

# **Health Psychology**

PSY 289

March 15

# Outline

- Syllabus review & introductions
- General course expectations
- Unit 1: Introduction to Health Psychology
  - Defining the field
  - Social ecological model
  - Macro-social influences on health, Health disparities
  - Mind-body connections, Biopsychosocial model
  - Methodology and research methods in health psychology

# Contact information

- Instructor
  - Steri Elavsky
  - 2.46 FSS
  - [elavsky@fss.muni.cz](mailto:elavsky@fss.muni.cz)
  - 606168831
  - Consultation hours by appointment

# What is Health Psychology?

- Let's start with some thought questions
  - How would you define Health Psychology?
  - What do we mean by health?
  - What determines health?
  - What role does psychology play in health?
  - What do health psychologists do?

# What is Health Psychology?

- Health psychology is an interdisciplinary field concerned with the application of psychological knowledge and techniques to health, illness, and health care (Marks et al., 2011)
- It is wholistic, concerning itself with both physical and mental health

# History of Health Psychology

**1973** – the Board of Scientific Affairs of the APA appointed a task force to study the potential for psychology's role in health research.

**1978** – APA established Division 38, Health Psychology

**1982** – the journal Health Psychology began publication

# Thought question

- How does Health Psychology differ from?
  - Psychosomatic medicine
  - Behavioral medicine
- How about other related fields?
  - Epidemiology
  - Public health
  - Sociology....

# Aims of Health Psychology

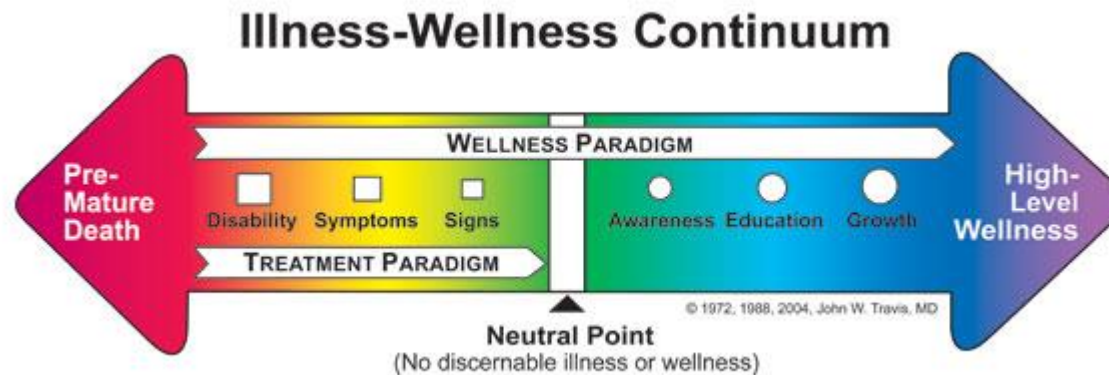
- Promotion and maintenance of health (health habits)
- Prevention and treatment of illness (clinical)
- Identification of etiological and diagnostic correlates of health and illness (research)
- Analysis of the health care system and health policy formation (political)

(Matazarro, 1982)



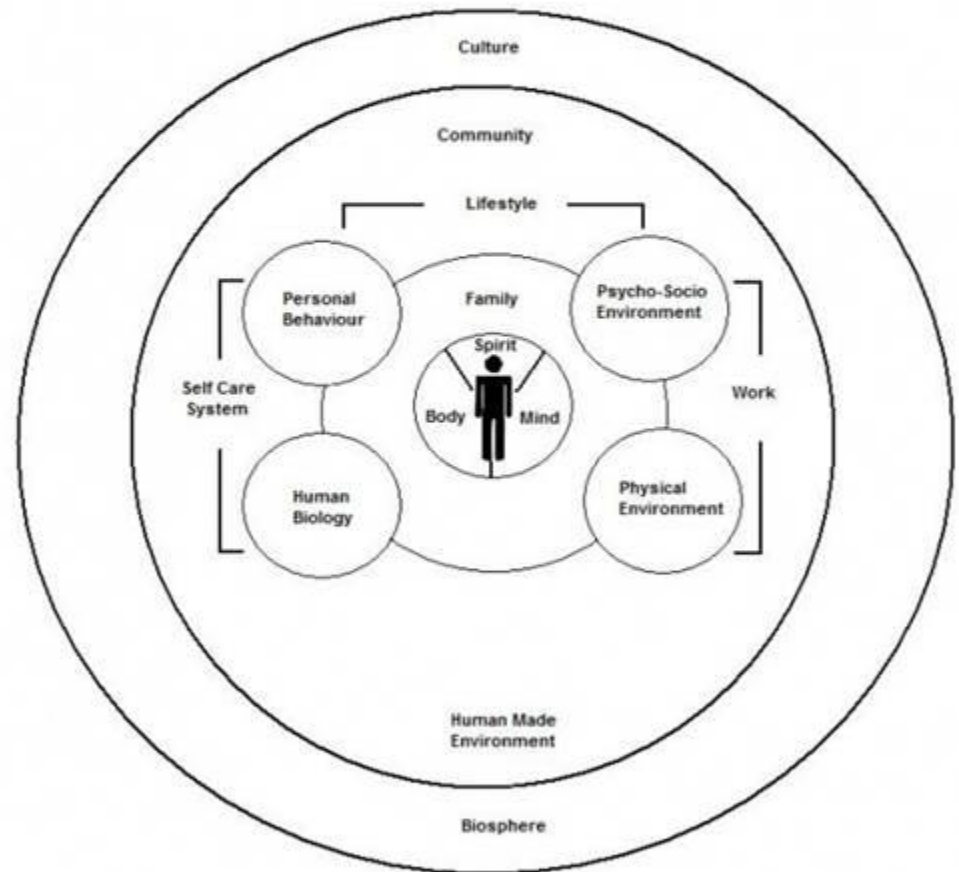
# What do we mean by health?

- Health is most commonly defined in terms of *absence of disease*, but may be better viewed as an illness/wellness continuum (attributed to John, Robins, Maslow 1972-1975)



# Definition of Health

**Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**



# What is health?

- Health is a state of well-being with physical, cultural, psychosocial, economic, and spiritual attributes, not simply the absence of illness
- To be healthy, one's biological needs must be satisfied, as well as one's needs to interconnect with others and be autonomous

# What is the most important in your life?

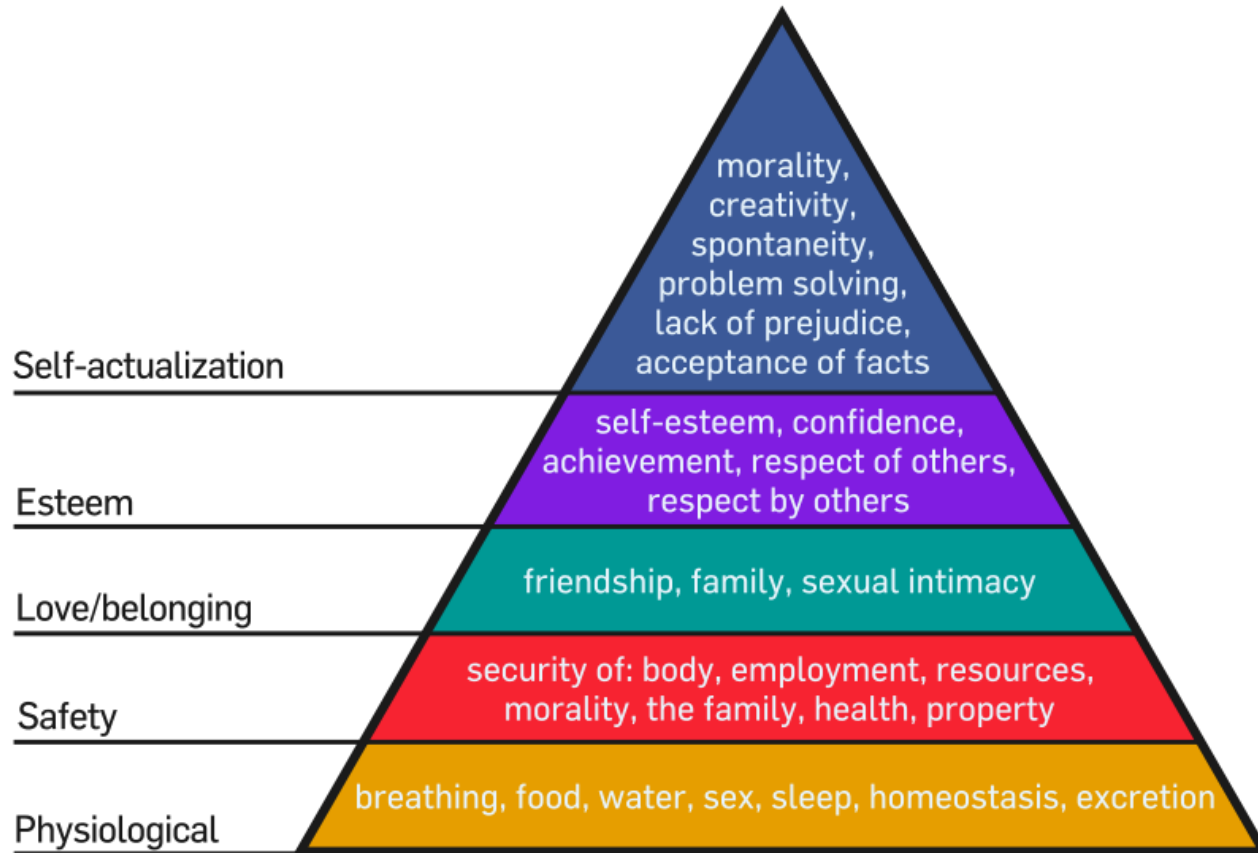
adventure around art biking books boyfriend change cognitive **competent**  
contribution creatures economical **education** existence experience explore  
**family** **friends** fulfillment god  
faith freedom healthy hobby inner itselfhealth  
**happiness** **health** life live **love** mainly meaningful meditate money motoric  
jesus learning **life** **love** nature peace **people** performance **potential** professionally purpose  
**relationships** roles satisfaction satisfactory school self  
sense sharing socially something sports success things **traveling** utilization  
work world

academic animals art books boyfriend bright education faith  
**family** food freedom **friends**  
friendship future girlfriend **happiness**  
**health** hobbies home hope humor knowledge **life** love  
money moral movement nature personal pets professional relationships  
school self-realization **sleep** sports stability success well-being work

competent education **family** **friends**  
**happiness** **health** life **love** people potential  
**relationships** traveling

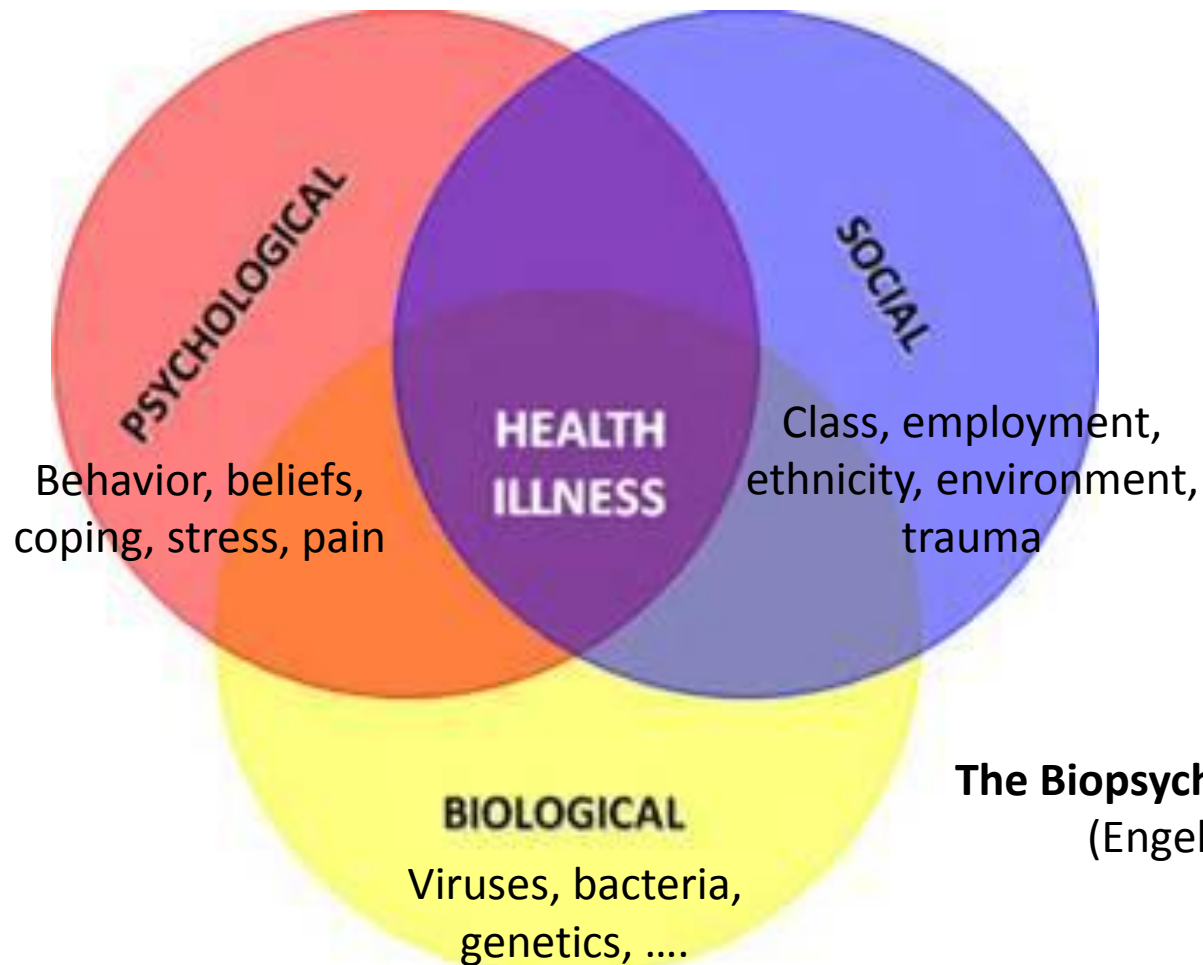
faith **family** happiness health **life** nature relationships well-being

# Health as needs satisfaction



Maslow (1943)

# Different models of health



**The Biopsychosocial Model**  
(Engel, 1977)

# Models of health

## Biomedical Model

- Reductionistic
- Single-factor
- Assumes mind – body dualism (two separate entities, not affecting each other)
- Emphasize illness over health
- Main focus on curing illness

## Biopsychosocial

- Macro-level as well as micro-level factors considered
- Multiple factors
- Mind and body interact, influence each other
- Focus both on health and illness – both have mental and social components
- Main focus on health (prevention)

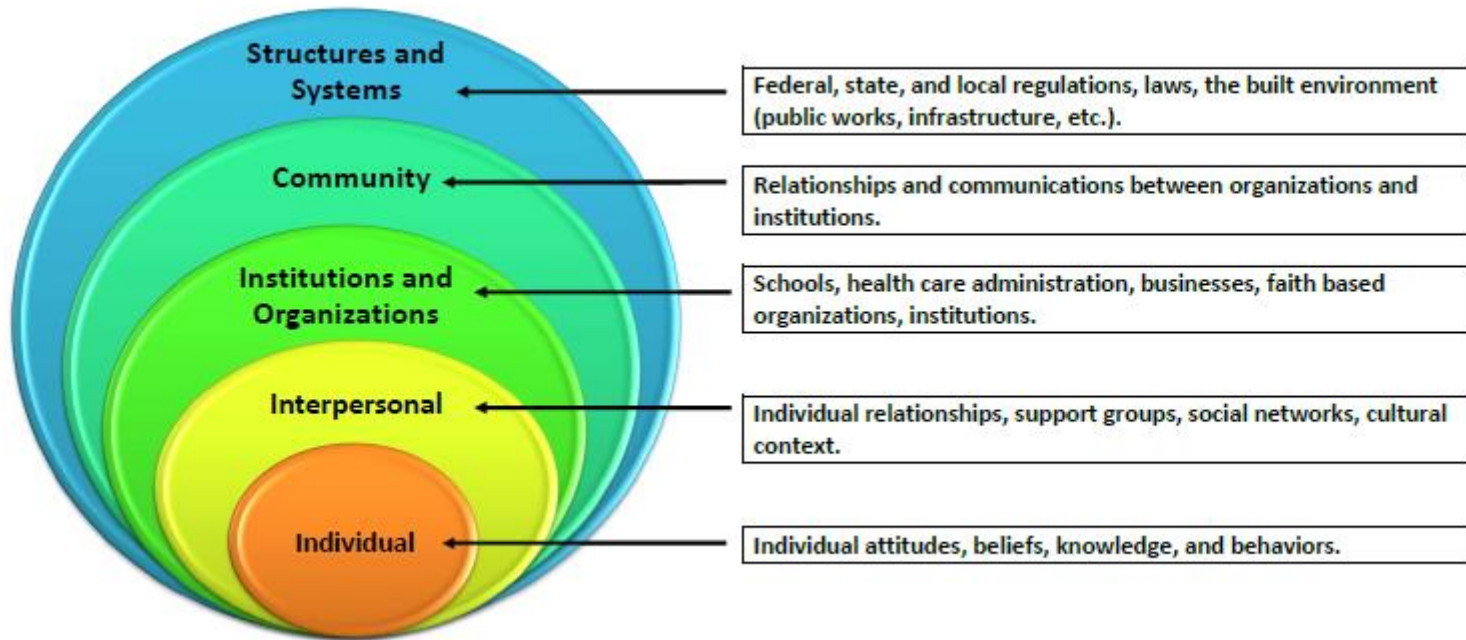




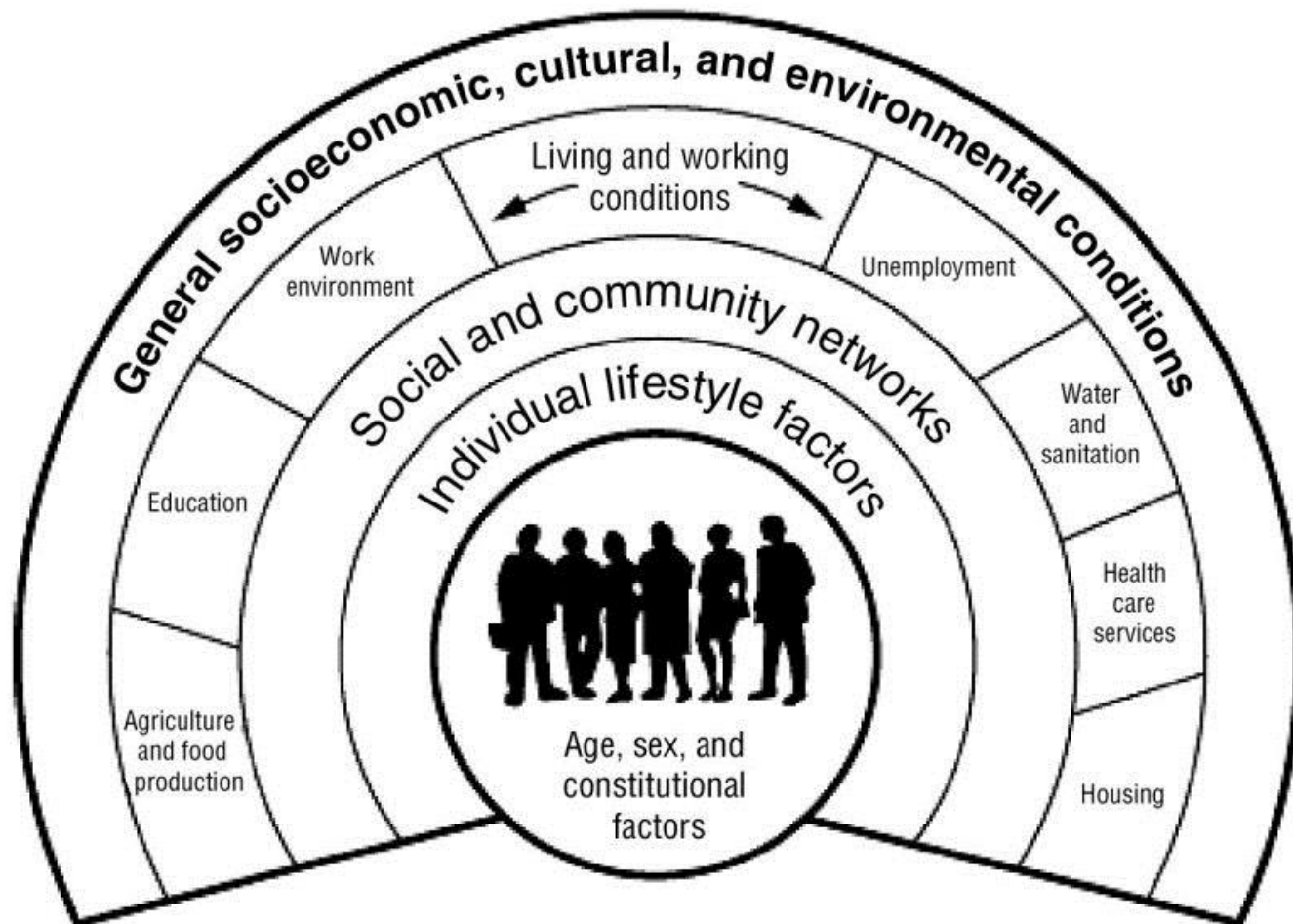
# Discussion

- Have you been to another country?
- Consider any differences between that country and your own (e.g., access to health care, transport, sanitation, smoking regulation, diet, levels of exercise etc.)
- How might these differences explain any differences in patterns of health and illness?

# Social Ecological Model



<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity/framing-the-issue.html>



Dahlgren & Whitehead's "Health Onion" (1991)



# The Macro-Social Environment and Health

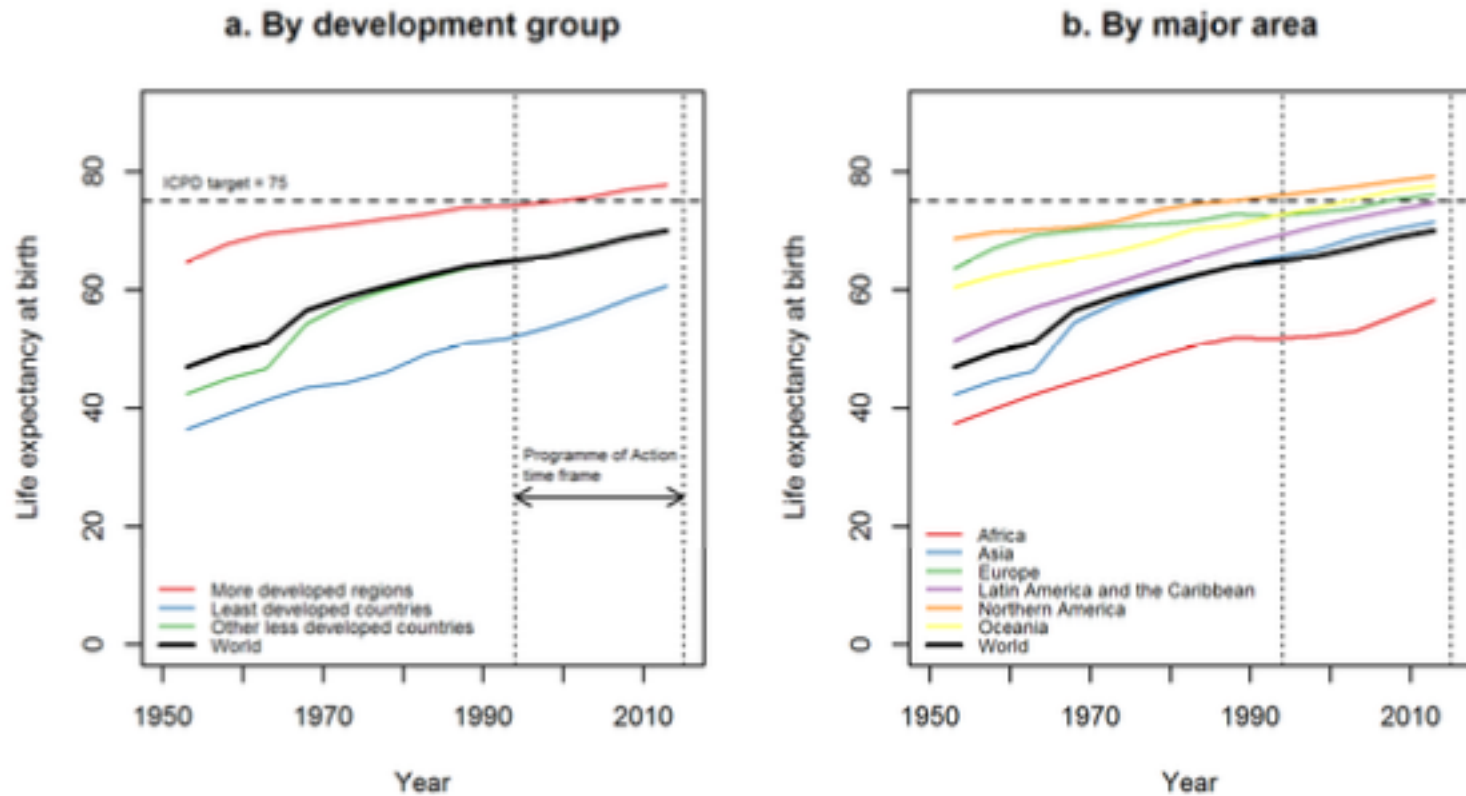
- Health, illness, and mortality vary based on geographical location, time, SES, *ethnicity/race*, and gender.
  - SES is more important as determinant of health than ethnicity – however, one must consider the interplay of income, education, and occupation
- Dramatic increases in world population with negative impacts on poor nations
- The greatest influence on health for the majority of people is **poverty**

# Poverty

- Poverty is a factor in disease rates & decreased life expectancy
- For example, in the US, disproportionate numbers of African-Americans, Latinos & Native Americans are poor
- Access to medical care is a factor that makes poverty a health risk
- Poverty is associated with poorer health habits
- Poverty puts poorer classes at increased risk for disease

# Health inequalities by geographical location

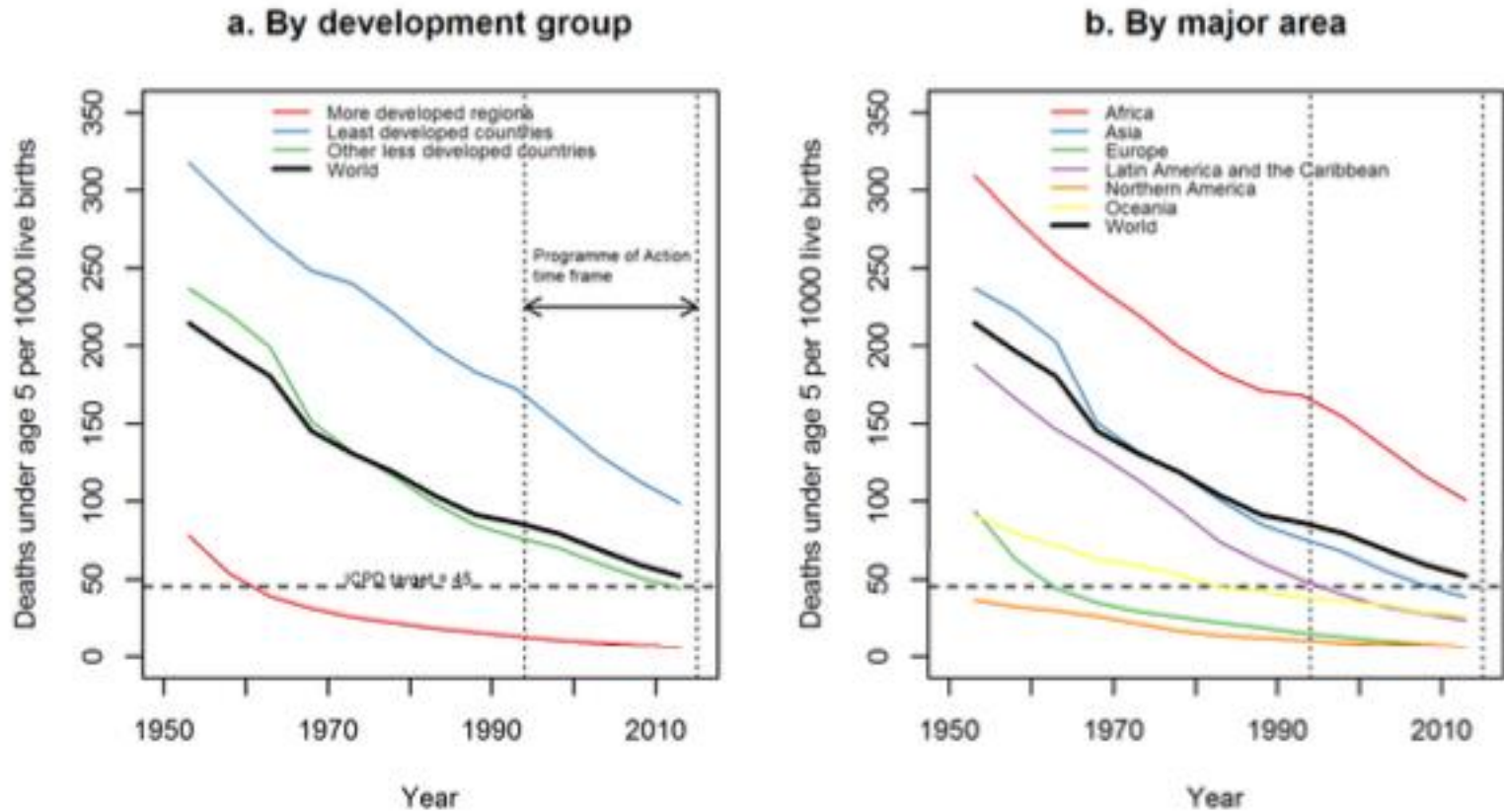
Figure i. Life expectancy at birth by development group and major area, 1950-1955 to 2010-2015



Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (2013). *World Population Prospects: The 2012 Revision*. New York: United Nations.

# Health inequalities by geographical location

Figure 7. Under-five mortality by development group and major area, 1950-1955 to 2010-2015

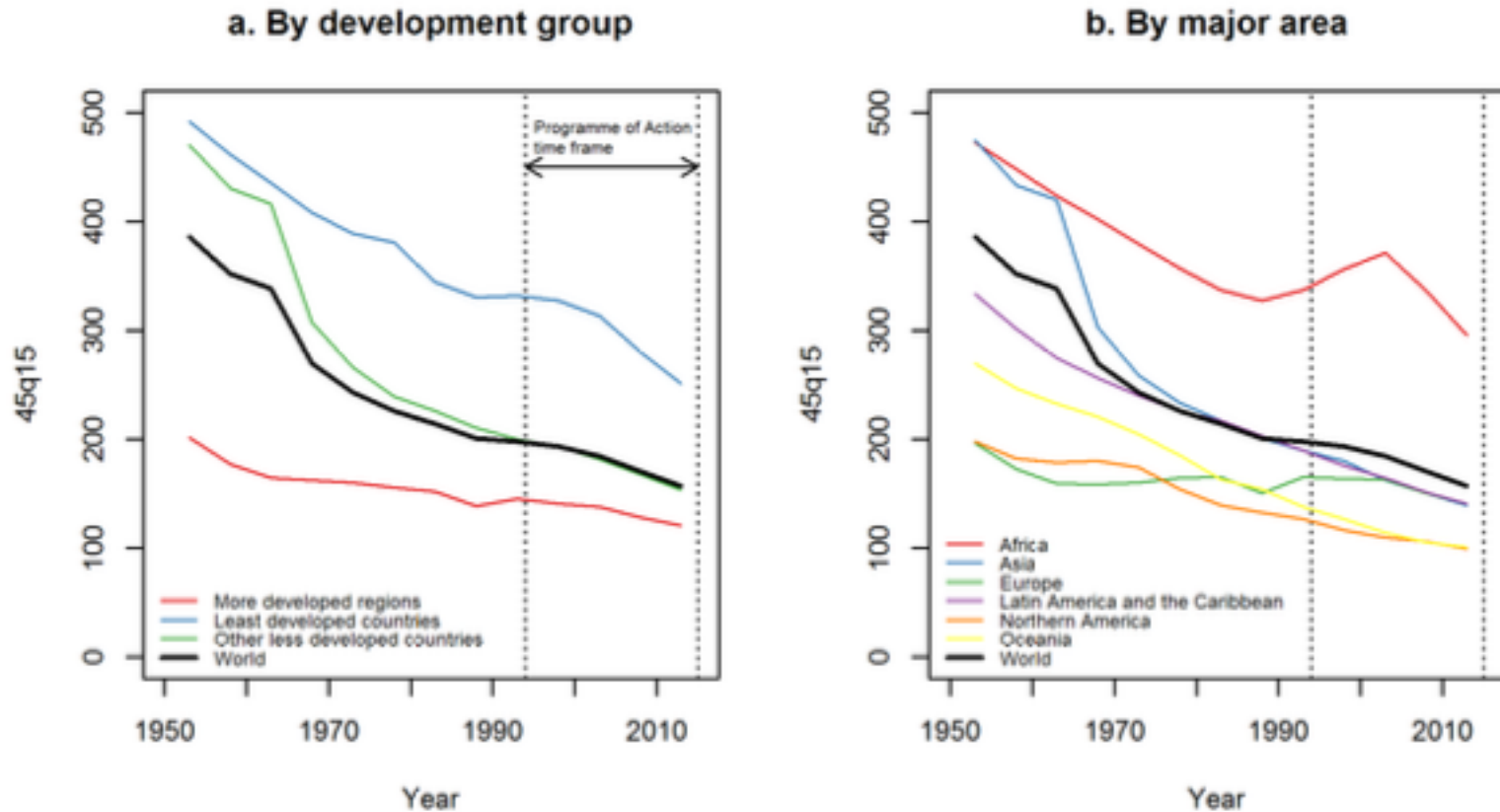


Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (2013). *World Population Prospects: The 2012 Revision*. New York: United Nations.



# Health inequalities by geographical location

Figure 10. Probability of dying between ages 15 and 60 by development group and major area, 1950-1955 to 2010-2015



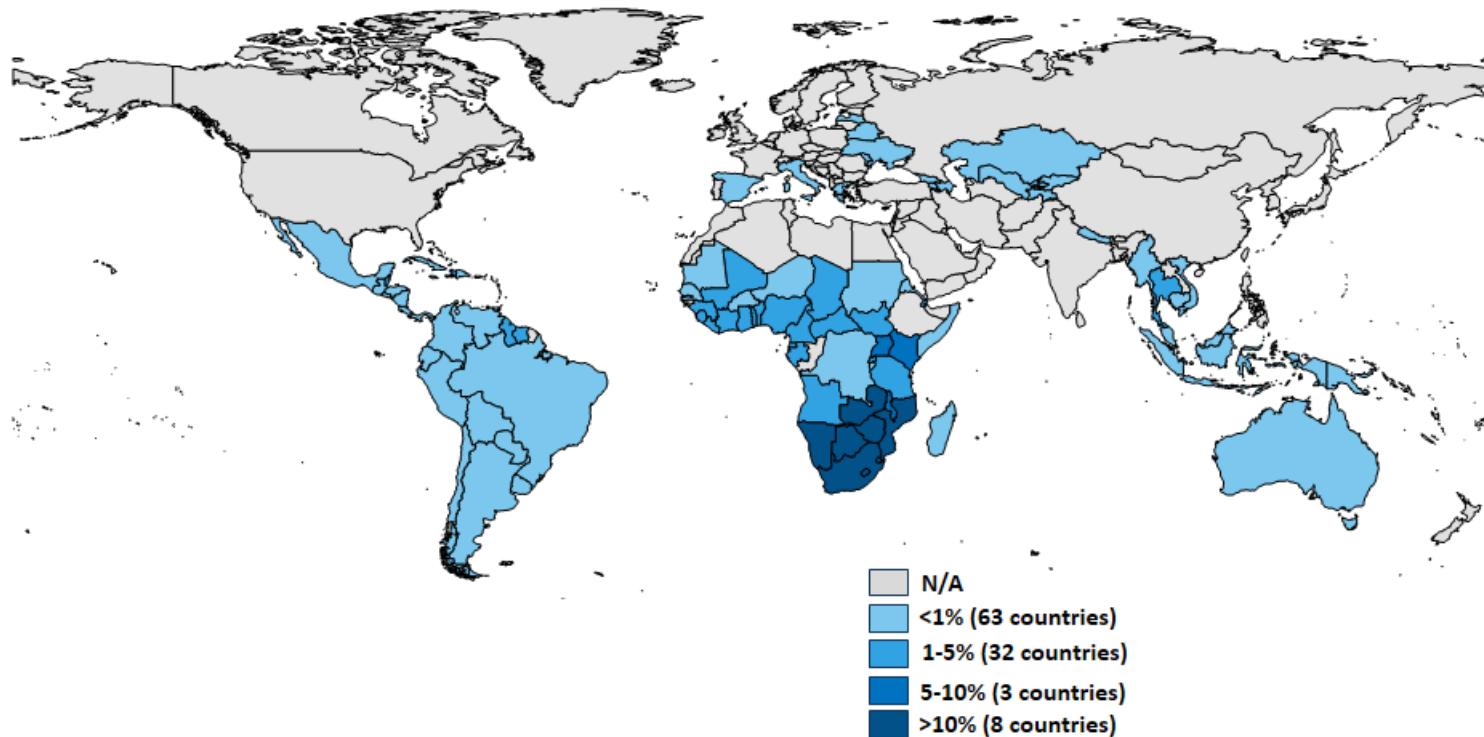
Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (2013). *World Population Prospects: The 2012 Revision*. New York: United Nations.

# Health inequalities by geographical location

Figure 1

## Adult HIV Prevalence, 2015

Global HIV Prevalence = 0.8%



NOTES: Data are estimates. Prevalence includes adults ages 15-49.

SOURCES: Kaiser Family Foundation, based on UNAIDS, AIDSinfo, Accessed June 2016

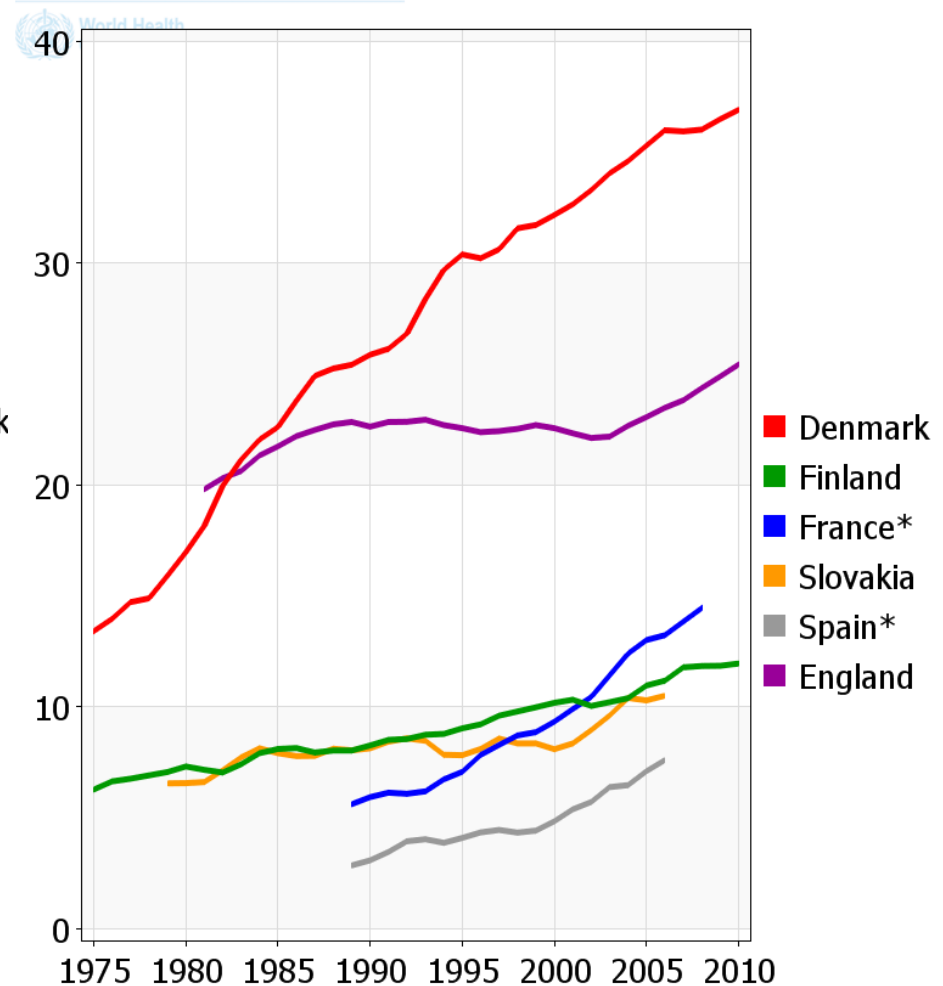
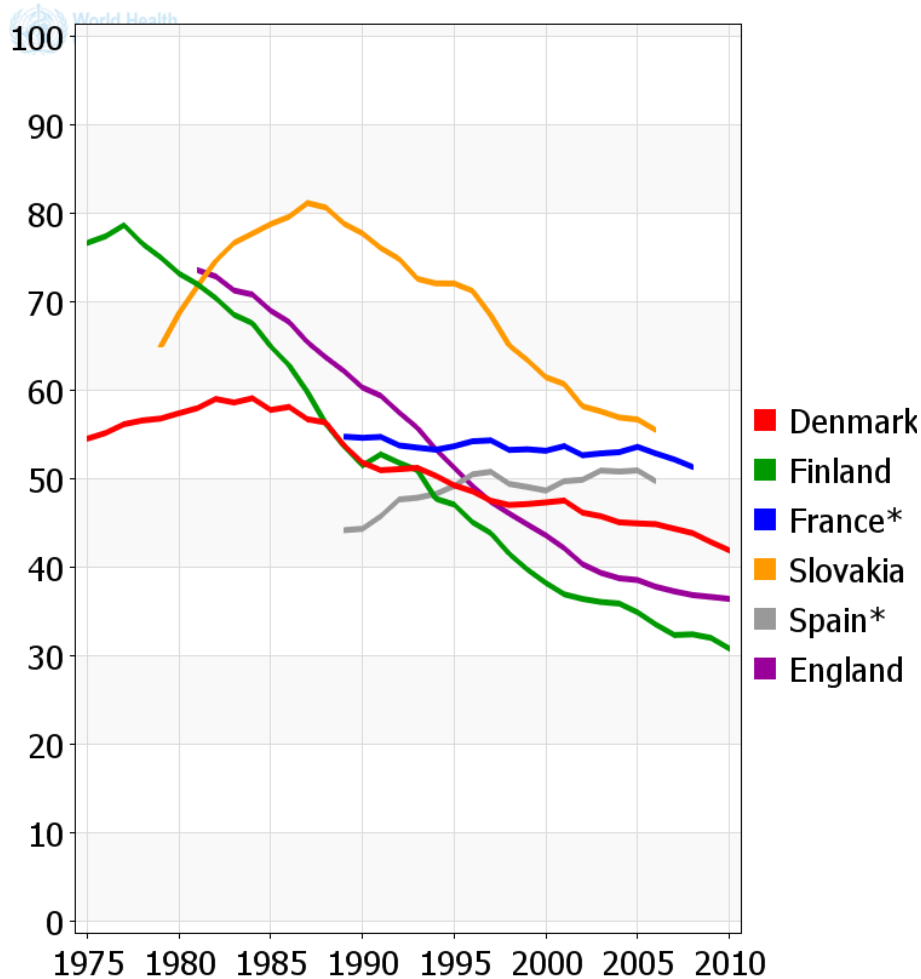
# Health inequalities by geographical location

MEN

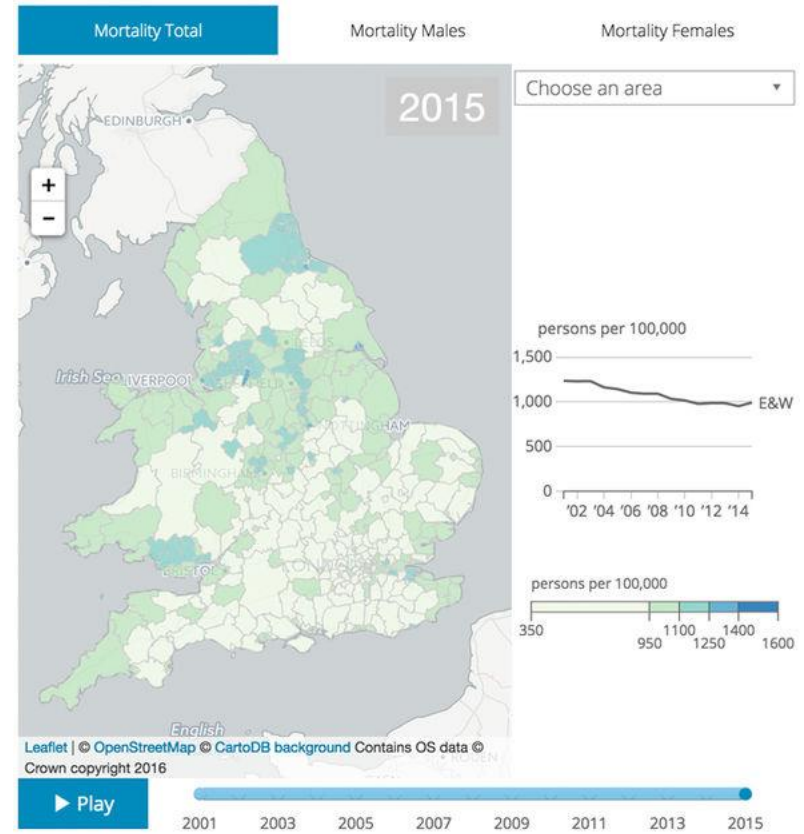
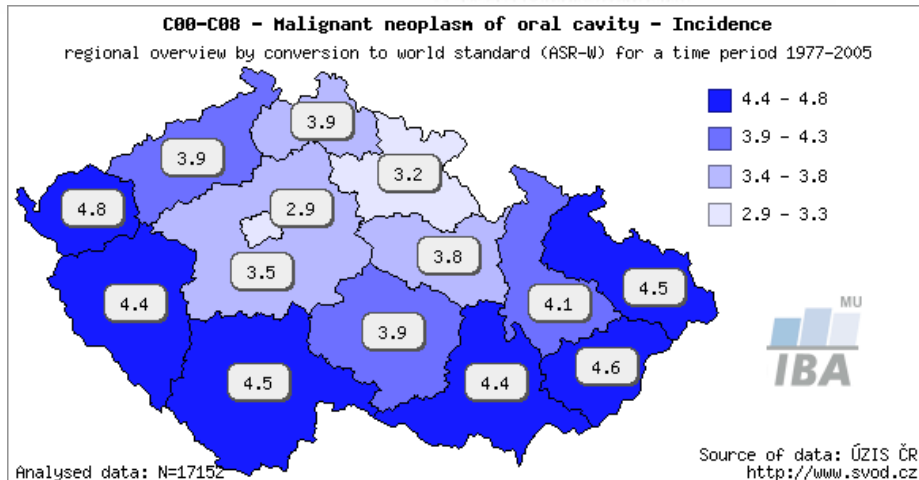
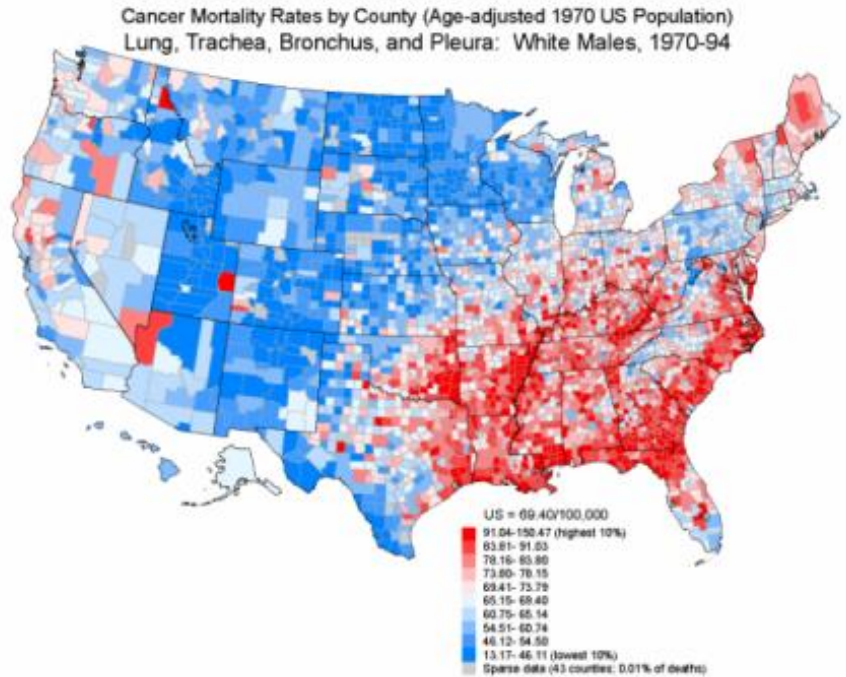
WOMEN

International Agency for Research on Cancer

International Agency for Research on Cancer

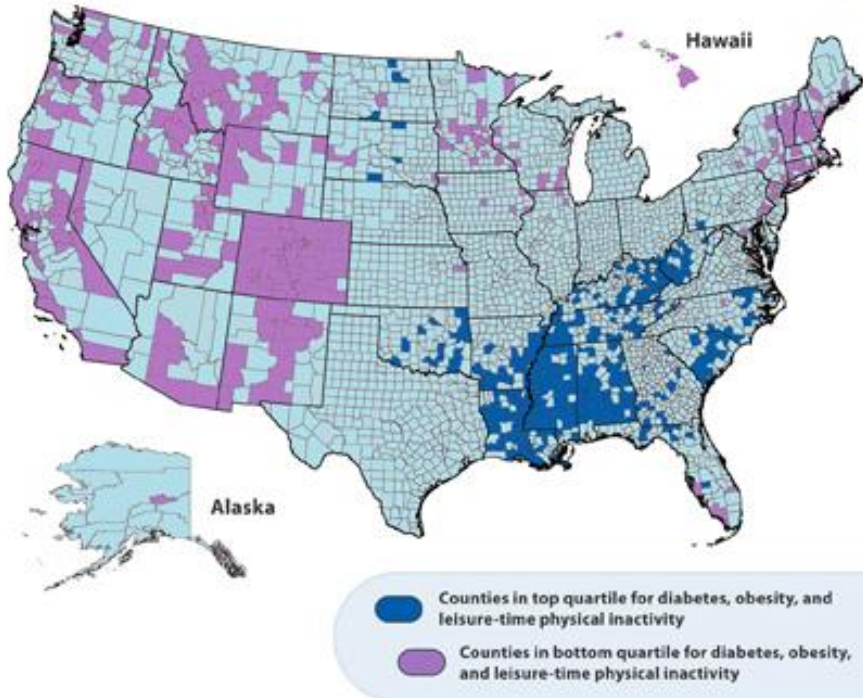


# Health inequalities by geographical location

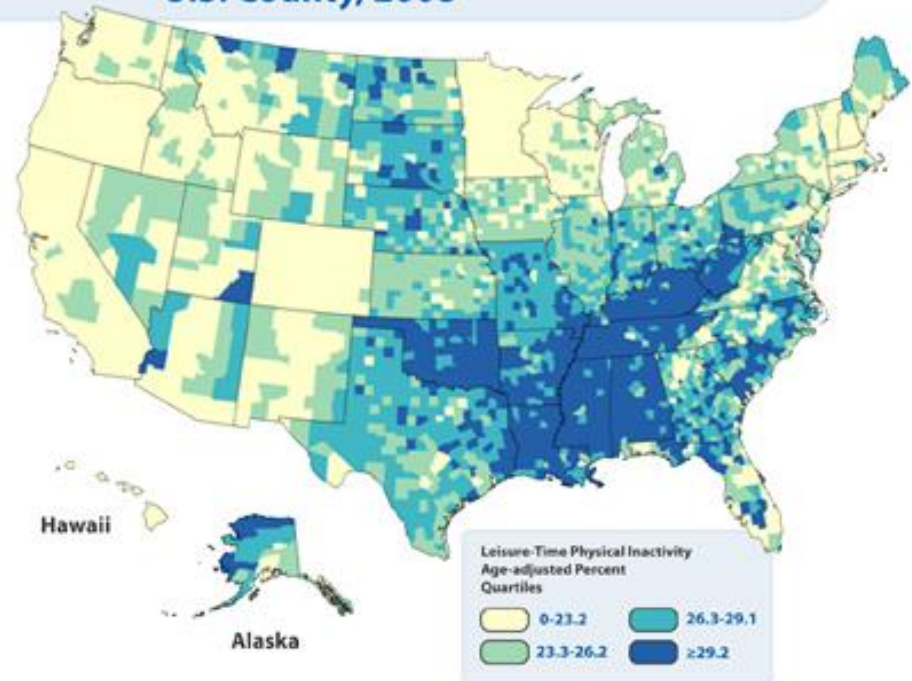


Source: Mortality Statistics: Deaths Registered in UK by Area of Usual Residence, 2015

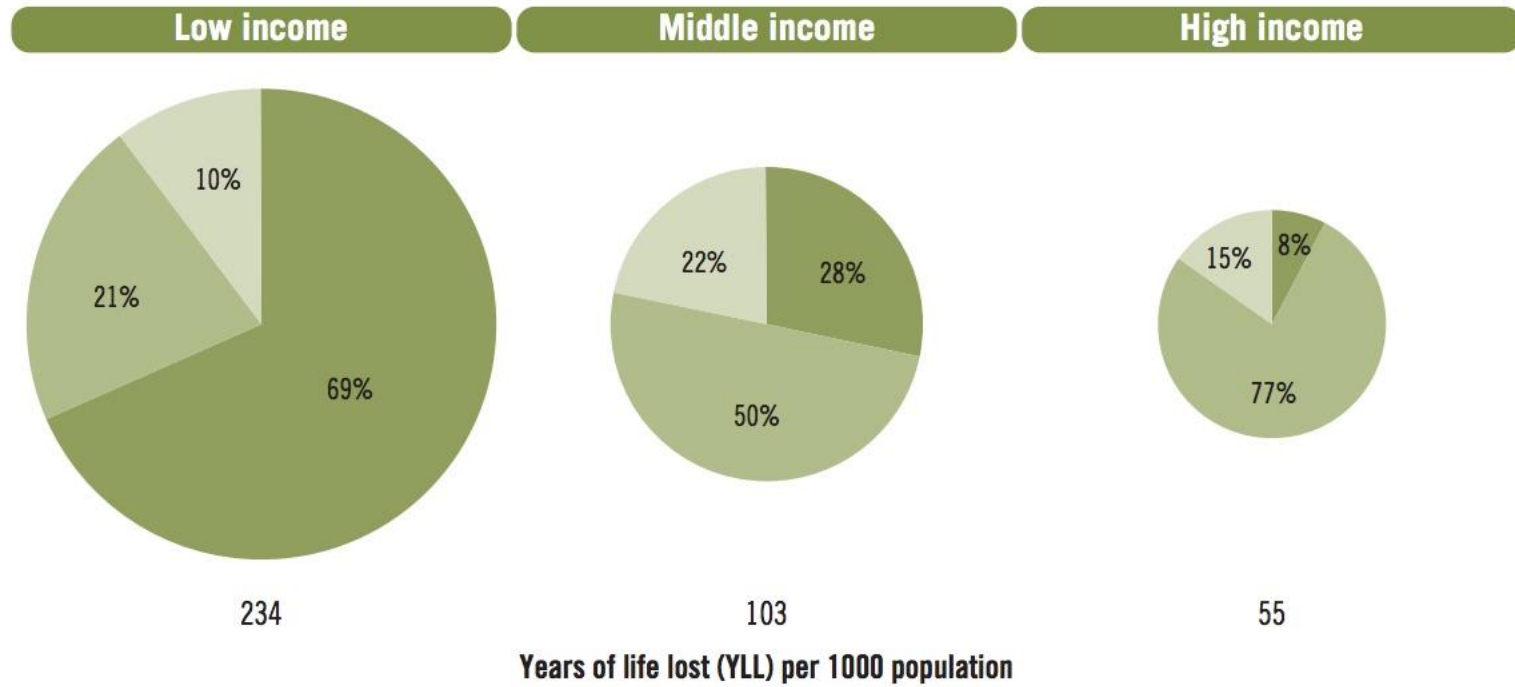
## U.S. Counties in Top and Bottom 25% for Diabetes, Obesity, and Leisure-Time Physical Inactivity, 2008



## Leisure-Time Physical Inactivity by U.S. County, 2008

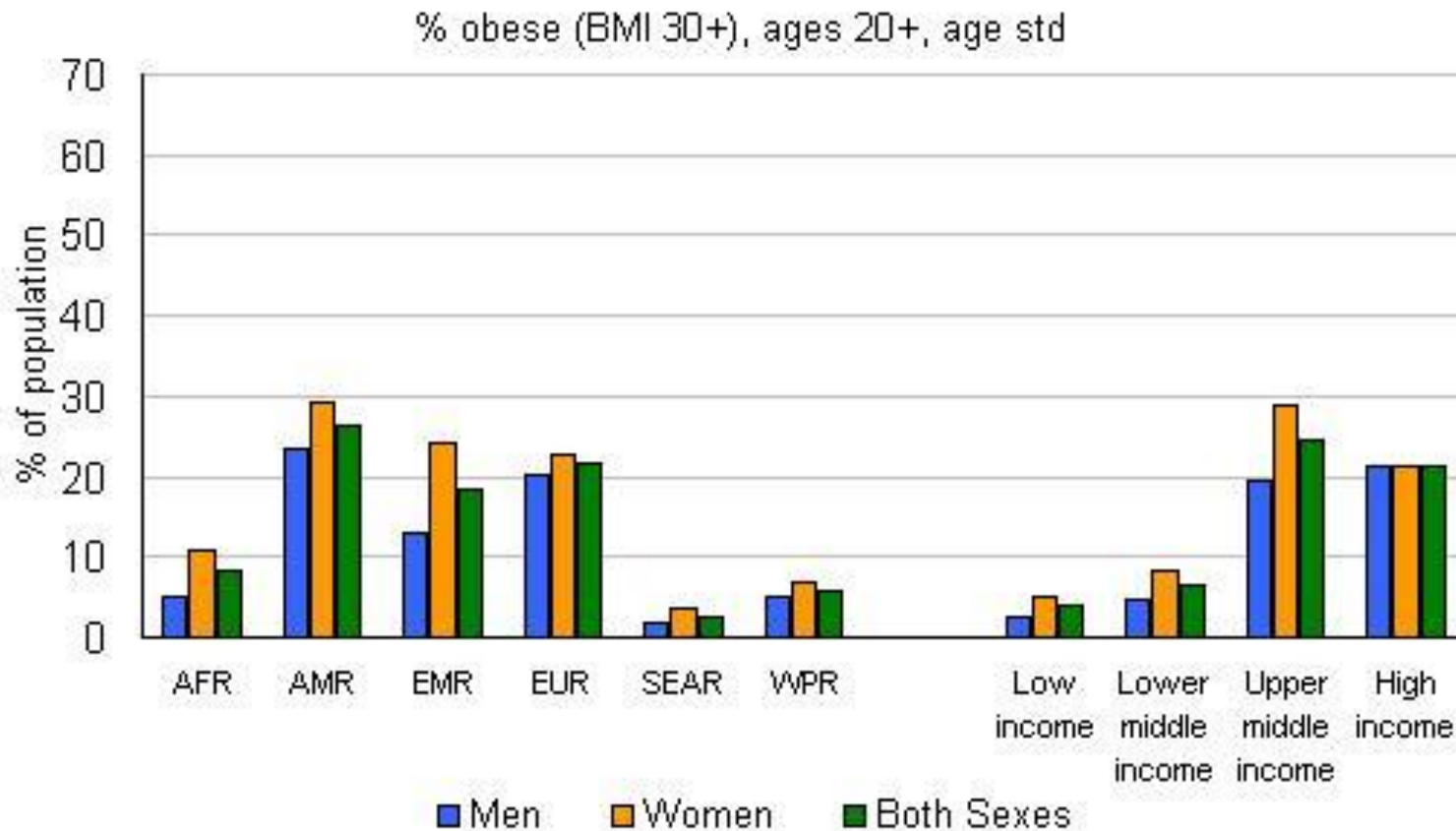


# Health inequalities by SES



- Communicable diseases, maternal and perinatal conditions and nutritional deficiencies
- Noncommunicable conditions
- Injuries

# Health inequalities by SES



# Health inequalities by SES

- Multiple disadvantages accumulate with low SES
  - Families, schools, neighborhoods
  - Peer groups
  - Parental support systems, parental workplaces
  - Social policy

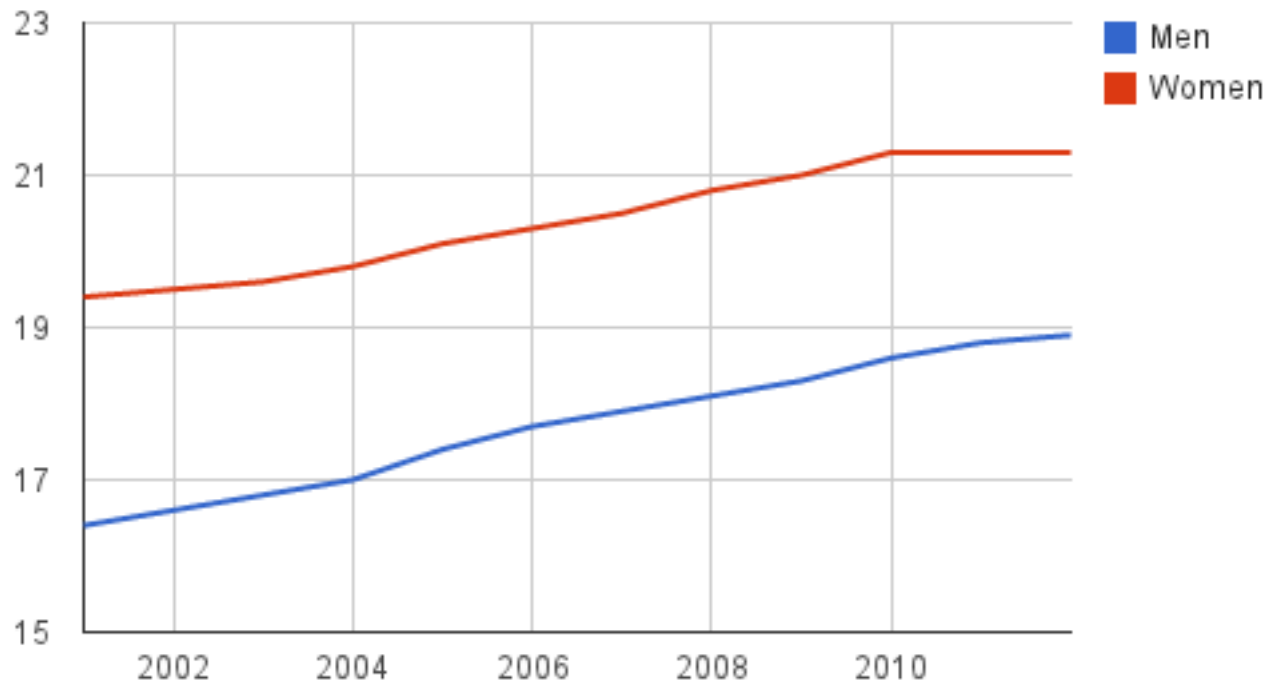


# Health inequalities by SES

- Psychosocial explanations for social variations in health
  - Perceived inequality
  - Stress
  - Lack of control
  - Less social connection
- Material explanations for social variations in health
  - Reduced income
  - Reduced access to services
- Political explanations for social variations in health
  - Political philosophies, social policies

# Health inequalities by gender

Life expectancy at 65



# Health inequalities by gender

- Men have shorter lifespans and are more likely to die from different causes
- Women live longer but have greater morbidity and utilize health care services more
- *What are the likely explanations for men's shorter life expectancy?*

# What do health psychologists do?

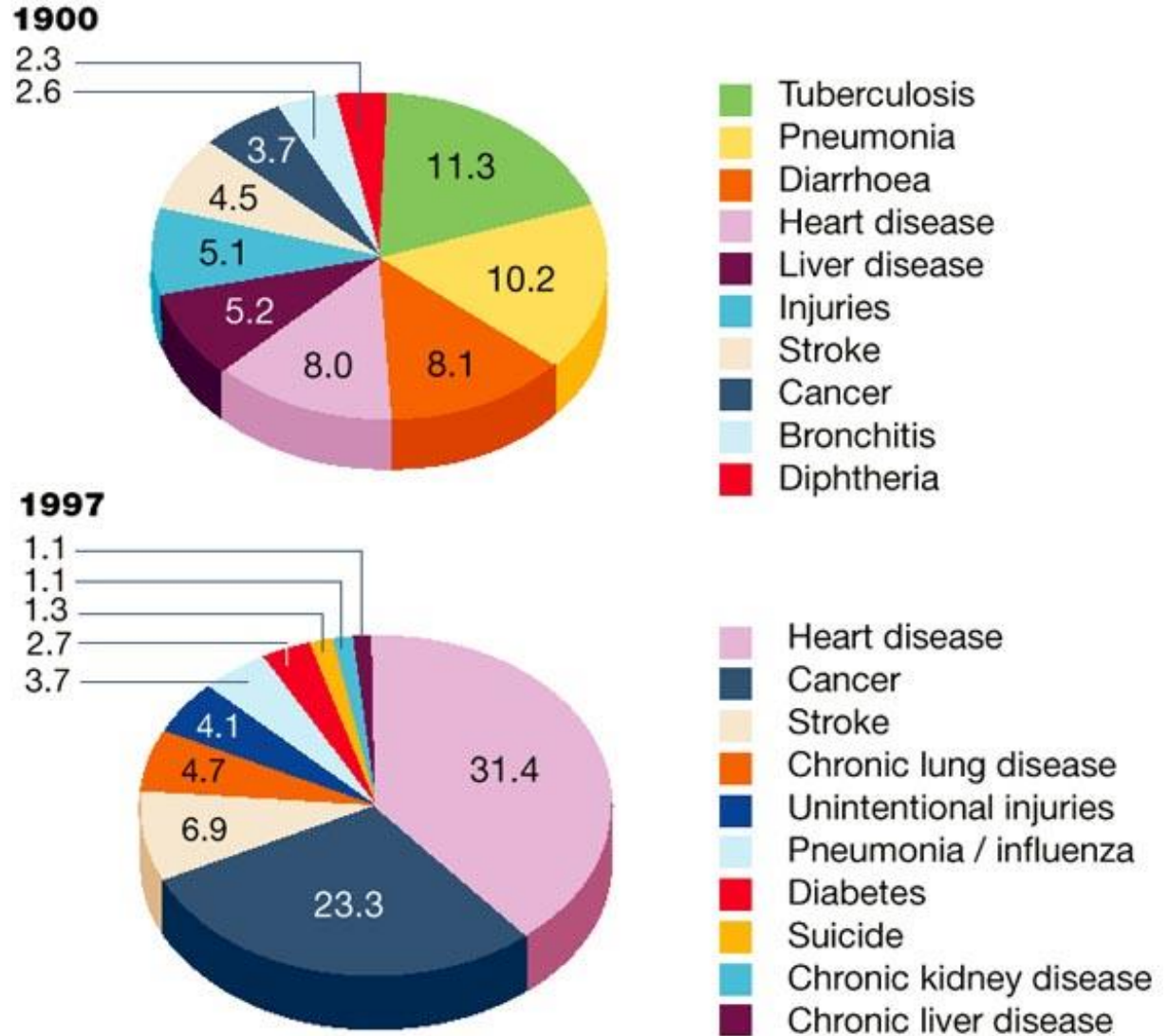
- Clinical health psychologist
  - Clinical psychologist with expertise in health (stress, pain, coping; rehabilitation for patients with chronic illness; etc.)
- Professional health psychologist
  - Trained in health psychology (research, teaching, consulting)
- Academic health psychologist
  - PhD in a health-related psychology area (academic position)

# **Rationale for Health Psychology**

# Causes of Death

FIGURE 1. The ten leading causes of death in the United States in 1900 and 1997.

From the following article:  
 Changing patterns of  
 infectious disease  
 Mitchell L. Cohen Nature  
 406, 762-767(17 August  
 2000)  
 doi:10.1038/35021206



# Preventable causes of death

- Assignment 1

# Deaths with preventable causes

- In 1990, more than 1 million deaths (about half the deaths in the U.S.) had preventable causes\*

Tobacco	400,000 Deaths	19%
Diet & Physical Inactivity	300,000	14%
Alcohol, firearms, sexual behaviors, motor vehicles & illicit drugs	200,000	9%



# Research Methods in Psychology

- Health Psychology is a science
- Goal of Science
  - To explain, understand, and predict behavior through systematic theory building
  - Systematic, controlled, empirical (unbiased)
  - Designed to challenge veracity of commonly held myths
- Theory
  - General rule or principle about the relationships among variables that describe and predict behavior

# Scientific Method

- SYSTEMATIC
  - Does the relationship hold under all conditions?
- CONTROLLED
  - Potential external influences are taken into account and “controlled” so as not to influence key relationships
- EMPIRICAL
  - Relationships are based on observation (must be objective evidence to support the relationship)
- CRITICAL
  - The methods is open to rigorous evaluation by the researcher and other scientists... ensures reliability of conclusions

# Some Important Terms

- **CONSTRUCT**
  - A concept defined for scientific purpose
  - You cannot see constructs...inferred through behavior
- **OPERATIONAL DEFINITION**
  - Defining constructs in observable and measureable terms
- **RESEARCH SETTINGS**
  - Studies ... often involve observation of relationships in naturalistic settings
  - Experiments ... involve manipulation of variables as well as observing them – often involve control groups and are conducted in controlled settings (labs)

# Validity

- The extent to which theoretical relationships can be consistently demonstrated

## **Internal Validity**

- The extent to which we have confidence in a relationship between two variables

## **External Validity**

- Degree to which results of a study are generalizable to other situations and populations

Which is more important?

# Summary

- Scientific method is:
  - Highly reliable
  - Systematic and controlled
  - Objective and unbiased
- This leads to it being:
  - Reductionistic – experiments are isolated to smaller parts (no “big picture”)
  - Lacks external validity (generalizability)
  - Conservative (slow to evolve)

# Importance of theory

- Basis for effective techniques lies in the theoretical substrate of the discipline of psychology
- Development of new therapies/interventions depends upon this theoretical basis
- Application to complex or new problems requires a theoretical basis
  - E.g. Walby (1970) ... systematic desensitization for phobias previously thought untreatable.
- Causal processes and mechanisms of change

# Importance of Empiricism

- Evaluation of the efficacy of treatments
- Empirical justification for claims
- Delineation of limits of claims (rarely unequivocal)
  - Success rates, breadth of response, long-term outcome
- Study of predictors of outcome
- Best practice protocols

# Research Methods

- “Health” involves many variables - hard to research
- But research does not have to be perfect to be useful!
- Types of research design...
  - Experiment
  - Ex post facto design (quasi experimental)
  - Single-subject
  - Correlational
  - Retrospective
  - Prospective (longitudinal)
  - Epidemiology



# Experiment

- Manipulate independent variable and measure dependent variable
- Able to determine causality
- Example: randomized controlled trial (RCT)
- Characteristics of a good experiment...
  - .
  - .
  - .
  - .
  - .

# Experiment

- Manipulate independent variable and measure dependent variable
  - Able to determine causality
  - Example: randomized controlled trial (RCT)
  - Characteristics of a good experiment...
    - Random sampling
    - Random assignment
    - Valid manipulation of independent variable
    - Valid and reliable measurement of dependent variable
    - Control extraneous variables
- WHY?

# Placebo

- Active treatment
  - substance or procedure that is explicitly directed at the symptoms of the condition in question.
- Placebo
  - substance or procedure that does not specifically target the condition being treated
- Provide about 35% of improvement for a variety of conditions.
  - Physical conditions - headaches, warts, etc
  - Psychological conditions - pain, depression, etc

## Example – Depression

Cognitive-Behaviour.....	65-70%
Antidepressant medication.....	65%
Placebo drug.....	30%

# Implications for research

## Double-blind trials

1. Diagnosis
2. Intervention Independent variable

Experimental group  
(active drug)

Placebo group  
(inert drug)

Control group  
(no pills)

3. Assess on relevant dependent variables
4. Follow-up (long-term gains)

**OFTEN NOT POSSIBLE IN BEHAVIORAL INTERVENTIONS**

# Quasi-experiment

- Not always able to manipulate the independent variable
  - Ethical and practical reasons
- Not able to determine causality
  - Groups self-select (no random assignment or manipulation)
  - Observe dependent variable
  - Able to identify “risk factors”

# Correlational designs

- Observe two (or more) variables
- Data analysis
  - Simple correlations (2 variables),
  - Path analysis/structural equation modeling (multiple variables)
- Not able to determine causality
  - Able to identify “risk factors”
  - Correlational studies are often misunderstood

# Prospective studies

- Begin with whole population and observe over time
  - Initially healthy
- Cross lagged correlations
- Problems...
  - Expensive
  - Time consuming
  - Attrition rates

# Epidemiology

- Scientific discipline that considers the various factors determining the frequency, distribution, and cause of a disease or disorder
- Risk Factor = any characteristic or condition which occurs with greater frequency in people with a disease than people without.
- Morbidity = disease
  - Incidence = number of new cases in a specified time interval
  - Prevalence = total # of cases in a specified time interval
- Mortality = death
  - # of deaths to a known cause
  - (premature death = death before age 75)



# Class Activity

We are interested in whether higher levels of physical activity are associated with better cognitive functioning.

1. Design an ex-post facto (quasi-experimental) study to test this. What can you conclude?
2. Design a “true” experiment. What can you conclude?

# Assignment 2

- Start in groups today
- Please take notes
- Write assignment individually based on provided instructions