss improvement in therapeutic relationships and the effectiveness of therapy.

#### Activity

This is the most important activity in the book.

Describe your own case studies and share with a colleague. We all know someone who is ill or we may have been ill ourselves.

Describe someone that you have cared for or you have known who has been ill. For example, a child awaiting surgery, a bereaved elderly person, an aggressive youth, a stressed colleague. List the ways in which you think psychology can help you understand the problem. Do this from your present understanding, and then at the end of the book go back and see if you can add to your list. To some extent knowledge of psychology helps us to identify and sort out the issues. It is unlikely to give us precise guidelines. To what extent do you think this is true of the case that you have described?

Psychology has become increasingly recognised as an essential part of health professional education. The nursing profession, in particular, has recognised its value and has integrated many psychological concepts into its discipline (Niven and Robinson, 1994). As you go through this book, you may find many familiar areas. Some of these you will think are common sense, and some will be known to you through your own experience. Psychology offers theory, which will underlie observations and make sense of them. Life is too short to find out everything through experience and as you read through the book you are likely to meet new ideas and see how researchers have attempted to explain every day observations. This should ultimately increase our understanding and improve clinical practice, and you can be your own judge of this.

Knowledge of psychology will also help health professionals to understand patients' emotional state. In Chapter 9 and Chapter 10, we will discuss stress. Discussion of the concepts underlying stress and its measurement allows the health professional to make judgements about the influences on health. Stress is also relevant to the lives of health professionals themselves and this too is discussed. One of the attractions of psychology is that we may gain greater understanding of our own feelings and behaviour as well as understanding those that we care for.

## Psychology and Health

### GOALS OF HEALTH PSYCHOLOGY

Health Psychology originated in the late 1970s, and has grown rapidly since the early 1980s. In a recent textbook, Sarafino (1998) described four goals of psychology derived from a definition given by Matarazzo in 1982. These are:

#### **The promotion and maintenance of health**

Differences in health have been attributed to differences in behaviour. As we shall see in Chapter 2 there are many health behaviours and habits that contribute to health and illness, although social, demographic and genetic factors are also important. By understanding individual differences in behaviour, we may be able to encourage behaviour patterns that lead to good health, and reduce the frequency of those that lead to poor health. Smoking and wearing of



seat belts are two examples of differences in behaviour that can affect health.

### **Improving health care system and health policy**

Health care frequently takes place in institutions and most countries have a national health care service. Health psychologists look at the organization and the ways in which health professionals can improve their practice. Chapter 5 considers the application of psychology to improving practice.

### **The prevention and treatment of illness**

Adopting healthy habits or avoiding unhealthy ones may prevent illness. Illness may also be prevented by attending screening programmes or taking up vaccination. Applying psychological principles can increase the efficacy of treatment of most physical illnesses. In Chapters 5 and 6, we look at how therapy can be facilitated.

### **Causes and detection of illness**

There may be psychological factors that have contributed to individual differences in the occurrence of illness and its prognosis. Some people are more vulnerable to heart disease than others and this has been related to behaviour patterns such as Type A (see Chapter 9 for a definition) and to stress (see Chapter 9 for discussion of different definitions).

The importance of developmental changes was not stressed by Matarazzo, but we know that ill health in adulthood often has its origins in childhood. Health behaviour and probably illness behaviour is learned in childhood. The pattern of health and illness and the response of individuals vary across the lifespan. In Chapter 7 we look at changing health over the lifespan. Reproductive issues affect our health directly and indirectly. Women are more often ill than men, in terms of self-reported health and consultation patterns, even though they live longer than men. Some of the reproductive events that affect health are discussed in Chapter 8. Women have a particularly important role in influencing their family's health. The weekly shopping will often be in the control of the mother even if she is working full time. Health has become a marketing issue with increasing varieties of low-fat spreads, additive-free foods and low-calorie drinks.

### Activity

Which of the topics described above do you consider are most relevant to your profession or discipline? Are they all applicable? Which do you think could be most closely implemented by health professionals?

## THE STUDY OF HEALTH PSYCHOLOGY

The goals in the study of health psychology are to describe, understand and predict health behaviour.

- *Describing* implies quantifying, and usually quantitative approaches have usually been taken in health psychology. However, qualitative techniques are being increasingly used, e.g. in understanding the spiritual needs of patients (Ross, 1994).
- *Understanding* implies that we acquire meaning. It is hard to understand why people do not comply with treatment if lack of compliance means that they get worse not better. Lack of compliance might be easier to understand, if it is realized that the person was afraid of dependence, worried about side effects or had not been given clear instructions.
- *Prediction* allows us to say in advance what will happen. In therapy we might try to do this by telling patients that if the exercise is followed, their condition is likely to improve. We may be able to prepare patients for hospitalization and reduce anxiety if we can predict the effect of the use of coping mechanisms or relaxation.
- We also seek to find ways of *controlling* behaviour, and control over behaviour is often what the patient wants. Reduction in smoking behaviour, the control of pain, and coping with stress may all benefit from psychological principles.

Health psychology differs from traditional academic psychology in that it may be of more interest to health professionals rather than psychologists. It attempts to fulfil the needs of health professionals studying psychology rather than the needs of psychologists studying health. However, it also attempts to contribute to psychological theory.

## MEDICAL PSYCHOLOGY

The medical model will be discussed in detail in Chapter 3. This model is essentially mechanistic and symptoms of illness are regarded as a failure of a system or its working parts. If these faults are identified and put right, then health will be restored. A close analogy is a car breakdown. We can replace the mechanism or tune the engine. The car still needs a driver and its operation is controlled by society. Laws of each country control the car's speed, where it can be parked, and its condition. Similarly, our bodies can be mended and put into working order, but they still function in the context of society. This functional approach leads to a mechanistic view of health. For example at the time of the menopause, there is a reduction in ovarian activity and a reduction in levels of output of the hormone oestrogen. Replacing the oestrogen by hormone replacement therapy can restore these levels. The menopause could thus be regarded as a hormone deficiency disease that can be treated by doctors. However, the transition through the menopause is also a cultural event and society has expectations and norms that it applies to middle-aged women. This will be discussed in Chapter 7.

The biological basis of health and illness is often closely linked to the medical model and if we reject the medical model, we may inadvertently reject the biological foundations of health. For example, in the field of sexuality there have been conflicts of interpretation between feminist theories and biological explanations, but these should be seen as complementary rather than contradictory (Choi and Nicolson, 1994). A biological scientific explanation may be seen as masculine, while feminists may favour holistic or cultural views. However, we need both types of explanation if we are to understand fully the influences on health (Alder, 1994).

Health psychology and introductory psychology textbooks usually describe physiological processes. I recommend that the reader look at the sections in the texts on the nervous system, endocrine system, the immune system, the digestive system, and the respiratory system. All these systems form the biological basis of behaviour and knowledge of them are essential for the understanding of the psychology of health.

**Activity**

Consider the relevance to health and illness of some of these systems in your own discipline or profession. Has anything been omitted?

**BEHAVIOURAL MEDICINE**

Behavioural medicine is concerned with health problems and is closely linked to clinical medicine. Behavioural medicine has been defined as 'the interdisciplinary field concerned with the development and integration of behavioural and biomedical knowledge and techniques relevant to health and illness, and the application of this knowledge and these techniques to prevention, diagnosis, treatment and rehabilitation' (Schwartz and Weiss, 1978, p. 250).

**Activity**

Compare this definition with the goals of health psychology described on page 5.

Behavioural medicine tends to be more concerned with illness than with health. Pearce and Wardle (1989) suggest that behavioural medicine places emphasis on interdisciplinary connections, whereas health psychology concentrates on the specific contribution of psychology. However, in their book, Pearce and Wardle concentrate on medical problems and organize their discussion of psychological factors under the headings of medical conditions such as diabetes and obesity.

Particular diseases have received attention from behavioural psychologists: asthma, cancer, diabetes, cardiovascular diseases, arthritis and renal failure. Many of these are related to stress. Chapter 9 discusses some of the psychological research linking stress to illness.

**Activity**

There are other medical conditions that have received less attention, e.g. back pain, and dermatology. Can you add to this list?

Behavioural medicine also has its roots in behaviourism. This approach suggests that behaviour results from two types of learning: classical conditioning and operant conditioning. These are discussed in Chapter 6. Behavioural medicine thus also includes problems of emotion such as fear, and many health problems are associated with behaviour problems. Clinical psychologists share many of these interests.

**Activity**

List some health behaviour problems that may be helped by changing behaviour, e.g. over-eating.

List some emotional problems that might be helped, e.g. fear of flying.

**PSYCHOSOMATIC MEDICINE**

The term 'psychosomatic' is often taken to imply the influence of the mind over the body. A psychosomatic illness may be regarded as less real than an organic based illness. The term 'psychosomatic illnesses' was often used as a rag-bag in which to put any illness that was difficult to explain. Most illnesses have a psychological component and to that extent they can all be described as psychosomatic. Psychosomatic does not mean that people are malingering or that they are hypochondriacs.

Christie (1983) describes the historical background to psychosomatics and relates it to psychophysiology. Much of the research was carried out in the 1970s and the more recent use of multivariate statistical analysis and model building in health psychology has, to a great extent, taken its place. A group of illnesses known as the 'holy seven' were thought to have their origin in childhood (Box 1.1). The specific disorder was thought to relate to specific conflicts that were unconscious. The term 'psychosomatic' (mind and body) was thus confused with the term 'psychogenic' (arising from the mind). It will be argued throughout this book that all illnesses have psychological components and that the prognoses of all illnesses are affected by psychological factors. There is no direct evidence that these seven diseases are particularly closely related to individual differences in personality or behaviour.

**THE HOLY SEVEN PSYCHOSOMATIC ILLNESSES (CHRISTIE 1983)**

asthma	rheumatoid arthritis	ulcerative colitis
essential hypertension	neurodermatitis	thyrotoxicosis
peptic ulcer		

BOX 1.1

The term psychogenic is less used today, but it is sometimes used dismissively, particularly when the condition is not understood. If a person is described as having a psychosomatic illness, it is an indication that there is a psychological angle to the problem. It may also indicate a lack of professional understanding. The term psychosomatic may be best regarded as a descriptive term rather than as an explanation.

**MEDICAL SOCIOLOGY**

Psychology is closely linked to the discipline of sociology and many areas overlap (Porter *et al.*, 1999). The norms and expectations of society influence the ways in which we understand illness and react to symptoms of illness. Similarly our expectations and standards of health and our attitudes to health behaviour may depend on a number of social factors. People in different cultures suffer from different illnesses even when the physical conditions are similar. Understanding about the membership of groups is essential to understanding health and illness. There is a close relationship between sociology and psychology and you may find some concepts that are discussed in both disciplines (Scambler, 1991). Both medical sociologists and health psychologists consider the concepts of illness behaviour, grief reaction, and roles. Families and kinship are very important in health and are discussed in Chapter 7. Although the psychological approach taken in this book emphasizes the behaviour of the individual, we know that social factors can make it practically impossible to behave in a healthy way (Chapter 2). For example, the healthy practice of eating fresh fruit may be very difficult if none is sold on the housing estate, and if public transport is expensive or non-existent.

Risky behaviour has received attention from both health psychologists and medical sociologists (Plant and Plant, 1992). Alcohol abuse and smoking are major causes of death and illness in our society

### Activity

Suggest some behavioural risk factors for the four leading causes of death — heart disease, cancer, stroke and accidents.

After reading Chapter 3, complete your list.

today. Most smokers know that smoking increase the risk of smoking-related diseases and reduces their life expectancy, but they still continue to smoke. Excessive drinking also carries health risks and alcoholism has itself been regarded as a disease. Substance abuse carries health risks and illegal drug-taking has social as well as physical and psychological consequences.

Medical sociology also considers the institutions that treat and control our health. Health professionals are themselves part of small teams and larger professional bodies. The professionalization of health care has been a contentious issue. The status (and pay) is often linked to the activities and public image of the groups. Some health professions dedicate one week in the year to promoting the work of their profession. Why do they do this when other groups, such as dentists and lawyers, do not?

### Activity

Where does your profession or discipline stand in its search for professional identity? Has this changed in the last ten years? Is it likely to change in the next ten years?

## COMMUNITY HEALTH

Concepts discussed in medical sociology are also used in health promotion and health education. They both apply the principles of sociology and psychology to the community. For example, the health belief model has been applied to attempts to change behaviour, although with limited success (Chapter 3).

Immunizing children against whooping cough, using condoms to avoid HIV infection, and exercise are all health behaviours that are

promoted by health professionals. Health education seeks to give information about health and the ways in which it can be maintained.

Unhealthy living may be related to social class, housing, or unemployment. Some of the origins of differences in health are discussed in Chapter 2. For those people who are working, ill health may result from accidents or poor working conditions. A change in health may come from enabling individuals to take steps to change their circumstances or even to change social policy (see Matarazzo's goals of health psychology). Groups of individuals can be very powerful when they are brought together by the experience of a medical condition.

Two other related fields are medical anthropology and epidemiology. There are fewer texts written for health professionals in these areas, but Rose and Parker (1986) and Holden and Littlewood (1991) give some background. These are both important fields, and like health services research (Crombie and Davies, 1996), they overlap to some extent with areas of health psychology.

### Activity

How can we avoid blaming the victim when we encourage individual responsibility for health? For example, if we stress that diet can influence health, what does this mean for those that are socially or financially unable to provide a healthy diet? Discuss this in the context of unemployment, and in the context of educating school leavers.

Mothers are also likely to be the first to respond to symptoms of ill health and may encourage or discourage illness behaviour. They are also more likely than men to report illness even when allowing for obstetric and gynaecological problems (Radley, 1994), and to experience hospitalisation. The relationship of reproduction to health is discussed in Chapter 8.

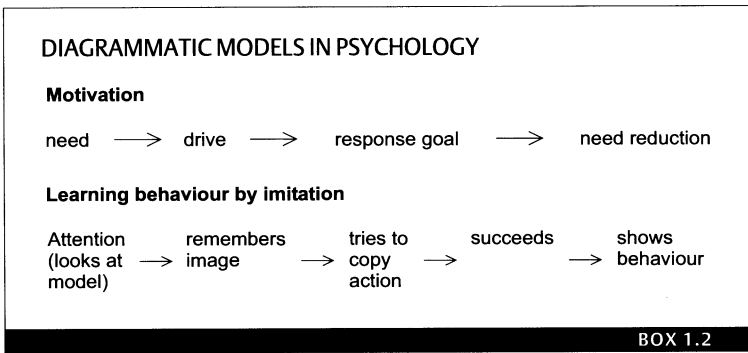
In the future, more health care may take place in the community as day surgery becomes more common and diagnostic skills improve.



The influence of social factors on therapy and recovery may become even more evident. This will contrast with the isolation of patients in a hospital ward, separated from their families and from their role in society.

# Research and Psychology

Theories make sense of related observations and enable us to ask questions that will give meaningful answers. Theories about why people smoke must take into account what people think are the positive aspects of smoking, as well as the ill health effects. Theories are often based on models, and these help us to predict behaviour. A model is a representation of variables linked together that predict an outcome. They are often shown in diagrams (Box 1.2). For example, a simple model of motivation suggests that we eat when we are hungry. Hunger can be defined as a sensation occurring when our blood sugar is low. However this does not help to explain eating disorders such as obesity or anorexia.



We may also use pictures to illustrate our understanding (Figure 1.1). Research into the psychology of health tests and extends our existing psychological theories and also generates new theories. Sometimes the results of the research are only descriptive but often they lead to predictions. These may ultimately help health professionals to control behaviour. All the techniques of psychological research probably have some rôle in research into the psychology of health, but some are used more extensively than others. There are many textbooks written about statistics and research methodology for medical and health research and