

3RD EDITION

INTRODUCTION TO
HEALTH
PSYCHOLOGY
IN AUSTRALIA

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CONTENTS

| | |
|---------------------------|------|
| <i>Preface</i> | ix |
| <i>About the authors</i> | xiii |
| <i>Acknowledgements</i> | xv |
| <i>Educator resources</i> | xvi |

PART I BEING AND STAYING HEALTHY 1

| | |
|--|-----------|
| 1 What is health? | 2 |
| Learning outcomes | 2 |
| Chapter outline | 3 |
| What is health? Changing perspectives | 3 |
| Individual, cultural and lifespan perspectives on health | 9 |
| What is health psychology? | 23 |
| Summary | 27 |
| Further reading | 28 |
| References | 28 |
| 2 Health inequalities | 32 |
| Learning outcomes | 32 |
| Chapter outline | 33 |
| Health differentials | 33 |
| Explanations of socioeconomic health inequalities | 36 |
| The stress hypothesis | 40 |
| Minority status and health | 46 |
| Gender and health | 50 |
| Summary | 53 |

| | |
|-----------------|----|
| Further reading | 54 |
| References | 54 |

| | |
|--|-----------|
| 3 Health-risk behaviour | 61 |
| Learning outcomes | 61 |
| Chapter outline | 62 |
| What is health behaviour? | 62 |
| Smoking, drinking and illicit drug use | 65 |
| Why do people initiate potentially addictive substance use behaviours? | 73 |
| Thoughts about treating dependence | 79 |
| Unprotected sexual behaviour | 80 |
| Unhealthy diet | 85 |
| Obesity | 87 |
| Summary | 91 |
| Further reading | 92 |
| References | 92 |

| | |
|--------------------------------------|-----------|
| 4 Health-protective behaviour | 99 |
| Learning outcomes | 99 |
| Chapter outline | 100 |
| Adherence behaviour | 100 |
| Healthy diet | 107 |
| Physical activity | 114 |
| Health-screening behaviour | 120 |

| | |
|------------------------|-----|
| Immunisation behaviour | 128 |
| Summary | 132 |
| Further reading | 133 |
| References | 133 |

5 Explaining health behaviour 142

| | |
|---|-----|
| Learning outcomes | 142 |
| Chapter outline | 143 |
| Distal influences on health behaviour | 143 |
| Models of health behaviour | 150 |
| Sociocognitive models of behaviour change | 153 |
| Stage models of behaviour change | 166 |
| Self-regulation, habit and other non-rational processes | 175 |
| Summary | 176 |
| Further reading | 178 |
| References | 178 |

6 Changing behaviour: mechanisms and approaches 191

| | |
|--|-----|
| Learning outcomes | 191 |
| Chapter outline | 192 |
| Developing public health interventions | 192 |
| Strategies for changing risk behaviour | 194 |
| Summary | 208 |
| Further reading | 209 |
| References | 209 |

7 Preventing health problems 211

| | |
|-----------------------------|-----|
| Learning outcomes | 211 |
| Chapter outline | 212 |
| Working with individuals | 212 |
| Using the mass media | 217 |
| Environmental interventions | 221 |
| Public health programs | 226 |
| Using new technology | 238 |
| Summary | 241 |
| Further reading | 242 |
| References | 242 |

PART II BECOMING ILL 251

8 The body in health and illness 252

| | |
|--------------------------------------|-----|
| Learning outcomes | 252 |
| Chapter outline | 253 |
| The behavioural anatomy of the brain | 253 |
| The autonomic nervous system | 255 |
| The immune system | 258 |
| The digestive system | 264 |
| The cardiovascular system | 268 |
| The respiratory system | 274 |
| Summary | 277 |
| Further reading | 278 |
| References | 278 |

9 Symptom perception, interpretation and response 279

| | |
|--|-----|
| Learning outcomes | 279 |
| Chapter outline | 280 |
| How do we become aware of the sensations of illness? | 280 |
| Symptom perception | 282 |
| Symptom interpretation | 288 |
| Planning and taking action: responding to symptoms | 303 |
| Summary | 313 |
| Further reading | 314 |
| References | 314 |

10 The consultation and beyond 323

| | |
|--|-----|
| Learning outcomes | 323 |
| Chapter outline | 324 |
| The medical consultation | 324 |
| Factors that influence the process of consultation | 331 |
| Moving beyond the consultation | 337 |
| Summary | 351 |
| Further reading | 352 |
| References | 352 |

11 Stress, health and illness: theory 360

| | |
|------------------------------------|-----|
| Learning outcomes | 360 |
| Chapter outline | 361 |
| Concepts of stress | 361 |
| Types of stress | 374 |
| Stress as a physiological response | 381 |
| The stress and illness link | 389 |
| Summary | 395 |
| Further reading | 397 |
| References | 397 |

12 Stress and illness moderators and interventions 407

| | |
|--|-----|
| Learning outcomes | 407 |
| Chapter outline | 408 |
| Coping defined | 408 |
| Stress, personality and illness | 414 |
| Stress and cognitions | 424 |
| Stress and emotions | 429 |
| Social support and stress | 431 |
| Interventions to reduce stress or manage stress better | 437 |
| The third wave therapies | 441 |
| Preventing stress | 443 |
| Minimising stress in hospital settings | 447 |
| Summary | 448 |
| Further reading | 450 |
| References | 450 |

PART III BEING ILL 465**13 The impact of illness on quality of life 466**

| | |
|-----------------------------|-----|
| Learning outcomes | 466 |
| Chapter outline | 467 |
| Illness and quality of life | 467 |
| Measuring quality of life | 479 |
| Summary | 487 |
| Further reading | 488 |
| References | 488 |

14 The impact of illness on patients and their families 495

| | |
|----------------------------------|-----|
| Learning outcomes | 495 |
| Chapter outline | 496 |
| Illness, emotions and adjustment | 496 |
| Illness: a family affair | 506 |
| Caring | 507 |
| Summary | 521 |
| Further reading | 522 |
| References | 522 |

15 Pain 529

| | |
|--|-----|
| Learning outcomes | 529 |
| Chapter outline | 530 |
| The experience of pain | 530 |
| Biological models of pain | 533 |
| A psychobiological theory of pain | 540 |
| Future understandings of pain: the neuromatrix | 542 |
| Helping people to manage pain | 543 |
| Summary | 554 |
| Further reading | 556 |
| References | 556 |

16 Improving health and quality of life 561

| | |
|--------------------------------|-----|
| Learning outcomes | 561 |
| Chapter outline | 562 |
| Coping with chronic illness | 562 |
| Reducing distress | 563 |
| Managing illness | 570 |
| Preventing disease progression | 578 |
| Summary | 581 |
| Further reading | 583 |
| References | 583 |

PART IV FUTURES 591**17 Futures 592**

| | |
|-------------------------------------|-----|
| Learning outcomes | 592 |
| Chapter outline | 593 |
| The need for theory-driven practice | 593 |
| Getting evidence into practice | 595 |
| Summary | 603 |
| Further reading | 604 |
| References | 604 |
| <i>Glossary</i> | 606 |
| <i>Index</i> | 615 |

PREFACE

Background to this book

The original publication of *Introduction to Health Psychology* was developed by Val Morrison and Paul Bennett for a European market, and was then revised for an Australian audience. We have continued in the third edition to adapt the book to include an Australian, as well as European, focus.

Health psychology is a growing discipline in Australia, at both the undergraduate and post-graduate level. There are exciting new career opportunities in health psychology developing within healthcare, as well as within Australian academic settings. We originally adapted this book because, in addition to the original European focus, we believed that a comprehensive Australian-focused textbook was required; one that covered some of the health issues unique to Australia. Our vast rural and regional areas, our Aboriginal and Torres Strait Islander population, and our high immigrant population, all present particular challenges to our health system that are important to understand and address. We wanted to give equal attention to health behaviours and issues in health, in illness, and in healthcare practice and intervention. We have maintained our comprehensive coverage of these topics while including references to significant new studies, updating statistics related to the incidence, prevalence and severity of different illnesses in different populations, refining some sections, restructuring others, and basically working towards making this new adaptation distinctive and (even) stronger than the first and second editions!

At the outset of this venture in 2006, we believed that textbooks for psychologists should be led by psychological theory and constructs, as opposed to being led by behaviour or by disease. Diseases may vary clinically but, psychologically speaking, they share many things in common—for example, potential for life or behaviour change, distress, challenges to coping, potential for recovery, involvement in healthcare and involvement with health professionals. We still believe this, and reviewers of the first and second editions seemed to concur, so we have stuck to this format in this third edition. We very much hope that you enjoy what we have put together.

Aims of this textbook

The overall aim of this textbook is to provide a comprehensive Australian textbook which is firmly grounded in both theory and empirical evidence, with sufficient breadth of material for introductory students, but also sufficient research depth to benefit final-year students or those conducting a health psychology project.

Because of the ethical imperative to ensure that everyone in our society has the opportunity to be equally healthy and to have equal access to excellent healthcare, we have started the text with a discussion of health inequities and the factors that contribute to these. Indeed, throughout this whole text runs the theme of differentials, whether cultural, gender, age/developmental stage or socioeconomic is explored.

We then move on to behaviours that put us at risk of poor health, or protect our health. In this edition, as in the first and second, we have constructed chapters that follow the general principle of issue first, theory second, research evidence third, and finally the application of that theory and, where appropriate, the effectiveness of any intervention. For example, in Chapter 3 we describe associations between a behaviour that puts us at risk of illness (smoking); in Chapter 5 we examine the empirical evidence of psychosocial explanations of smoking behaviour based on general theories, such as social learning theory, and specific models, such as the theory of planned behaviour. Then in Chapter 6 and Chapter 7 we show how this evidence can be put to use in both individual and group-targeted interventions to modify behaviours that do not promote health and increase our risk of illness. Describing, predicting and then intervening are primary goals of health psychologists.

We recognise that many individuals neither stay healthy, nor live with illness, in isolation. The role of family is crucial and therefore we devote some time to the impact of illness on significant others.

Finally, one of the most distressing symptoms that impacts health and wellbeing is pain. We devote an entire chapter to the prevalence of pain, theories that attempt to explain the phenomenon of pain, and interventions to assist individuals to deal with chronic pain.

Structure of this textbook

We have made no sweeping structural changes to this third edition. The textbook continues to be structured into three broad sections. The first, *Being and Staying Healthy*, contains seven chapters, which first examine factors that contribute to health, including societal and behavioural factors, and then describe how psychologists and others can improve or maintain an individual's health. Chapter 1 considers what we actually mean when we talk about 'health' or 'being healthy' and presents a brief history to the mind-body debate which underpins much of our research. In this edition we consider more fully the influences of ageing and culture on health, and in doing so illustrate better the biopsychosocial model which underpins health psychology. Chapter 2 describes how factors such as social class, income and even postcode can affect one's health, behaviour and access to healthcare. Indeed, the health of the general population is influenced by the socioeconomic environment in which we live and which differs both within and across countries and cultures. We have tried to reflect more of this diversity in this edition.

Many of today's 'killer' illnesses, such as some cancers, heart disease and stroke, have a behavioural component. Chapters 3 and 4 describe how certain behaviours such as exercise have health-enhancing effects, whereas others, such as poor diet or smoking, have health-damaging effects. Evidence of lifespan, cultural and gender differentials in health behaviours is presented to an even greater degree than in our previous editions. These behaviours have been examined by health and social psychologists over several decades, drawing on several key theories such as social learning theory and sociocognitive theory. In Chapter 5, we describe several models which have been rigorously tested in an effort to identify the beliefs, expectancies, attitudes and normative factors that contribute to health or risk behaviour. This chapter has been reworked for the third edition to include more theories of behaviour and behaviour change. This section, therefore, presents evidence of the link between behaviour and health and illness, and highlights an area in which health psychologists have much to offer in terms of understanding or advising on individual factors to target in interventions. We therefore end the section with two chapters on intervention. Chapter 6 presents evidence of successful and less successful approaches to changing individual behaviours that

increase risk for disease, while Chapter 7 applies the same review and critique to population approaches such as health education and promotion.

The second section, *Becoming Ill*, contains five chapters which take the reader through the process of becoming ill: the physiological systems that may fail in illness, the psychological factors that may contribute to the development of illness, how we then cope with illness, and how the medical system copes with us when we become ill. We start therefore with a whole chapter dedicated to describing biological and bodily processes relevant to the physical experience of health and illness (Chapter 8). In this third edition, this chapter covers a broader range of illnesses, presents individual case study examples and includes more signposts to relevant psychological content to be found elsewhere in the book. Chapter 9 describes how we perceive, interpret and respond to symptoms, highlighting individual, cultural and contextual factors that influence these processes, and has been slightly restructured to more clearly distinguish illness perception from symptom perception. Also in this third edition you will find coverage of children and illness, in terms of their illness perceptions and responses, and throughout this chapter, as elsewhere in the textbook, we have drawn increasingly from qualitative studies, and also from good quality longitudinal studies. Chapter 10 describes how doctors and patients communicate in consultations to diagnose a problem, discuss treatment options, agree on a treatment plan and deal with the implications and emotions that illness brings. We include illustrations of ‘good’ and ‘not so good’ practice. The role of patient involvement in decision-making is an important one in current health policy and practice and the evidence as to the benefits of patient involvement is reviewed here.

In this third edition, we have featured some case studies, which are reflected on in Chapter 16 when describing interventions to enhance quality of life. The third edition considers healthcare policy and guidance as these highlight whether (or not) psychological theory and practice has ‘made a difference’; for example, we have outlined guidelines for treatment related to specific health problems, such as those produced by NICE in the UK. Chapter 12 takes us into the realm of stress, something that very few of us escape experiencing from time to time! We present an overview of stress theories, where stress is defined either as an event, a response or a series of responses to an event, or as a transaction between the individual experiencing and appraising the event, and its actual characteristics. We describe in some detail a field of study known as psychoneuroimmunology, involving the study of how the mind influences the body via alterations in immunological functioning, which then influence health status. In Chapter 12, we first present the research evidence pertaining to factors shown to ‘moderate’ the potentially negative effect of seemingly stressful events (e.g. aspects of personality, coping styles and strategies, social support, optimism), highlighting the complexity of the relationship between stress and illness. We then turn to methods of alleviating stress, and it becomes clear that there is not one therapeutic ‘hat’ to fit all, as we describe a range of cognitive, behavioural and cognitive-behavioural approaches.

In the third section, *Being Ill*, we turn our attention in two chapters to the impact of illness on the individual and their families. In the first of these (Chapter 13), we define and describe what is meant by ‘quality of life’ and how research has shown it to be challenged or altered by illness. In Chapter 14, we address other illness outcomes such as depression, and acknowledge the importance of family and significant others in patient outcomes. As stated earlier, perhaps unique to this textbook, there is a large section devoted to the impact of providing care for a sick person within the family and how differing beliefs and expectations of illness between the caregiver and the care-receiver can play a role in predicting health outcomes for both individuals. One of the many new RESEARCH FOCUS sections found in this third edition highlights this area of study. Chapter 15 addresses pain, a phenomenon that accounts for the majority of visits to a health professional and that has been shown to be much more than a physical experience. This chapter is the only symptom-specific chapter in our text, but we chose to contain a chapter on pain and place it at this point towards the end of our book because, by illustrating the multidimensional nature of pain, we draw together much of what has preceded (in terms of predictors and correlates of symptoms, healthcare processes, etc.). Pain illustrates extremely well the biopsychosocial approach health psychologists endeavour to uphold. In a similarly holistic manner, Chapter 16 looks at ways of improving

health-related quality of life by means of interventions such as stress management training, the use of social support and illness management programs.

Finally, we close the third edition of this text in the same way as we closed the first two editions, with Chapter 17, which we have called *Futures*. This chapter has changed significantly in that it now has three key foci: (1) how a number of psychological theories can be integrated to guide psychological interventions, (2) how the profession of health psychology is developing in a variety of countries and the differing ways it is achieving growth, and (3) how psychologists can foster the use of psychological interventions or psychologically informed practice in areas (both geographical and medical) where they are unused. We end our book, therefore, by highlighting areas where health psychology research has or can perhaps in the future, ‘make a difference’.

Hence this third edition contains much of what will be familiar to readers of the first and second, but rather than simply update our material (actually updating is not that simple!), we have, in summary, done the following:

- kept the same basic structure
- continued to construct sections and chapters within them on the basic principle of issue first, theory second, research evidence third, and where appropriate, interventions fourth
- continued to emphasise the social, environmental and cultural influences on health and illness
- continued to use Australian examples and research where possible, to orient the reader to the Australian health system and the issues unique to Australia
- increased use of qualitative studies and personal experiences in an attempt to make the experiences of trying to maintain health or becoming ill more personal and accessible—for example, through the use of case studies in some chapters
- added more features where they proved popular with readers and reviewers (e.g. WHAT DO YOU THINK?, RESEARCH FOCUS) and removed some where opinion was mixed
- provided a list of websites and further reading that link to both academic and healthcare-related sites and texts, providing an easy connection to a wide range of resources and interesting issues beyond what we present here.

We hope you enjoy reading the book and learn from it as much as we learned while writing it. Enjoy!

ABOUT THE AUTHORS

Val Morrison is a Senior Lecturer in Health Psychology, and a chartered health psychologist, based at Bangor University. She has taught psychology since 1992, while maintaining a vibrant research group investigating psychosocial predictors of patient and carer outcomes of chronic disease and cancer.

Paul Bennett is Research Professor in the Nursing, Health and Social Research Centre at the University of Cardiff. He has published several books on health and clinical psychology as well as over 100 academic papers and chapters.

Phyllis Butow is a clinical psychologist, who is Professor of Health Psychology at the University of Sydney, NSW, Australia, and a National Health and Medical Research Council Senior Principle Research Fellow. She founded the Centre for Medical Psychology and Evidence-based Decision-making (CeMPED) and the Australian Psycho-Oncology Co-operative Research Group (PoCoG). She has published widely in the area of psycho-oncology, and has over 450 articles published in peer-reviewed journals, has co-written one other book, co-edited four books and written 16 book chapters. She has a particular interest in doctor–patient communication, has facilitated many health professional communication skills workshops, and sits on a number of committees which have influenced the development of medical communication skills training in Australia.

Barbara Mullan is an Associate Professor and Deputy Head of school of the School of Psychology at Curtin University. She is a Chartered Health Psychologist with the British Psychological Society and is a registered health psychologist with the Health and Care Professions Council. She has worked in health psychology for more than 20 years and her teaching experience has been both in psychology and in allied health professions. Her research interests include social cognition models in predicting and intervening to improve health, particularly food-related behaviours, including food safety behaviours, nutrition, obesity and diabetes, the role of self-regulation and executive function in physical health and addiction. She is the author of over 130 peer-reviewed articles.

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This major project has required the reading of literally thousands of empirical and review papers published by health, social and clinical psychologists around the globe, many books and book chapters, and many newspapers to help identify some hot health issues. The researchers behind all this work are thanked for their contribution to the field.

On a more personal level, several key researchers and senior academics also acted as reviewers for our chapters. They provided honest and constructive feedback on every single page. They provided informed suggestions which really have made this a better book than it might otherwise have been! They also spotted errors and inconsistencies that are inevitable with such a large project, and took their role seriously.

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