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Chapter 1

What is health psychology?

As our scientific knowledge has grown, so has our realization that the causes of ill health are multi-layered and complex. For example, the **medical model**, introduced in the mid-nineteenth century, suggested that disease arose from chemical imbalance, bacteria, viruses and genetic predisposition. In short, because illness was viewed in this manner, the medical model perpetuated the view that illness could not be influenced by individuals' behaviour. This shortcoming was very apparent in the now-famous Alameda County Study (Belloc and Breslow, 1972) which was instrumental in highlighting the influence that our behaviour could have on our health. Almost 7,000 people were studied and researchers found that sleeping 7–8 hours a day, being less than 10% overweight, eating breakfast every day, not snacking between meals, taking regular exercise, not smoking, and drinking in moderation reduced mortality risk. The fewer the number of these health practices participants engaged in, the higher the mortality rate was at a 10-year follow-up. The medical model alone could not explain this finding, but the realization that, in addition to medical factors, our behaviour influenced our health status was an important step forward.

This shift in our understanding of the influences on our health means that we now talk of the **biopsychosocial model** and some use the term 'biopsychosocial-spiritual model' (e.g. Sulmasy, 2002). In so doing we recognize the interrelationship(s) between our behaviour, our psychology, our environment (e.g. physical, social, spiritual and economic), our genetics and our biology, and the resultant impact these interrelationships have on our

health. As health psychologists, we pay particular attention to the role psychological factors play in preventing and managing illness as well as in promoting wellbeing. In this chapter, I explain the difference between health and clinical psychology, share how health psychology developed and describe what health psychologists do. Finally, I set out why I think health psychology is important.



How is health psychology different to clinical psychology?

Unfortunately, many people confuse **health psychology** with clinical psychology. It is therefore important in this introductory chapter to highlight the differences between the two disciplines.

Clinical psychologists focus their attention on mental health problems (e.g. phobias, anxiety disorders, depression), whilst health psychologists focus on physical disorders (e.g. chronic illness, cancer, pain, stress, smoking cessation, weight loss). In other words, health psychologists apply psychological theories and methods in order to examine how people can maintain their health, or perhaps better adapt to, or recover from, illness. This is, of course, an oversimplification. We know that our mental and physical health are linked, and that as human beings we do not seek help for ‘tidy’ problems that fall solely into the category of mental health or physical health. This is why health psychologists must work closely with those professions who have expertise in mental health to ensure that their client is fully looked after.



How did the field of health psychology develop?

Kaptein and Weinman (2004) note that the term ‘health psychology’ was first used in a book title by Stone and colleagues in 1979. Later that same year, Joseph Matarazzo gave his presidential address to an American Psychological Association (APA) meeting. His speech focused on what he called ‘Frontiers for a new health psychology’. He published his speech the following year in the journal *American Psychologist* (Matarazzo, 1980). Then in 1986 the **British Psychological Society** (BPS) approved the setting up of a Section of Health Psychology. At the same time, the European Health Psychology Society (EHPS) was also established.

In 1994, Salmon wrote an articulate and provocative think piece entitled, 'Is health psychology a profession, or can it become one?' He proposed four central criteria:

- The possession of a distinct body of knowledge – in this case, a body of knowledge distinct from clinical psychology;
- Discrete professional structures, in other words, clearly specified procedures for training and marketing services with a clearly defined public image;
- Identifiable professional skills; skills specific to health psychology;
- Autonomous practice with an identifiable client group.

At that time, he concluded that health psychology did not fulfil the four criteria. However, only three years later in 1997, thanks to a lot of effort from a core group of hard-working psychologists, the BPS Health Psychology Section became a fully fledged division, and was therefore formally recognized as being a profession. Indeed, as Forshaw and Sheffield (2013: xvi) noted, in the BPS 'Sections are groups of people with academic or political interests, and Divisions are reserved for recognised professions'. Once health psychology was formally recognized by the BPS as a profession, a training route needed to be established. This was finalized in 2001 as a two-stage model of training: Stage 1 corresponding to MSc level, focusing on knowledge and theoretical underpinnings; and Stage 2 being practice oriented, at doctoral level (further information on training can be found in the Appendix).



So what do health psychologists do?

Health psychologists apply psychological research and methods to four key areas: the prevention and management of illness; the identification of psychological factors contributing to physical illness; the promotion and maintenance of health; and the improvement of the healthcare system and the formulation of health policy.

The prevention and management of illness

This facet of health psychology focuses on interventions designed to prevent healthy individuals from becoming ill in the first place, as well as those designed to prevent deterioration once they are diagnosed with a physical illness.

The identification of psychological and behavioural factors contributing to physical illness

Health psychologists regard the relationship between psychology and health as both direct and indirect. In other words, it is recognized that the way in which a person might experience their life can have a direct impact on their body, which in turn can have an effect on their health. Thus, feeling stressed can impact directly on the body's physiological processes. In contrast, an indirect relationship is represented by the way in which a person's behaviour can be influenced by the way that they think; it is engaging in this behaviour (e.g. drinking/eating too much) which then impacts on their health. Health psychologists have researched many different illnesses and in so doing have begun to identify the psychological factors that might contribute to the development or maintenance of illness. For example, coronary heart disease has been related to behaviours such as smoking, food intake and lack of exercise whilst some cancers are linked to diet, smoking, alcohol and failure to attend for screening or check-ups (Ogden, 2007: 5). Health psychologists work to further our understanding of the impact of these interrelationships between psychology and behaviour so that appropriate behaviour change interventions can be designed.

The promotion and maintenance of health

This aspect of health psychology is directed towards healthy individuals to raise awareness of the ways in which health can be protected and maintained.

The improvement of the healthcare system and the formulation of health policy

Health psychologists are also concerned with understanding the impact of the healthcare system and health policy on our behaviour. Although research in this area is not as abundant as in the other three, it is an important aspect of the role of health psychologists. Indeed, the UK Division of Health Psychology co-ordinates a database of expert health psychologists who can respond to government initiatives to ensure that the profession's concerns are addressed and included in new health-related policies.



Why is health psychology important?

It is clear from the four key areas outlined above that health psychologists contribute much to academic knowledge as well as to practice. Health psychologists' work is theoretically informed and evidence-based, and a major part of it concerns behaviour change. This is of vital importance because the key public health issues currently facing society could be reduced if behaviour change could be encouraged and intervention(s) successfully implemented. Consider, for example:

Antibiotics: Think about overuse of antibiotics – the behaviour of both health professionals (who are too quick to prescribe) and the general public (who are too quick to request antibiotics, or who do not take the full course of medicine as prescribed) needs to change, and change urgently if we are not to be in a dire situation of being immune to the antibiotics we have access to. Sarah Golding, who is currently completing a PhD which explores antibiotic use, suggests: 'Health psychologists can assist by encouraging different groups of people, including patients, parents, pet-owners, farmers, doctors, pharmacists, and veterinarians, to use antibiotics responsibly.' (Quoted in Rhodes, 2015: 960)

Obesity: Eating is an activity that is not solely about reducing our hunger. We eat for pleasure, to mark special occasions, to bond, and to make ourselves feel better when we are down. What, how and why we eat are influenced by many factors. Health psychologists have a key role to play, in collaboration with other professionals, to address this growing problem.

Alcohol: Alcohol problems vary from country to country. In the UK, a major concern is with **binge drinking**, with many city centres dealing with extremely drunk and disorderly young people during weekend evenings. Similarly, the embarrassing reputation of British travellers abroad involves unruly, drunken, disorderly behaviour (Marks et al., 2011). Means of addressing this problem vary: some suggest that we need to increase the price of alcohol and restrict advertising, whereas the drinks industry, as you would expect, firmly suggests that educational approaches and self-regulation are more appropriate strategies. Unfortunately, the evidence suggests that educational practices are not so effective (Marks et al., 2011). Education might improve knowledge,

and even change attitudes, but education alone does not necessarily change behaviour. However, there is some evidence that brief interventions, for example advice given by general practitioners (GPs) or at hospital emergency departments, are proving effective. Such opportunistic interventions are an excellent opportunity for health psychologists to use their evidence base and work with other health professionals to inform the best means of designing and delivering these brief interventions.

Sedentary lifestyle: We will note later in this book that our lifestyle has evolved from that of an active hunter-gatherer to a more **sedentary lifestyle**. Indeed, many of us simply sit at a desk all day, every working day. We get up in the morning. Walk to our car. Drive to work. Walk from our car to our desk. Sit. Eat lunch at our desk. Finish the day's work. Walk to the car. Drive home. Walk into our house. Sit. Go to bed. And start over the next day. Few of us are taking the recommended minimum amount of exercise. Health psychologists are working in this field, designing interventions to increase our activity levels.

Smoking: Much has already been done to reduce smoking. In the UK we have a ban on smoking in public places. Thankfully, the days when an evening out at the pub meant that you would have to wash your hair and clothes in order to remove the thick smell of smoke that had seeped into everything are long gone. In addition, we have health warnings on cigarette packets – we know that smoking causes cancer and respiratory problems. Packets themselves are hidden behind closed doors in shops, and in order to buy cigarettes you have to ask for them by name. In addition, it is socially acceptable to frown on smoking. However, in spite of all these barriers, many people still choose to smoke, or find it difficult to give up. Health psychologists have a key role to play in informing the design of **health interventions**, drawing from the vast body of knowledge about behaviour change.

In short, health psychology is concerned with the study of psychological processes in health, illness and healthcare (Kaptein and Weinman, 2004). Health psychologists study the behavioural factors that are associated with staying healthy as well as exploring how people who are ill can be helped to adapt to, or recover from, their illness. The remainder of this book explores health behaviour and the application of health psychology models and

practice to real-world examples, before concluding with an exploratory look into the potential future for health psychology.



Further reading

For an excellent overview of the range of areas health psychologists work in, read Forshaw, M. and Sheffield, D. (Eds) (2013). *Health psychology in action*. Chichester: John Wiley & Sons.



Key search terms

- Biopsychosocial model
- Medical model
- Health psychology
- Sedentary lifestyle

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