PART ONE
The Context of Health Psychology

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1 Introduction to Health Psychology

The Background to Health Psychology

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A Complete Course in Health Psychology

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Chapter 1  Introduction to Health Psychology

CHAPTER OVERVIEW

This chapter offers a broad introduction to the discipline of health psychology. First it provides a brief history of 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 the aims of health psychology and the future of our discipline. Finally, this chapter outlines the aims of this textbook and describes how the book is structured.

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.

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.

## 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. This was developed at the beginning of the twentieth century in response to Freud’s analysis of the relationship between the mind and physical illness. At the turn of the 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.

### 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 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 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 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’ (1980: 815). 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.
Recommended health behaviour can be encouraged by community
SOURCE: © wavebreakmedia/iStock

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.

- **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.

**THE FOCUS OF HEALTH PSYCHOLOGY**

Health psychology draws upon four key perspectives 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 1.1) 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.

HEALTH AS A CONTINUUM
Health psychology emphasizes health and illness as being on a continuum and explores the ways in which psychological factors impact health at all stages. Therefore, psychology is involved in illness onset (e.g. beliefs and behaviours such as smoking, diet and stress), help-seeking (e.g. symptom perception, illness cognitions, doctor−patient communication), illness adaptation (e.g. coping, behaviour change, social support, pain perception), illness progression (e.g. stress, behaviour change) and health outcomes (e.g. quality of life, longevity). This perspective is illustrated in Figure 1.2.

THE RELATIONSHIP BETWEEN PSYCHOLOGY AND HEALTH
Health psychologists consider both a direct and indirect pathway between psychology and health. The direct pathway is reflected in the physiological literature and is illustrated by research

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**FIGURE 1.1**
The biopsychosocial model of health and illness
SOURCE: Adapted from Engel, 1977, 1980

**FIGURE 1.2**
Health as a continuum and psychology throughout the course of life
exploring the impact of stress on illnesses such as coronary heart disease and cancer. From this perspective, the way a person experiences their life (‘I am feeling stressed’) has a direct impact upon their body which can change their health status. The indirect pathway is reflected more in the behavioural literature and is illustrated by research exploring smoking, diet, exercise and sexual behaviour. From this perspective, the way a person thinks (‘I am feeling stressed’) influences their behaviour (‘I will have a cigarette’) which in turn can impact upon their health. The direct and indirect pathways are illustrated in Figure 1.3.

A FOCUS ON VARIABILITY

Health and illness vary along a number of domains including geographical location, time, social class and gender (see Chapter 2). Health psychology explores this variability with a focus on the role of behaviour. However, there is also variability between people and this is also the focus of health psychology. For example, two people might both know that smoking is bad for them but only one stops smoking. Similarly, two people might find a lump in their breast but only one goes to the doctor. Further, two people might both have a heart attack but while one has another attack in six months’ time, the other is perfectly healthy and back to work within a month. This variability indicates that health and illness cannot only be explained by illness severity (i.e. type of cancer, severity of heart attack) or knowledge (i.e. smoking is harmful), but that other factors must have a key role to play. For a health psychologist these factors are central to the discipline and include a wide range of psychological variables such as cognitions, emotions, expectations, learning, peer pressure, social norms, coping and social support. These constructs are the nuts and bolts of psychology and are covered in the chapters in this book. The notion of variability is shown in Figure 1.4.
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.
      • 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 illness onset.
      • 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.

WHAT IS THE FUTURE OF HEALTH PSYCHOLOGY?

Health psychology is an expanding area in the UK, across Europe, in Australia and New Zealand and in the USA. For many students this involves taking a health psychology course as part of their psychology degree. For some students health psychology plays a part of their studies for other allied disciplines, such as medicine, nursing, health studies and dentistry. However, in addition to studying health psychology at this preliminary level, an increasing number of students carry out higher degrees in health psychology as a means to develop their careers within this field. This has resulted in a range of debates about the future of health psychology and the possible roles for a health psychologist. To date these debates have highlighted three possible career pathways: the clinical health psychologist, the professional health psychologist, and the academic health psychologist.

THE CLINICAL HEALTH PSYCHOLOGIST

A clinical health psychologist has been defined as someone who merges ‘clinical psychology with its focus on the assessment and treatment of individuals in distress... and the content field of health psychology’ (Belar and Deardorff 1995). In order to practise as a clinical health psychologist, it is generally accepted that someone would first gain training as a clinical psychologist and then later acquire an expertise in health psychology, which would involve an understanding of the theories and methods of health psychology and their application to the health care setting. A trained clinical health psychologist would tend to work within the field of physical health, including stress and pain management, rehabilitation for patients with chronic illnesses (e.g. cancer, HIV or cardiovascular disease) or the development of interventions for problems such as spinal cord injury and disfiguring surgery.

THE PROFESSIONAL HEALTH PSYCHOLOGIST

A professional health psychologist is someone who is trained to an acceptable standard in health psychology and works as a health psychologist. Within the UK, the term ‘health psychologist’ is now used and is managed by the Health Professions Council. Across Europe, Australasia and the USA, the term ‘professional health psychologist’ or simply ‘health psychologist’ is used (Marks et al. 1998). Although still being considered by a range of committees, it is now generally agreed that a professional health psychologist should have competence in three areas: research, teaching and consultancy. In addition, they should be able to show a suitable knowledge base of academic health psychology, normally by completing a higher degree in health psychology. Having demonstrated that they meet the required standards, a professional health psychologist could work as an academic within the higher education system, within the health promotion setting, within schools or industry, and/or within the health service. The work could include research, teaching and the development and evaluation of interventions to reduce risk-related behaviour.
THE ACADEMIC HEALTH PSYCHOLOGIST

An academic health psychologist usually has a first degree in psychology and then completes a masters in health psychology and a PhD in a health psychology-related area. For example, they may focus their PhD on obesity, stress, coronary heart disease or behaviour change. They will then enter the pathway for an academic health psychologist by getting a post-doctoral position or a lectureship at a university. The pathway in the UK involves the progression from lecturer, to senior lecturer, to reader and then professor (although in many countries the terms ‘assistant professor’, ‘associate professor’ and ‘full professor’ are used). The career of an academic involves teaching at all levels (undergraduate and postgraduate), project supervision for students, carrying out research, writing books and research articles in peer review journals and presenting work at conferences. Most academics also have an administrative role such as managing the examination process or directing the teaching programmes for undergraduate or postgraduate students.

WHAT ARE THE AIMS OF THIS BOOK?

Health psychology is an expanding area in terms of teaching, research and practice. Health psychology teaching occurs at both the undergraduate and postgraduate level and is experienced by both mainstream psychology students and those studying other health-related subjects. Health psychology research also takes many forms. Undergraduates are often expected to produce research projects as part of their assessment, and academic staff and research teams carry out research to develop and test theories and to explore new areas. Such research often feeds directly into practice, with intervention programmes aiming to change the factors identified by research. This book aims to provide a comprehensive introduction to the main topics of health psychology. The book will focus on psychological theory supported by research. In addition, how these theories can be turned into practice will also be described. The book is now supported by a comprehensive website which includes teaching aids such as lectures and assessments.

A NOTE ON THEORY AND HEALTH PSYCHOLOGY

Health psychology draws upon a range of psychological perspectives for its theories. For example, it uses learning theory with its emphasis on associations and modelling, social cognition theories with their emphasis on beliefs and attitudes, stage theories with their focus on change and progression, decision-making theory highlighting a cost–benefit analysis and the role of hypothesis testing and physiological theories with their interest in biological processes and their links with health. Further, it utilizes many key psychological concepts such as stereotyping, self-identity, risk perception, self-efficacy and addiction. This book describes many of these theories and explores how they have been used to explain health status and health-related behaviours. Some of these theories have been used across all aspects of health psychology such as social cognition models, stage theories and the self-regulation model. These theories are therefore described in detail in Chapters 3 and 9. In contrast, other theories and constructs have tended to be used to study specific behaviours. These are therefore described within each specific chapter. However, as cross-fertilization is often the making of good research, many of these theories could also be applied to other areas.

A NOTE ON METHODOLOGY AND HEALTH PSYCHOLOGY

Health psychology also uses a range of methodologies. It uses quantitative methods in the form of surveys, randomized control trials, experiments and case control studies. It also uses qualitative methods such as interviews and focus groups and researchers analyse their data using approaches such as discourse analysis, interpretative phenomenological analysis and grounded theory. A separate chapter on methodology has not been included as there are many comprehensive texts that cover methods in detail (see further reading at the end of this chapter). The aim of this book is to
illustrate this range of methods and approaches to data analysis through the choice of examples described throughout each chapter.

**A NOTE ON REFERENCING**

This is now the fifth edition of this book and I am now 45. For me, ‘recent research’ means about 1990, but I am aware that many of the students reading this book were not born then. This edition has therefore been completely revised and updated throughout. I have not, however, removed all earlier references in favour of more recent ones for two reasons. Firstly, some of the key theories used in health psychology were developed in the 1980s and 1990s. I have retained these original references throughout. Secondly, many of the studies testing these theories were carried out in the 1990s. Therefore I have also retained some of these as, although many more studies may have been done in recent years, testing the same theories using the same populations and methods, it feels unjust to use the more recent less original papers rather than the earlier original ones.

**A COMPLETE COURSE IN HEALTH PSYCHOLOGY**

This book takes the format of a complete course in health psychology. Each chapter could be used as the basis for a lecture and/or reading for a lecture and consists of the following features:

- A chapter overview, which outlines the aims of the chapter.
- A set of questions for seminar discussion or essay titles.
- Recommendations for further reading.
- Diagrams to illustrate the models and theories discussed within the text.
- A ‘focus on research’ section, which aims to illustrate three aspects of health psychology: (1) ‘testing a theory’, which examines how a theory can be turned into a research project with a description of the background, methods used (including details of measures), results and conclusions for each paper chosen; (2) ‘putting theory into practice’, which examines how a theory can be used to develop an intervention; and (3) ‘the experience of . . .’, which presents studies addressing the patient’s experience. Each ‘focus on research’ section takes one specific paper that has been chosen as a good illustration of either theory testing or practical implications.
- A ‘some problems with . . .’ section which describes some of the main methodological and conceptual problems for each area of research.
- An ‘assumptions in health psychology’ section, which examines some of the assumptions that underlie both the research and practice in health psychology, such as the role of methodology and the relationship between the mind and body. These problems and assumptions are addressed together in Chapter 19.

In addition, there is a glossary at the end of the book, which describes terms within health psychology relating to methodology.

**TO CONCLUDE**

Health psychology explores how a number of psychological factors impact upon health and illness and emphasizes four perspectives: a biopsychosocial perspective, health, and illness and as being on a continuum, the direct and indirect pathways between psychology and health, and the problem of variability. This book covers the breadth of health psychology and can be used as the basis for a complete course for students at both undergraduate and postgraduate levels and for those both within psychology and in other allied disciplines such as nutritionists, nurses, doctors and dieticians.
QUESTIONS

1. To what extent does health psychology challenge the assumptions of the biomedical model of health and illness?
2. Why do health psychologists consider health and illness to be on a continuum?
3. Is the biopsychosocial model a useful perspective?
4. What problems are there with dividing up the pathways into indirect and direct pathways?
5. What factors could explain variability between people in terms of their behaviour and health outcomes?
6. To what extent does health psychology enable the whole person to be studied?
7. Design a research study to illustrate the impact of the bio, psycho and social processes in an illness of your choice.

FOR DISCUSSION

Consider the last time you were ill (e.g. flu, headache, cold, etc.). Discuss the extent to which factors other than biological ones may have contributed to your illness.

FURTHER READING


Kaplan, R.M. (1990) Behaviour as the central outcome in health care, American Psychologist, 45: 1211–20. This paper provides an interesting discussion about the aims of health psychology and suggests that rather than focusing on biological outcomes, such as longevity and cell pathology, researchers should aim to change behaviour and should therefore evaluate the success of any interventions on the basis of whether this aim has been achieved.


Michie, S. and Abraham, C. (eds) (2004) Health Psychology in Practice. Oxford: Blackwell. This edited collection provides a detailed account of the competencies and skills required to be a chartered health psychologist in the UK. However, the information is also relevant internationally to anyone interested in pursuing a career in health psychology.

Ogden, J. (2007) Essential Readings in Health Psychology. Maidenhead: Open University Press. This is my reader which consists of 29 papers I have selected as good illustrations of theory, research, methodology or debate. The book also contains a discussion of each paper and a justification for its inclusion.
RESEARCH METHODS

This provides an excellent overview of quantitative and qualitative methods including systematic reviews, surveys, questionnaire design, modelling and trials. Its focus is on health research.

This edited book provides a thorough and accessible overview of a range of different qualitative and quantitative research methods specific to psychology.

This provides a thorough overview of the research using IPA in health psychology and presents some interesting criticisms.

This is an accessible and detailed account of a range of quantitative research designs including cohort studies, trials and case control studies.

This book provides an excellent overview of four different qualitative approaches (IPA, grounded theory, narrative analysis, discourse analysis) and then explores how they can be used and the extent to which they produce different or similar accounts of the data.

This offers a very clear hands-on guide to the different qualitative approaches and is extremely good at showing how to carry out qualitative research in practice.

An extremely well-written and clear guide to the different qualitative approaches which offers an accessible overview of their similarities and differences in terms of epistemology and method.

Visit the website at www.openup.co.uk/ogden for additional resources on Chapter 1 to help you with your study, such as multiple choice questions, weblinks and a searchable online glossary.