

# **Health Psychology**

# Health Psychology

Process and  
applications

Second edition

Edited by

**Annabel Broome**

Annabel Broome Associates,  
Weymouth, UK

and

**Sue Llewelyn**

University of Edinburgh,  
Edinburgh, UK



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# Contributors

Dr Paul Bennett  
School of Psychology  
University of Wales College of Cardiff  
PO Box 901  
Cardiff CF1 3YG, UK

Ms Nicola Bradbury  
Joint Service Development Project  
Monyhull Hospital  
Monyhull Hall Road  
Kings Norton  
Birmingham B30 3QB, UK

Ms Annabel Broome  
Aspen House  
3, High Street  
Sydling St. Nicholas  
Dorchester  
Dorset DT2 9PB, UK

Professor Tom Cox  
World Health Organisation  
Department of Psychology  
University of Nottingham  
Nottingham NG7 2RD, UK

Mrs Louise Earll  
Department of Health Psychology  
Gloucestershire Royal Hospital  
Great Western Road,  
Gloucester GL1 3NN, UK

Ms Aleda Erskine  
Department of Psychology  
Royal Northern Hospital  
Holloway Road  
London N7 6LD UK

Dr Myra Hunter  
Unit of Psychology  
Guy's Hospital Medical School  
St Thomas Street  
London SE1 9RS, UK

Dr Simon Jakes  
District Psychology Service  
Michael Tetley Hall  
Sandhurst Road  
Tunbridge Wells  
Kent TN2 3JS, UK

Mr Peter James  
Department of Psychology  
North Tyneside Health Care  
Preston Hospital  
Tyne and Wear NE2 0LR, UK

Mr Bernard Kat  
County Hospital  
Durham DH1 4ST, UK

Dr John Kincey  
Department of Clinical Psychology  
Gaskell House  
Manchester Royal Infirmary  
Swinton Grove  
Manchester M13 0EU, UK

Mr Bob Lewin  
Astley Ainslie Hospital  
Canaan Lane  
Edinburgh EH9, UK

## Contributors

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Professor Philip Ley  
18, Freeman Avenue  
Castle Hill  
New South Wales  
Australia 2154

Dr Sue Llewelyn  
Department of Psychiatry  
University of Edinburgh  
Royal Edinburgh Hospital  
Morningside  
Edinburgh EH10 5HF, UK

Mr Clive Long  
Psychology Department  
St. Andrew's Hospital  
Billing Road  
Northampton NN1 5DG, UK

Dr Theresa M. Marteau  
Psychology and Genetics Research Group  
United Medical and Dental Schools of Guy's  
and St. Thomas's, Guy's Campus  
London Bridge  
London SE1 9RT, UK

Mr Keith Nichols  
Department of Psychology  
Washington Singer Laboratories  
University of Exeter  
Devon EX4 4QG, UK

Dr Sheila Payne  
Department of Psychology  
University of Southampton  
Highfield  
Southampton SO9 5NH, UK

Dr Phil Richardson  
Dept. of Academic Psychiatry  
St. Thomas Hospital  
Lambeth Palace Road  
London SE1 7EH, UK

Dr Elizabeth Robinson  
School of Psychology  
University of Birmingham  
Edgbaston  
Birmingham B15 2TT, UK

Dr Lorraine Sherr  
Department of Public Health  
Royal Free Hospital School of Medicine  
Rowland Hill  
London NW3 9PF, UK

Dr Richard Shillitoe  
Department of Clinical Psychology  
Airedale General Hospital  
Skipton Road  
Steeton  
Keighley  
West Yorkshire BD20 6TD, UK

Ms Nicola Whitehead  
Clinical Psychology Service  
Cross Street Health Centre,  
Dudley  
West Midlands DY1 1RN, UK

Mr Stephen Wilkinson  
Royal Midland Counties Hospital  
Tachbrook Road  
Leamington Spa  
Warwickshire CV31 3EQ, UK

Ms Amanda C. de C. Williams  
Department of Psychology  
Royal Northern Hospital  
Holloway Road  
London N7 6LD, UK

Ms Christine Wilson  
Midlands Centre for Spinal Injuries  
Robert Jones and Agnes Hunt Orthopaedic  
Hospital  
Oswestry  
Shropshire, UK

# Introduction

This is the second edition of *Health Psychology: Processes and Applications*. The first edition was published in 1989 because of the growing awareness of the importance of psychological processes in the experience of health and health care. At that time there was no easily available text which provided a thorough introduction to, and overview of, psychology as applied to both processes and particular applications to different medical specialties. Health psychology has, however, developed considerably since the first edition was published. Professionals are becoming increasingly aware of the contribution of psychology in an enormous variety of areas, and health psychologists themselves have grown in confidence and number. The first edition of this volume probably played some part in these developments as, since 1989, *Health Psychology* has become a well-tryed text for training and updating health care professionals, as well as for teaching both undergraduates and postgraduates.

A number of changes have prompted us to produce an updated edition of this book. For instance, behavioural medicine is now included in all basic medical training, so that medical students are made aware of the relevance of psychological issues in health care from the very start. Also, health psychology is being routinely included in many professional training courses, such as clinical psychology, speech therapy, dietetics and nursing. In addition, the public is becoming more demanding of the care they receive, with the Patients' Charter helping them to articulate their own needs and dissatisfactions with health services.

It is changes such as these which have encouraged us to produce this second edition. Authors have also had the opportunity to update their chapters in the light of recent developments in their particular specialties, and the editors have also included discussion of some of the growing demands in health care, for example in the field of HIV and AIDS. In addition, we are delighted to be able to include three new chapters, one on the provision of health care by Bernard Kat, and a new chapter on psychology as applied to cardiac care by Bob Lewin. We have also added a new chapter on stress, by Tom Cox, which has allowed an exploration of theoretical models of stress and coping in greater depth, and brings particular insights from the growing area of occupational health psychology. Because of the changing scene in health care, chapters have been updated to a greater or lesser extent, depending on the field, and a number of chapters from the first edition have not been included, either because of overlap or because the topics are covered adequately elsewhere.

As previously, the book is divided into two sections. Part 1 looks at the general psychological processes that are relevant across many health care settings. Issues such as attitudes to health, stress, communication between medical staff and patients, institutional management of illness, and problems with delivering sensitive psychological care are central to understanding the importance of psychology in health care. Part 2 concerns a sample of the particular fields in which psychology has been able to make a significant contribution. Our choice is

inevitably selective. There are numerous areas in which psychology could play an important role but which we have not been able to include, for reasons of space or because other texts exist, or because the applications are still at a very early stage of development. For example, psychological aspects of dental care, ophthalmology and radiotherapy are growing areas, but to include all possible areas would dilute the quality or increase the length and weight of the book to the point where no-one would attempt to lift it, let alone read it! Our central concern is to demonstrate clearly how psychology can operate in a number of particular fields, using the insights and methods described in the first part of the book. The reader is strongly recommended to read the first part before consulting the second part about specific applications. The second part is, to an extent, illustrative of the processes and theories which are introduced in the first part, as applied to specific medical specialities.

### Background to health psychology

The developing interest in health psychology over the last decade or so, from both professionals and patients, has been prompted by a number of significant catalysts, although mind-body interplay has long been recognized. Nevertheless, the extent to which psychological impact has been recognized and has influenced medical practice has varied throughout time. On some occasions the psychological contribution has been seen as less important than the somatic contribution; at other times (as at present) there are upsurges in emphasis on the psychological component.

The following list attempts to identify and summarize significant current catalysts of this trend towards emphasizing psychological factors:

- The identification of epidemiological and social factors that relate certain behaviours to increased risks of serious disease.

- An increase in chronic disease as a proportion of total illness suffered.
- Higher costs of health care and the need to contain demand.
- A public interest in alternative, self-care and self-control methods of health care.
- The growth in psychological research and effective psychological therapy.
- Significant developments in psychosomatic research, leading to the identification of psychosocial factors in the vulnerability to, and maintenance of, health problems.
- Dissatisfaction with medical care and an increasing awareness of iatrogenic problems.

Broadly speaking, it is these factors that have increased the concentration of efforts in health psychology. These efforts have been focused on the three processes, which largely reflect a medical, service perspective of illness, and mesh into prevailing structures and models:

- The aetiology of health problems.
- The concurrence of psychological processes with medical problems.
- The development and refinement of specific psychological techniques for medical problems.

These processes have been variously covered in many recent titles relating to health psychology (Rachman, Vols 1, 2 and 3, 1977, 1980, 1984; Bakal, 1979; Stone *et al.*, 1979; Surwitt *et al.*, 1982; Mechanic, 1983; Nichols, 1993), to which the reader can refer for more general information.

This volume is an attempt to give health care practitioners the chance to utilize recent findings on psychological aspects of health care. In some chapters this will simply focus on a general review of the pertinent background literature; in others it is possible to take a further step into applied studies and case material. The differences reflect the maturity of work in the different specialities.

There are many reasons for the differences in depth of research and application, and not all professionals reading this book and possibly wishing to adopt a different conceptual framework and different style of work, will find it easy. It would be irresponsible to suggest that such change is easy, and the following paragraphs attempt to clarify some of the blocks that might be expected.

Although it is clearly simplistic to suppose that all health care professionals hold consistent views on medicine – encapsulated in the biomedical model of health – it does appear that this is the predominant model taught in medical schools, and it may explain some of the conflicts that arise when practitioners, attempting to introduce psychosocially oriented management, find themselves in conflict with traditional practice. This conflict can arise for a number of reasons.

First, the biomedical model appears to promote passivity in the patient and a guarding of expertise by the care-giver. The psychosocial model attempts to encourage active participation by the sufferer, and a sharing of responsibility and decision-making that challenges these traditional roles. Of course, this also has implications for the sharing of information and ownership of responsibility for actions, such as high-risk health behaviours like smoking.

Secondly there are different attitudes to success and outcome. The biomedical model attempts to cure, and measures success by the absence of disease. The psychosocial model sees ‘healthiness’ as a continuum. The latter model has some advantage to the chronically ill person, for whom ‘coping’ is the best possible outcome if they cannot expect to be ‘cured’.

Since the medical profession has been so powerful in the delivery of health care, it is not surprising to discover that the main developments in health psychology have been in those areas of particular interest to the power-

holders, and not necessarily of major interest to the behavioural scientist.

The major developments of importance to the behavioural scientist which seem to offer a wide range of potential to the general public can be listed as follows, and reflect the research emphasis of more recent years:

- The interplay of **personality, stress and vulnerability**, e.g. the effects of stress on the immune system and the way this affects responses to infection.
- The identification of **behavioural risk factors** relating to chronic life-threatening illness, e.g. smoking and cardiovascular disorders; sexual behaviour.
- The development of **self-management studies**, e.g. pain management programmes.
- Clearer understanding of the **process of health care**, for example
  - care seeking
  - communications
  - compliance.
- The development of **psychological techniques** for medical problems, e.g. relaxation, biofeedback and stress management.
- Identifying **psychological reactions** that relate to medical problems, for example grief or denial.
- **Health promotion**. The development of **explanatory** models and processes relating to health behaviour, e.g. health belief model, self-efficacy, attribution theory, Health Locus of Control, the theory of reasoned action.

Broome (1986) and Marteau and Johnson (1987) recommend that applications in health promotion and health psychology are not simply developed as useful techniques but are clearly related to psychological explanatory theory, such as those mentioned above. Hence we hope that readers will read Part 2 of this volume in the context of the material presented in Part 1.

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