seventh edition

HEALTH PSYCHOLOGY

A TEXTBOOK

Jane Ogden

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HEALTH PSYCHOLOGY

JANE OGDEN

SEVENTH EDITION

Open University Press
McGraw Hill
Unit 4,
Foundation Park
Roxborough Way
Maidenhead
SL6 3UD

email: emea_uk_ireland@mheducation.com
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List of abbreviations

ADL	activity of daily living
AIDS	acquired immune deficiency syndrome
APT	adaptive pacing therapy; adjuvant psychological therapy
AVE	abstinence violation effect
BDI	Beck depression inventory
BMI	body mass index
BSE	breast self-examination
CAD	coronary artery disease
CBSM	cognitive behavioural stress management
CBT	cognitive behavioural therapy
CHD	coronary heart disease
CIN	cervical intraepithelial neoplasia
CMV	cytomegalovirus
COPD	chronic obstructive pulmonary disease
CR	conditioned response
CS	conditioned stimulus
D&C	dilatation and curettage
DAFNE	dose adjustment for normal eating
DEBQ	Dutch Eating Behaviour Questionnaire
ERPC	evacuation of the retained products of conception
FAP	familial adenomatous polyposis
FH	familial hypercholesterolaemia
GAS	general adaptation syndrome
GCT	gate control theory
GHQ	General Health Questionnaire
GSR	galvanic skin response
HAART	highly active anti-retroviral therapy
HADS	hospital anxiety and depression scale
HAPA	health action process approach
HBM	health belief model
HPA	hypothalamic-pituitary-adrenocorticol
HRT	hormone replacement therapy
IPA	interpretative phenomenological analysis
IPQ	illness perception questionnaire
IPQR	revised version of illness perception questionnaire
LISRES	life stressors and social resources inventory
MAT	medication adherence training
MHLC	multidimensional health locus of control
MI	motivational interviewing, myocardial infarction

MPQ	McGill Pain Questionnaire
MACS	Multi Centre AIDS Cohort Study
NHP	Nottingham Health Profile
NHS	National Health Service
NKCC	natural killer cell cytotoxicity
OCD	obsessive compulsive disorder
PDA	personal digital assistant
PROMS	patient reported outcome measures
PFSQ	parental feeding style questionnaire
PMT	protection motivation theory
PNI	psychoneuroimmunology
PSE	present state examination
PSS	perceived stress scale
PTSD	post-traumatic stress disorder
SEIQoL	schedule for the individual quality of life
SES	socioeconomic status
SEU	subjective expected utility
SIP	Sickness Impact Profile
SLQ	Silver Lining Questionnaire
SOS	Swedish Obese Subjects study
SRE	Schedule of Recent Experiences
SRRS	social readjustment rating scale
STD	sexually transmitted disease
TOP	termination of pregnancy
TPB	theory of planned behaviour
TRA	theory of reasoned action
UR	unconditioned response
US	unconditional stimulus
WHO	World Health Organization
WRAP	Women, Risk and AIDS Project

Preface to the seventh edition

WHY I FIRST WROTE THIS BOOK

I first wrote this book in 1995 after several years of teaching my own course in health psychology. The texts I recommended to my students were by US authors and this was reflected in their focus on US research and US health care provision. In addition, they tended to be driven by examples rather than by theories or models, which made them difficult to turn into lectures (from my perspective) or to use for essays or revision (from my students' perspective). I decided to write my own book to solve some of these problems. I wanted to supplement US work with that from my colleagues in the UK, the rest of Europe, New Zealand and Australia. I also wanted to emphasize theory and to write the book in a way that would be useful. I hope that the first six editions have succeeded.

AIMS OF THIS NEW SEVENTH EDITION

Over the years this book has grown as I have added in new theories and research and responded to reviewers' feedback. While my aim was always to write a straight forward and user-friendly book, overtime I felt it became unwieldy and too complicated so the sixth edition was a complete rewrite to make the book more focused with a better structure and clearer emphasis on theory and evidence throughout. I also wanted to encourage critical thinking with a separate section on critical thinking for each chapter. But time moves on and, as I write this, the world is becoming a different place with different levels of awareness and different concerns. I am a white heterosexual female Professor from the UK and while I always thought I was very aware of the privileges that came with my position, the past few years have made me realize how naïve I was being! I have learned about the difference between being 'not racist' and 'anti-racist'; I have reflected upon my own 'white privilege'; I have increasingly recognized how 'colonized' our curriculum is; I have maintained my position as a feminist while watching my son (now 22) exist in the complex world of men and seen how difficult it can be to navigate masculinity; I have supported students as they have negotiated their own gender identity; and I have listened to my students, my children, my children's friends and my friends' children as both gender and sexuality have become increasingly fluid. In this seventh edition I have done my best to reflect some of these changes. I hope that this doesn't seem like tokenism but I am sure that this will improve and evolve in future editions. The seventh edition therefore includes the following changes:

Case studies: There is a case study at the start of each chapter to illustrate how the key theories and ideas are relevant to everyday life. These could be used for discussion by lecturers and should help students relate to the material being presented. I hope that these now reflect greater diversity.

Through the eyes of health psychology: Each case study is accompanied by a section to show how a health psychologist could analyse the case study using health psychology ideas.

Critical approaches to health psychology: Together with the 'Thinking critically about . . . .' section in chapter 1 and the separate critical sections at the end of each chapter, I have now added a new section in each chapter called 'Critical approaches to Health Psychology'. This addresses the biases within our discipline in terms of fundamental assumptions reflected in our use of WEIRD populations for our studies and the implications of this for issues such as ethnicity, gender, sexuality, power and culture and the ways in which this underpins the research we do and the theories we develop and test. This new section also explores other key

assumptions of our discipline such as the relationship between the individual, the social and the political and between the mind and the body.

Behaviour change: The biggest development in health psychology since this book was first published is the shift in emphasis from predicting behaviour to changing behaviour. Chapter 7 covers the theories and evidence relevant to behaviour change and includes an expanded section on integrated approaches and the drive to develop a new science of behaviour change.

More (and less) common chronic illnesses: There are many chronic illnesses and health psychology is relevant to them all. In this edition I have still focused in Chapters 12 and 13 on HIV/AIDS, cancer, coronary heart disease and obesity but have attempted to highlight how all our research is relevant to a multitude of other chronic conditions such as diabetes, chronic fatigue syndrome and asthma together and have added new focused sections on four less common chronic conditions: Ménière's disease, spinal cord injury, Mild Traumatic Brain Injury and fibromyalgia.

Gender and health: This chapter provides a broader perspective on gender and health and now covers men, women and LGBTQ+ health related issues.

Sexual behaviour: This chapter has also been updated to include a greater emphasis on LGBTQ+ issues in the context of sexual health.

COVID: Since the last edition, the COVID pandemic has happened. I have reflected this where relevant throughout the book but have a separate section on health inequalities and COVID in Chapter 14.

Hybrid/online learning: As a result of COVID, teaching has changed and many of us are involved in hybrid and/or online learning. Hopefully this book will aid this new approach to learning but I have included a new separate section to address this in Chapter 1.

The use of figures and images: I have used far more figures and images throughout to try to make the book more visual. Hopefully this will bring health psychology to life and emphasize how psychological factors are relevant to our daily existence whether we are healthy or not.

Updated throughout: As with the other editions this seventh edition has been updated throughout to reflect recent theories and evidence.

This edition still contains a number of familiar features:

Learning objectives: Each chapter has seven clear learning objectives which are set out at the start of the chapter and then reflected in seven different sections.

Further reading: to recommend to students

Essay questions: for essays, discussion or to structure thinking

For discussion questions: to generate debate in class

An Online Learning Centre website accompanies this edition with useful materials for students of health psychology and their lecturers, including PowerPoint presentations, artwork and more.

Being critical of . . . As with the previous edition this seventh edition encourages critical thinking throughout in terms of design, measures, sample, theory and the notion of truth.

THE STRUCTURE OF THE SEVENTH EDITION

Health psychology focuses on health and illness as a continuum which is reflected in the four parts of this book.

PART 1: THE CONTEXT OF HEALTH PSYCHOLOGY

Chapter 1 explores the main perspectives of health psychology and outlines the aims and structure of this book. In particular, it describes how health psychology differs from clinical psychology and draws upon four frameworks: the biopsychosocial model of health; health as a continuum; the direct and indirect pathways between psychology and health; and a focus on variability. It then highlights the key theories in health psychology. This first chapter next describes how to think critically about the discipline with a focus on theory, methods, design and measurement. It then concludes with a look at how people work within the discipline.

PART 2: HEALTH BELIEFS, BEHAVIOUR AND BEHAVIOUR CHANGE

Central to understanding health and illness is the role of beliefs and behaviour. Chapter 2 describes a number of theories of health beliefs with a focus on individual beliefs, stage models, social cognition models and integrated models. Chapters 3–6 then focus on individual behaviours and describe theories and research which have explored why people do or do not behave in healthy ways. The key behaviours addressed are smoking, drinking and other addictions (Chapter 3), eating behaviour (Chapter 4), exercise (Chapter 5) and sex (Chapter 6). The last chapter in Part 2 then addresses health promotion and theories of behaviour change and explores the ways in which interventions have been developed to encourage people to become more healthy. This is a vast literature and Chapter 7 highlights behaviour change strategies derived from theories such as learning and cognitive theory, affect and integrated models.

PART 3: BECOMING ILL

The next stage along the continuum from health to illness addresses the early factors involved when becoming ill. Chapter 8 describes illness cognitions and ways in which people perceive symptoms and develop representations of their illness. It then addresses theories of coping with illness and the role of both illness cognitions and coping in predicting patient health outcomes. Chapter 9 explores the ways in which individuals come into contact with the health care system. First it examines the mechanisms involved in help-seeking, such as symptom perception and the costs and benefits of visiting a doctor. Next it describes the research on screening, whereby people are drawn into health care even in the absence of any symptoms. Theories and research related to communication in the consultation, with an emphasis on decision-making and how health professionals develop a diagnosis are then discussed. Finally, the chapter explores the issues relating to adherence and how psychological factors such as illness and health beliefs predict whether or not a patient behaves in the way recommended by the health care team. Chapter 10 then describes theories of stress, the ways in which stress can cause illness and how this link can be influenced by psychological and physiological variables.

PART 4: BEING ILL

Following along the continuum is the next stage: being ill. Chapter 11 describes theories of pain and approaches to pain management. It also highlights the important role of the placebo effect and the possible mechanisms behind this process. Chapters 12 and 13 then focus on specific

chronic illnesses and assess how the many psychological constructs and theories addressed in the book so far relate to the onset, progression and outcomes of HIV, cancer (Chapter 12), obesity and coronary heart disease (Chapter 13). These chapters also discuss how the key psychological factors such as health beliefs and behaviours, illness cognitions, adherence, coping and social support also relate to all other chronic conditions such as asthma, diabetes and arthritis and include focused sections on four less common conditions: fibromyalgia, Ménière's disease, spinal cord injury and Mild Traumatic Brain Injury. Part 4 then explores the role of health status and quality of life in patient outcomes (Chapter 14) and concludes with a focus on gender and health (Chapter 15) which highlights the role of gender in symptoms, illness and life expectancy with a focus on gender-specific conditions and issues specific to men, women and the LGBTQ+ community.

Guided Tour

CHAPTER OVERVIEW

This chapter offers a broad introduction to
a brief background to health psychology ar
and a more traditional biomedical model. It
terms of a biopsychosocial model, health ar
indirect pathways between psychological fa
variability. Next the chapter explores key t
frame research and develop and test interv
critically about health psychology with a fo
The chapter also describes the ways in whi

Title Page

Each chapter is structured around 7 learning objectives which are listed on the title page for each chapter for quick and easy reference to specific topics. The Chapter Overview section then describes the chapter in more detail. The title page also has a topic specific Case Study describing a person with a health issue relevant to that chapter. It also has a section entitled 'Through the Eyes of Health Psychology' which illustrates how health psychology would make sense of the case study drawing upon key constructs and theories.

CASE STUDY

Sanjay is 75 years old and has lung cancer.
used to smoke over at the park with the ciga
He worked for many years as a hospital por
outside with his mates. It gave them a break f
ful. He married Saara when he was 25. Saara
smoking but when he became moody and ir
in the house. Sanjay always had a cough, wh

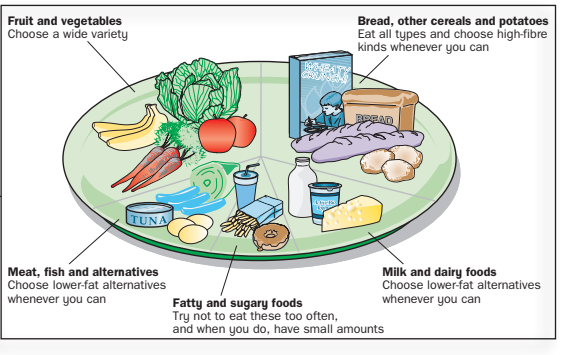
Learning Objectives

To understand:

1. The Background to Health Psychology
2. What Is Health Psychology?
3. The Focus of Health Psychology
4. Key Theories

Figures and Tables

Clear and well-represented tables and figures throughout the book provide up-to-date information and data in a clear and easy-to-read format.



SOME CRITICAL QUESTIONS

When reading or thinking about the theories following questions:

- How important are our beliefs compared t
- Can we really measure what someone beli
- To what extent are our beliefs captured by

Thinking Critically About. . .

Each chapter ends with a feature called 'Thinking Critically about. . .' which starts with 'Some Critical Questions' to encourage you to pause for thought and reflect on health psychology research. It then has a detailed section called 'Some Problems with. . .', which outlines key problems with the theories, constructs and methods covered in the chapter. Finally, it has a section called 'Critical Health Psychology' which explores some of the assumptions of the discipline relating to issues such as the populations we study and the questions we ask and how this is often underpinned by WEIRD research with a colonial focus.

To Conclude

A wrap-up of the main themes to emerge from the chapter and a useful revision tool to recap the material in a topic area.

TO CONCLUDE

Health psychology explores how a nu
illness and emphasizes four framework
being on a continuum, the direct and in
problem of variability. This book covers
basis for a complete course for students
those both within psychology and in oth
and dieticians.

Questions

Short questions to test your understanding and encourage you to consider some of the issues raised in the chapter. A useful means of assessing your comprehension and progress.

QUESTIONS

1 To what extent does health psychology c
health and illness?
2 Why do health psychologists consider he
3 Is the biopsychosocial model a useful pe
4 What problems are there with dividing u
indirect and direct pathways?
5 What factors could explain variability be

For Discussion

A discussion point for a seminar or group work, or to form the basis of an essay.

FOR DISCUSSION

Consider the last time you were ill (e.g. fl
factors other than biological ones may have

Further Reading

A list of useful essays, articles, books and research which can take your study further. A good starting point for your research for essays or assignments.

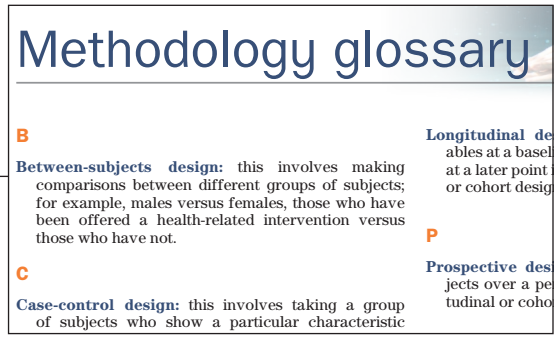
FURTHER READING

Kaptein, A. and Weinman, J. (eds) (2010)
This edited collection provides further deta
tral to health psychology.

Michie, S. & Abraham, C. (eds) (2004) *He*
This edited collection provides a detailed a
chartered health psychologist in the UK. Ho
to anyone interested in pursuing a career in

Glossary

At the end of the text there is a brief glossary of the commonly used terms in health psychology methodology.



Methodology glossary

B

Between-subjects design: this involves making comparisons between different groups of subjects; for example, males versus females, those who have been offered a health-related intervention versus those who have not.

C

Case-control design: this involves taking a group of subjects who show a particular characteristic

Longitudinal de
ables at a basel
at a later point
or cohort desig

P

Prospective des
jects over a pe
tudinal or coho

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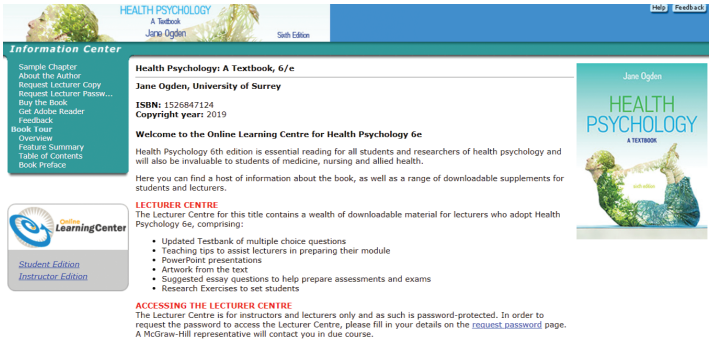
After completing each chapter, log on to the supporting Online Learning Centre website. Take advantage of the study tools offered to reinforce the material you have read in the text, and to develop your knowledge in a fun and effective way.



Resources for students include:

- Useful weblinks to extra health psychology resources online
- Searchable online glossary
- Chapter overviews

Also available for lecturers:

- New Test Bank of multiple choice questions
- Teaching tips to assist lecturers in preparing their module
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- Suggested essay questions to help prepare assessments and exams

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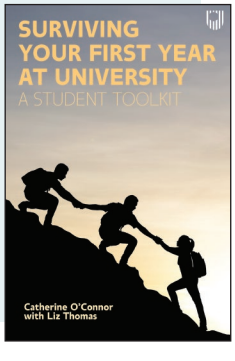

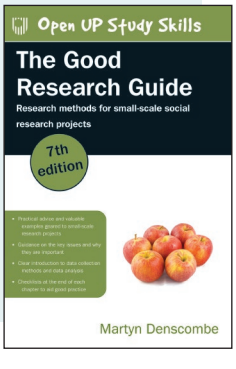

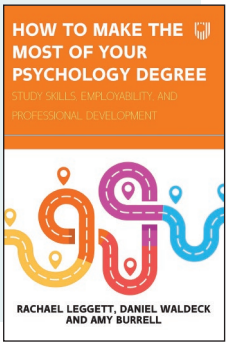

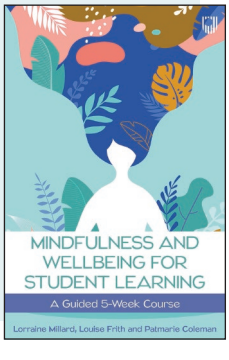

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The publishers would also like to thank the reviewers who commented on the previous edition and gave their time and expertise to provide helpful and constructive feedback. Their advice and suggestions were extremely helpful in shaping the seventh edition. The reviewers were:

Elaine Walklet, University of Worcester

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Jacqueline Davies, University of London City

Jennie Todd, University of Essex

Katrina Forbes-Mckay, Robert Gordon University

Katy Tapper, University of London City

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PART ONE

The Context of Health Psychology

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1

Introduction to Health Psychology: Theories and Methods

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Learning Objectives

To understand:

1. The Background to Health Psychology
2. What Is Health Psychology?
3. The Focus of Health Psychology
4. Key Theories
5. Thinking Critically About Health Psychology
6. Working in Health Psychology
7. The Aims of this Book

CHAPTER OVERVIEW

This chapter offers a broad introduction to the discipline of health psychology. First, it provides a brief background to health psychology and highlights differences between health psychology and a more traditional biomedical model. It then describes the focus of health psychology in terms of a biopsychosocial model, health and illness as being on a continuum, the direct and indirect pathways between psychological factors and health and the emphasis on explaining variability. Next the chapter explores key theories used in health psychology as a means to frame research and develop and test interventions. The chapter then describes how to think critically about health psychology with a focus on methods, measures, data analysis and theory. The chapter also describes the ways in which people work in health psychology: either in research, teaching, consultancy or as a practitioner. Finally, this chapter outlines the aims of this textbook and describes how the book is structured.

CASE STUDY

Sanjay is 75 years old and has lung cancer. He has smoked since he was 14 when he and his friends used to smoke over at the park with the cigarettes he 'found' in his father's pockets. It was great fun. He worked for many years as a hospital porter and was allowed 'fag breaks' when he would smoke outside with his mates. It gave them a break from work and time to laugh even when the job was stressful. He married Saara when he was 25. Saara was a nurse at the hospital. She encouraged him to stop smoking but when he became moody and irritable she gave up and just insisted that he didn't smoke in the house. Sanjay always had a cough, which he put down to asthma caused by growing up a city and being surrounded by car fumes. The doctor suggested that he give up smoking but Sanjay always felt fine and didn't really see the point. Plenty of people had smoked in his family and lived long and healthy lives. But about 5 years ago his cough got worse and after tests he was diagnosed with cancer. Sanjay was shocked and upset and stopped smoking immediately. He has had chemotherapy which made him feel exhausted and sick. He seems to be responding well to the treatment and is now determined to live life to the full. He has started cycling and walking more often and says he feels happier than he ever has.

Through the Eyes of Health Psychology. . .

Health psychology explores the role of psychological factors in physical health across the life span and along the continuum from health to illness. Sanjay's story illustrates the multitude of constructs covered in this book, including health beliefs (smoking is fun), health behaviours (fag breaks), behaviour change (started cycling), illness cognitions (it's asthma), stress (at work), coping (smoking with mates), social support (Saara), chronic illness (cancer), quality of life (feeling sick) and gender issues (being with mates at work). It illustrates some of the reasons people behave as they do and the ways in which illness can impact upon their lives. It also highlights the impact of others in what we do and think in terms of peer pressure, role models and social support. These factors make up the essence of what health psychology is.

1 THE BACKGROUND TO HEALTH PSYCHOLOGY

During the nineteenth century, modern medicine was established. 'Man' (the nineteenth-century term) was studied using dissection, physical investigations and medical examinations. Darwin's thesis, *The Origin of Species*, was published in 1856 and described the theory of evolution. This revolutionary theory identified a place for man within nature and suggested that we are part of nature, that we

developed from nature and that we are biological beings. This was in accord with the biomedical model of medicine, which studied man in the same way that other members of the natural world had been studied in earlier years. This model described human beings as having a biological identity in common with all other biological beings.

THE TWENTIETH CENTURY

Throughout the twentieth century there were challenges to some of the underlying assumptions of biomedicine which emphasized an increasing role for psychology in health and a changing model of the relationship between the mind and body.

Psychosomatic Medicine

The earliest challenge to the biomedical model was psychosomatic medicine. Towards the end of the nineteenth century, Freud described a condition called 'hysterical paralysis', whereby patients presented with paralysed limbs with no obvious physical cause and in a pattern that did not reflect the organization of nerves. Freud argued that this condition was an indication of the individual's state of mind and that repressed experiences and feelings were expressed in terms of a physical problem. This explanation indicated an interaction between mind and body and suggested that psychological factors may not only be consequences of illness but may contribute to its cause. This led to the development of psychosomatic medicine at the beginning of the twentieth century in response to Freud's analysis of the relationship between the mind and physical illness.

Behavioural Medicine

A further discipline that challenged the biomedical model of health was behavioural medicine, which has been described by Schwartz and Weiss (1977) as being an amalgam of elements from the behavioural science disciplines (psychology, sociology, health education) and which focuses on health care, treatment and illness prevention. Behavioural medicine was also described by Pomerleau and Brady (1979) as consisting of methods derived from the experimental analysis of behaviour, such as behaviour therapy and behaviour modification, and involved in the evaluation, treatment and prevention of physical disease or physiological dysfunction (e.g. essential hypertension, addictive behaviours and obesity). It has also been emphasized that psychological problems such as neurosis and psychosis are not studied within behavioural medicine unless they contribute to the development of illness. Behavioural medicine therefore included psychology in the study of health and departed from traditional biomedical views of health by not only focusing on treatment, but also focusing on prevention and intervention. In addition, behavioural medicine challenged the traditional separation of the mind and the body.

WHAT IS THE BIOMEDICAL MODEL?

The biomedical model of medicine can be understood in terms of its answers to the following questions:

- ***What causes illness?*** According to the biomedical model of medicine, diseases either come from outside the body, invade the body and cause physical changes within the body, or originate as internal involuntary physical changes. Such diseases may be caused by several factors such as chemical imbalances, bacteria, viruses and genetic predisposition.
- ***Who is responsible for illness?*** Because illness is seen as arising from biological changes beyond their control, individuals are not seen as responsible for their illness. They are regarded as victims of some external force causing internal changes.
- ***How should illness be treated?*** The biomedical model regards treatment in terms of vaccination, surgery, chemotherapy and radiotherapy, all of which aim to change the physical state of the body.
- ***Who is responsible for treatment?*** The responsibility for treatment rests with the medical profession.

- ***What is the relationship between health and illness?*** Within the biomedical model, health and illness are seen as qualitatively different – you are either healthy or ill, there is no continuum between the two.
- ***What is the relationship between the mind and the body?*** According to the biomedical model of medicine, the mind and body function independently of each other. This is comparable to a traditional dualistic model of the mind–body split. From this perspective, the mind is incapable of influencing physical matter and the mind and body are defined as separate entities. The mind is seen as abstract and relating to feelings and thoughts, and the body is seen in terms of physical matter such as skin, muscles, bones, brain and organs. Changes in the physical matter are regarded as independent of changes in state of mind.
- ***What is the role of psychology in health and illness?*** Within traditional biomedicine, illness may have psychological consequences, but not psychological causes. For example, cancer may cause unhappiness but mood is not seen as related to either the onset or progression of the cancer.

2 WHAT IS HEALTH PSYCHOLOGY?

Health psychology is probably the most recent development in this process of including psychology in an understanding of health. It was described by Matarazzo (1980: 815) as 'the aggregate of the specific educational, scientific and professional contribution of the discipline of psychology to the promotion and maintenance of health, the promotion and treatment of illness and related dysfunction'. Health psychology again challenges the mind–body split by suggesting a role for the mind in both the cause and treatment of illness, but differs from psychosomatic medicine and behavioural medicine in that research within health psychology is more specific to the discipline of psychology.

Health psychology can be understood in terms of the same questions that were asked of the biomedical model:

- ***What causes illness?*** Health psychology suggests that human beings should be seen as complex systems and that illness is caused by a multitude of factors and not by a single causal factor. Health psychology therefore attempts to move away from a simple linear model of health and claims that illness can be caused by a combination of biological (e.g. a virus), psychological (e.g. behaviours, beliefs) and social (e.g. employment) factors.
- ***Who is responsible for illness?*** Because illness is regarded as a result of a combination of factors, the individual is no longer simply seen as a passive victim. For example, the recognition of a role for behaviour in the cause of illness means that the individual may be held responsible for their health and illness.
- ***How should illness be treated?*** According to health psychology, the whole person should be treated, not just the physical changes that have taken place. This can take the form of behaviour change, encouraging changes in beliefs and coping strategies, and compliance with medical recommendations.

Health behaviour can be encouraged by family

SOURCE: © Shutterstock / Monkey Business Images

- ***Who is responsible for treatment?*** Because the whole person is treated, not just their physical illness, the patient is therefore in part responsible for their treatment. This may take the form of responsibility to take medication and/or responsibility to change their beliefs and behaviour. They are not seen as a victim.
- ***What is the relationship between health and illness?*** From this perspective, health and illness are not qualitatively different, but exist on a continuum. Rather than being either healthy or ill, individuals progress along this continuum from health to illness and back again.
- ***What is the relationship between the mind and the body?*** The twentieth century saw a challenge to the traditional separation of mind and body suggested by a dualistic model of health and illness, with an increasing focus on an interaction between the mind and the body. This shift in perspective is reflected in the development of a holistic or a whole-person approach to health. Health psychology therefore maintains that the mind and body interact.
- ***What is the role of psychology in health and illness?*** Health psychology regards psychological factors not only as possible consequences of illness but as contributing to it at all stages along the continuum from healthy through to being ill.

WHAT ARE THE AIMS OF HEALTH PSYCHOLOGY?

Health psychology emphasizes the role of psychological factors in the cause, progression and consequences of health and illness. The aims of health psychology can be divided into (1) understanding, explaining, developing and testing theory, and (2) putting this theory into practice.

1 ***Health psychology aims to understand, explain, develop and test theory by:***

A Evaluating the role of behaviour in the aetiology of illness. For example:

- Coronary heart disease is related to behaviours such as smoking, food intake and lack of exercise.
- Many cancers are related to behaviours such as diet, smoking, alcohol and failure to attend for screening or health check-ups.
- A stroke is related to smoking, cholesterol and high blood pressure.
- An often overlooked cause of death is accidents. These may be related to alcohol consumption, drugs and careless driving.

B Predicting unhealthy behaviours. For example:

- Smoking, alcohol consumption and high fat diets are related to beliefs.
- Beliefs about health and illness can be used to predict behaviour.

C Evaluating the interaction between psychology and physiology. For example:

- The experience of stress relates to appraisal, coping and social support.
- Stress leads to physiological changes which can trigger or exacerbate illness.
- Pain perception can be exacerbated by anxiety and reduced by distraction.

D Understanding the role of psychology in the experience of illness. For example:

- Understanding the psychological consequences of illness could help to alleviate symptoms such as pain, nausea and vomiting.
- Understanding the psychological consequences of illness could help alleviate psychological symptoms such as anxiety and depression.

E Evaluating the role of psychology in the treatment of illness. For example:

- If psychological factors are important in the cause of illness, they may also have a role in its treatment.

Illness can be prevented by reducing stress

SOURCE: © Shutterstock/DimaBerlin

- Changing behaviour and reducing stress could reduce the chances of a further heart attack.
- Treatment of the psychological consequences of illness may have an impact on longevity.

2 ***Health psychology also aims to put theory into practice. This can be implemented by:***

A Promoting healthy behaviour. For example:

- Understanding the role of behaviour in illness can allow unhealthy behaviours to be targeted.
- Understanding the beliefs that predict behaviours can allow these beliefs to be targeted.
- Understanding beliefs can help these beliefs to be changed.

B Preventing illness. For example:

- Changing beliefs and behaviour could prevent onset of illness.
- Modifying stress could reduce the risk of a heart attack.
- Behavioural interventions during illness (e.g. stopping smoking after a heart attack) may prevent further illness.
- Training health professionals to improve their communication skills and to carry out interventions may help to prevent illness.

CLINICAL PSYCHOLOGY VERSUS HEALTH PSYCHOLOGY

Both clinical psychology and health psychology are concerned with the role of psychological factors in the development and experience of health. The focus of clinical psychology, however, tends to be mental health with an emphasis on mental health conditions such as anxiety, depression, psychosis, eating disorders, self-harm and obsessive compulsive disorder (OCD). In contrast, health psychology addresses physical health problems such as obesity, diabetes, cancer, heart disease, asthma and HIV/AIDS. Further, while clinical psychology uses approaches such as cognitive behaviour therapy (CBT), family therapy and psychotherapy to help treat patients, health psychology draws upon constructs such as sense making, illness cognitions, appraisal, social support, beliefs and behaviour change to understand illness onset and progression and to develop interventions to improve patient health outcomes. There are clearly, however, strong crossovers between clinical and health psychology and the distinction between the two can seem somewhat artificial, particularly given the increasing focus on a holistic approach and the interaction between mind and body. For example, those with a physical health problem such as cancer or HIV may well also have associated mental health issues such as anxiety. Likewise, those with a mental health issue such as psychosis or anxiety may well also have physical health problems such as obesity or diabetes or report unhealthy behaviours such as smoking or having a poor diet. To reflect this crossover, therefore, many clinical psychologists are also trained in health psychology and may use their clinical training within a health psychology domain. Further, the research literature often now focuses on the notion of complex conditions, co-morbidities or multi-morbidities to reflect the coexistence of physical and mental health problems. For simplicity,

however, it is best to consider clinical psychology as concerned with the mental health components and health psychology as concerned with the psychology aspects of physical health components but to acknowledge that in reality these two components of health are not as discrete as often presented. The differences between clinical and health psychology are shown in Figure 1.1.

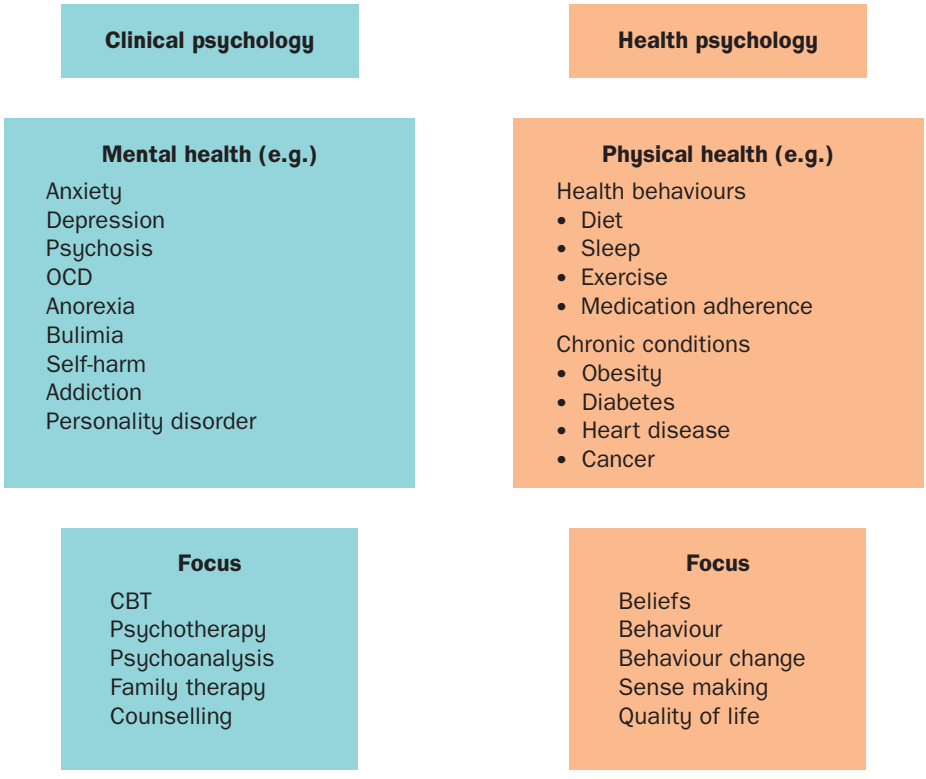

Figure 1.1 Clinical psychology versus health psychology

3 THE FOCUS OF HEALTH PSYCHOLOGY

Health psychology draws upon four key frameworks in its analysis of health and illness. These are the biopsychosocial model of health, health as a continuum, the direct and indirect pathways between psychology and health, and a focus on variability. These will now be described.

THE BIOPSYCHOSOCIAL MODEL

The biopsychosocial model was developed by Engel (1977; see Figure 1.2) and represented an attempt to integrate the psychological (the 'psycho') and the environmental (the 'social') into the traditional biomedical (the 'bio') model of health as follows: (1) the *bio* contributing factors included genetics, viruses, bacteria and structural defects; (2) the *psycho* aspects of health and illness were described in terms of cognitions (e.g. expectations of health), emotions (e.g. fear of treatment) and behaviours (e.g. smoking, diet, exercise or alcohol consumption); (3) the *social* aspects of health were described in terms of social norms of behaviour (e.g. the social norm of smoking or not smoking), pressures to change behaviour (e.g. peer group expectations, parental pressure), social values on health (e.g. whether health was regarded as a good or a bad thing), social class and ethnicity.