

Chapter 1

Introducing Health Psychology

Lecture Outline

I. The Changing Field of Health

The field of health psychology developed relatively recently—the 1970s, to be exact—to address the challenges presented by the changing field of health and health care. A century ago, the average **life expectancy** in the United States was approximately 50 years of age, far shorter than it is now; life expectancy in the United States is nearly 80 years of age. In the United States, people died largely of infectious diseases such as pneumonia, tuberculosis, diarrhea, and enteritis (Figure 1.1). Improvements in the prevention and treatment of infectious disease allowed for a different class of disease to emerge as the new century's killers: **chronic diseases**, which develop and then persist or recur, affecting people over long periods of time. These changing patterns of disease have influenced the cost of medical care and even the definition of health, making it necessary to have a biopsychosocial model—a broad view of health.

A. Patterns of Disease and Death

The 20th century brought about major changes in the patterns of disease and death in the United States. During the last few years of the 20th century, deaths from some chronic diseases—those related to unhealthy lifestyles and behaviors—began to *decrease*. Deaths due to unintentional injuries, suicide, and homicide that primarily affect young and middle-aged people have increased in recent years. Significant increase also occurred in diseases, such as Alzheimer's disease and Parkinson's disease, indicating an increasing in older population.

Age

Age is an important factor in mortality. Cardiovascular disease and cancer account for about 60% of all deaths in the United States, but they are not the leading cause of death for young people. For individuals between 1 and 44 years of age, the leading cause of death is unintentional injuries and violent deaths from suicide and homicide.

Ethnicity, Income, and Disease

The United States ranks 24th among industrialized nations in terms of life expectancy, indicating that many countries are healthier than the United States. In addition, ethnicity is

a factor in life expectancy, but economic status and educational level are both related to ethnic background. African Americans have higher rates of health problems than European Americans. Hispanic Americans also experience poverty, low educational levels, and health disadvantages.

Changes in Life Expectancy

Life expectancy grew from 47.3 years in 1900 to more than 79 years today. The single most important contributor to the increase in life expectancy during the 20th century is lowering of infant mortality. Prevention of disease through vaccination, safer drinking water, better nutrition, healthier lifestyle, and more efficient disposal of sewage have also contributed to the increase in life expectancy

B. Escalating Cost of Medical Care

In the United States, costs of medical care have escalated far beyond the inflation rate. Between 1960 and 2005, medical costs represented a larger and larger proportion of gross domestic product (GDP); medical care costs as a percentage of the GDP have crept up to 15%. The total yearly cost of health care in the United States increased from \$1,067 per person in 1970 to \$7,826 in 2013 (a jump of more than 700%). One strategy for curbing mounting medical costs is to limit services, but another approach requires a greater emphasis on the early detection of disease and on changes to a healthier lifestyle and to behaviors that help prevent disease.

C. What is Health?

The **biomedical model** is the traditional view of Western medicine, which defines health as the absence of disease. This view conceptualizes disease exclusively as a biological process that is an almost mechanistic result of exposure to a specific **pathogen**, a disease-causing organism. The **biopsychosocial model** offers an alternative view, which includes biological, psychological, and social influences. This approach views health as a positive condition. According to the World Health Organization (WHO), “Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” This definition clearly affirms that health is a positive state and not just the absence of pathogens.

II. Psychology’s Relevance for Health

Health psychologists not only concentrate on the behavioral and lifestyle components in the development of chronic diseases, but they also attempt to help people cope with stress, control pain, and live with chronic disease.

A. The Contribution of Psychosomatic Medicine

Psychosomatic medicine is based on the premise that physical illness has its roots in psychological factors and emotional causes. This view emphasized the connection between emotion and disease, which is a positive contribution, but the negative aspect of psychosomatic medicine was the belief that disease has no real basis and is “all in the head.”

B. The Emergence of Behavioral Medicine

Two new and interrelated disciplines emerged from the psychosomatic medicine movement: *behavioral medicine* and *health psychology*. **Behavioral medicine** is “the interdisciplinary field concerned with the development and integration of behavioral and biomedical science knowledge and techniques relevant to health and illness and the application of this knowledge and these techniques to prevention, diagnosis, treatment, and rehabilitation.”

C. The Emergence of Health Psychology

At about the same time that behavioral medicine appeared, a task force of the American Psychological Association APA (1976) reported that few psychologists conducted health research. In 1978, with the establishment of Division 38 of the APA, the field of **health psychology** officially began. Health psychology is the branch of psychology that deals with individual behaviors and lifestyles affecting a person’s physical health and includes psychology’s contribution to health enhancement, disease prevention, and rehabilitation.

III. The Profession of Health Psychology

Health psychologists have their own associations, publish their research in journals, and acquire training in unique doctoral and postdoctoral programs. Health psychology has gained recognition in other fields of healthcare, such as medical schools, schools of public health, universities, and hospitals, and health psychologists work within all of these settings.

A. The Training of Health Psychologists

Health psychologists usually complete the core courses required of all psychologists and then a program specializing in health psychology. Health psychologists receive a solid core of graduate training in different areas of psychology. Some health psychologists also seek out training in medical subspecialties in a doctoral program, and many health psychologists also obtain postdoctoral training. Some experts have called for training that equips health psychologists to become primary health care providers in traditional medical settings, including preparation for board certification.

B. The Work of Health Psychologists

Health psychologists work in a variety of settings, and their work setting varies according to their specialty. Clinical health psychologists are often employed in hospitals, pain clinics, or community clinics. Other settings for clinical health psychologists include health maintenance organizations (HMOs) and private practice. Health psychologists may engage in some combination of teaching, conducting research, and providing a variety of services to individuals as well as private and public agencies.

Exploring Health on the Web

The Internet is a source for health information on all levels, from press releases to technical research. Problems arise in selecting valid information from the many sources available. Exploring Health on the Web offers information on selected Internet sites that provide credible health information.

<http://healthfinder.gov>

One of the main websites for obtaining health-related information and for finding links to other sites is healthfinder®. The U.S. Department of Health and Human Services maintains this gateway website, and it is an excellent place to access information and explore links to other sites devoted to health information. This website is oriented toward consumers and includes a homepage with a variety of choices that will help patients obtain information. The site also provides options that allow users to gain access to the technical health information collected by various government agencies.

<http://www.nlm.nih.gov/medlineplus>

MedlinePlus is a website that makes information available from the National Library of Medicine. It includes information from the National Institutes of Health and other government sources as well as information on health topics, hospitals and physicians, and prescription and nonprescription drugs. MedlinePlus can be a basic resource for obtaining health information because this website does not contain advertisements, is screened for quality of information, and is updated daily.

One feature on MedlinePlus is “MedlinePlus Guide to Healthy Web Surfing” (accessible at <http://www.nlm.nih.gov/medlineplus/healthywebsurfing.html>), which presents a series of warnings to those who seek health information on the Internet. The Internet offers a vast amount of information but little screening for quality or truth. The information on this website can help students think critically about the material they access from the Internet.

<http://www.health-psych.org/>

This website is home to APA's Division 38 and contains a section entitled "What is a Health Psychologist?" and "Frequently Asked Questions about Training in Health Psychology." This site can be a good resource for students who are interested in training and career opportunities in the field of health psychology.

<http://www.sbm.org/>

This website is the home for The Society of Behavioral Medicine. The Society for Behavioral Medicine is an organization of researchers and practitioners concerned with the development; evaluation; and integration of behavioral, psychosocial, and biomedical science techniques relevant to prevention, diagnosis, treatment, and rehabilitation of a variety of health conditions.

<http://www.cbsnews.com/health/>

Many media outlets such as CBS News provide video clips and articles related to new developments in health research. The Health section of the CBS News website posts timely general-interest health news and may be a useful resource for current, popular health information, and news. Many clips, available on the website, may provide useful introductions to the health issues discussed in the textbook.

Media Tools

Chapter 1 introduces the topic of socioeconomic disparities in health. Several excellent and short video clips are available that document these disparities. Following are few among many:

Discovering Psychology Ch 23: Health, Mind and Behavior

<https://www.youtube.com/watch?v=skJ9aigXDBE>

Episode on health psychology from "Discovering Psychology" series.

Placebo: Cracking the Code

<https://www.youtube.com/watch?v=QvbQnMvhQFw>

Fascinating documentary about the science and psychology of placebos, centered on a gathering of the Harvard Placebo Study Group at a remote cottage in Ireland. Featuring Nicholas Humphrey, Anne Harrington, Dan Moerman, Howard Fields, Fabrizio Benedetti. Directed by Jemima Harrison. 2002.

Wealth Equals Health

https://www.youtube.com/watch?v=NqzsMW8B0u4&index=1&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

Wealth and health are tightly linked in the United States. As immigrants remain in the country, as they "become American," their socioeconomic status becomes increasingly relevant to their health status. For those who experience discrimination, low wages, unstable employment, and other stressors, this relationship may erode the health advantage they enjoyed upon arrival in the country.

This clip is excerpted from "Becoming American," Episode 3 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and physical environments in which we are born, live, and work profoundly affect our longevity and health. The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Impact of Poverty and Stress on Diabetes among Native Americans

https://www.youtube.com/watch?v=3CJkTc8aCc&index=2&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

As Dr. Donald Warne explains, there is a direct biochemical connection between living in poverty and blood sugar levels. The stress of being poor and of having family members die young creates a complicated web of cultural values and beliefs that make controlling diabetes more difficult. Add to that the lack of availability of healthy food and it's no wonder diabetes rates are high.

This video is a Web-exclusive supplement to "Bad Sugar," Episode 4 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and physical environments in which we are born, live, and work profoundly affect our longevity and health. The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Mind-Body Medicine

https://www.youtube.com/watch?v=OsBtjW61Vyw&index=3&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

Professor of psychology Sheldon Cohen explains the link between stress and more severe cold symptoms.

Latino Paradox

https://www.youtube.com/watch?v=JpL4lkoju84&index=5&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

Two researchers present findings related to the "Latino paradox," the fact that new Latino immigrants, despite having, on average, lower incomes and highly stressful lives, suffer lower rates of chronic and mental illness than the average native-born American.

This clip is excerpted from "Becoming American," Episode 3 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and physical environments in which we are born, live, and work profoundly affect our longevity and health. The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Arriving Healthy

https://www.youtube.com/watch?v=W5KfDL-nlRE&index=6&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

New immigrants arriving in the United States tend to be healthier than the average American, but as they remain in the country, their health declines...

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There's No Such Thing as Small Stuff: Being Poor in Louisville

https://www.youtube.com/watch?v=dshh1JLO3ps&index=7&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

Mary Turner lives in a poor neighborhood of Louisville, Kentucky. With three teenage children, a husband on disability, and health complications that prevent her from working, Mary must budget carefully to keep her family fed and housed. In this video, she discusses the choices she faces every day, quickly but eloquently presenting a glimpse of one woman's life at the lower end of the U.S. socio-economic

spectrum.

This video is a Web-exclusive supplement to "In Sickness and In Wealth," Episode 1 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and physical environments in which we are born, live, and work profoundly affect our longevity and health. The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Unraveling the Mystery of Black-White Differences in Infant Mortality

https://www.youtube.com/watch?v=INc1a6u8yP4&index=8&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

Neonatologists James Collins and Richard David specialize in the care of infants born too soon or too small. Their research on differences in birth outcomes between African American and white American women points to a provocative idea: the cumulative stress of racism is taking a toll on African American families even before they are born.

This clip is excerpted from "When the Bough Breaks," Episode 2 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and physical environments in which we are born, live, and work profoundly affect our longevity and health. The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Native American Treaties and Health Care

https://www.youtube.com/watch?v=shOeDqgOCbM&index=9&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

Dr. Donald Warne explains that Native Americans are the only U.S. group born with a legal right to health care. Historically, however, American Indian health care programs have been inadequately funded, especially compared with other federally subsidized health care.

Living in Disadvantaged Neighborhoods is Bad for your Health

https://www.youtube.com/watch?v=pzafgHG7EFE&index=10&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

Why is your street address such a good predictor of your health? Increasingly, Southeast Asian immigrants like Gwai Boonkeut are moving into neglected urban neighborhoods where African Americans have long suffered, and now their health is being eroded too. What can be done to create a neighborhood that promotes rather than destroys health?

This clip is excerpted from "Place Matters," Episode 5 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and physical environments in which we are born, live, and work profoundly affect our longevity and health. The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Importance of Culturally Appropriate Care for Native Americans

https://www.youtube.com/watch?v=uCDXs0Rtqn8&index=11&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

Modern medicine teaches a rigid, scientific approach to disease prevention. Yet practitioners like Dr. Donald Warne argue that to be effective, health care programs must be locally controlled and responsive to the needs and beliefs of diverse individuals and groups. For Native Americans in particular, role models and interventions must come from within the community.

This video is a Web-exclusive supplement to "Bad Sugar," Episode 4 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and physical environments in which we are born, live, and work profoundly affect our longevity and health.

The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Impact of Poverty and Stress on Diabetes among Native Americans

https://www.youtube.com/watch?v=3CJKtC8aCc&index=12&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

As Dr. Donald Warne explains, there is a direct biochemical connection between living in poverty and blood sugar levels. The stress of being poor and of having family members die young creates a complicated web of cultural values and beliefs that make controlling diabetes more difficult. Add to that the lack of availability of healthy food and it's no wonder diabetes rates are high.

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How Racism Impacts Pregnancy Outcomes

https://www.youtube.com/watch?v=k8fuzh4d544&index=13&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

UCLA obstetrician and gynecologist Dr. Michael Lu believes that for many women of color, racism over a lifetime, not just during the 9 months of pregnancy, increases the risk of preterm delivery. To improve birth outcomes, Lu argues, we must address the conditions that impact women's health not just when they become pregnant but from childhood, adolescence, and into adulthood.

This video is a Web-exclusive supplement to "When the Bough Breaks," Episode 2 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and physical environments in which we are born, live, and work profoundly affect our longevity and health. The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Health in America

https://www.youtube.com/watch?v=w98GSXBEyQw&index=14&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

The U.S. is one of the richest countries in the world, yet we rank 29th for life expectancy. We spent more than twice what other countries spend per capita on health care. Why aren't we healthier?

This video is excerpted from "In Sickness and In Wealth," Episode 1 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and physical environments in which we are born, live, and work profoundly affect our longevity and health. The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Growing Wealth Divide is Bad for Health

https://www.youtube.com/watch?v=Zci9LD-Ay1I&index=15&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

In Michigan, as in other parts of the country, there's a growing chasm between the "haves" and the "have nots." As unemployed workers struggle to make ends meet and suffer declining health as a result, the wealthiest Americans are enjoying the spoils of our "winner-take-all" society.

This clip is excerpted from "Not Just a Paycheck," Episode 7 of "UNNATURAL CAUSES: Is Inequality Making Us Sick?" This ground-breaking documentary series looks at how the social, economic, and

physical environments in which we are born, live, and work profoundly affect our longevity and health. The series broadcast nationally on PBS in spring 2008, and can be bought on DVD from California Newsreel, www.newsreel.org

Possibly the unhealthiest restaurant in the world – Horizon: Eat, Fast, and Live Longer

https://www.youtube.com/watch?v=JRJMxZgtlfE&index=16&list=PLjevyYMSBOfJWgD9sRqazJ_x45Ao5KFrI

More about this programme: <http://www.bbc.co.uk/programmes/b01lxyzc>

Presenter Michael Mosley visits the Heart Attack Grill to try out the world's highest calorie burger.

Chapter 1 also introduces the biopsychosocial model. The following video clips examine this model.

<http://www.learner.org/series/discoveringpsychology/23/e23expand.html>

The video entitled “Holistic Medicine and the Biopsychosocial Approach” is narrated by Dr. Phil Zimbardo of Stanford University and examines how psychological factors impact physical health (00:26:37).

<http://www.youtube.com/watch?v=OsBtjW61Vyw>

“Mind-Body Medicine” showcases Sheldon Cohen’s work on stress and colds (see “Would you Believe...?” box in Chapter 1) (00:01:42). The text also revisits these ideas again in Chapters 5 and 6, and students may enjoy reading a popular press article summarizing Cohen’s work:

<http://www.bbc.com/future/story/20120619-how-stress-could-cause-illness/> .

Chapter 1 also introduces careers in Health Psychology.

https://www.youtube.com/watch?v=MydHCzNm_gM Health Psychology 2015. What do Health Psychologists Do? Graduate students at Kings College London discuss potential specialties and careers in the field. (4:25)

Discussion Questions

1. Your text discusses the interrelationship between health and age, ethnicity, income, and educational level. Can you measure the independent effects of these variables? Why or why not?
2. The WHO definition sets a very high standard of health. According to this definition, are you healthy? Are most Americans healthy?
3. What training do health psychologists receive? How might you combine training in several fields to address current health needs? For example, a degree in health psychology added to advanced training in nutrition and communication can prepare you for a career in health marketing.
4. What jobs can health psychologists do? How are these careers likely to expand and change in the future?

What-If Scenario

Instructors are skilled professionals in creating classroom experiences that enhance the student's reading and learning. Things don't always go as planned. This section will provide an additional suggestion based on the chapter content.

What if the students do not discuss? One way to encourage conversation is to insist that students get up and move. If your setting permits, you can post signs around the room, forcing students to answer the question with their bodily presence and their voice. For example, you can create statements and two signs; one indicating “biomedical perspective” and the other indicating “biopsychosocial perspective.” Ask the students to move to one sign or the other. Ask students to defend their answers.

Key Terms

Life expectancy—average age at which individuals in a given sex and geographic area can expect to live

Chronic diseases—ongoing illnesses such as heart disease, cancer, and stroke

Biomedical Model—traditional view of western medicine, which defines health as the absence of disease

Pathogen—disease-causing organism

Biopsychosocial Model—approach to health that includes biological, psychological, and social influences

Behavioral medicine—interdisciplinary field concerned with the development and integration of behavioral and biomedical science knowledge and techniques relevant to health and illness and the application of this knowledge and these techniques to prevention, diagnosis, treatment, and rehabilitation

Health psychology—branch of psychology that considers how individual behaviors and lifestyles affect a person's physical health

Assignments

1. Defining Health

In Chapter 1, students will learn that college is good for their health (“Would You Believe...?”) but students likely will come into this course with differing perceptions of what “health” means. Table 1.2 in the textbook lists definitions of health. Asking students to define health before they read the chapter may provide useful information for you (and your students) as you progress through the course. For example, asking students a wide range of questions about their health before you begin the course may provide you with some data and current health behavior of your students: What is health? What behaviors should one engage in to be healthy? Are you engaging in these behaviors? Why or why not? Introduce topic with the video entitled “Holistic Medicine

and the Biopsychosocial Approach.”

<http://www.learner.org/series/discoveringpsychology/23/e23expand.html>

2. Personal Health Profile I—Personal Definition of Health

As a course project, you may choose to have your students complete a Personal Health Profile in which they examine their personal health-related behaviors, review the literature concerning these different behaviors, and write an analysis of things they are doing right and things they could change to improve their health and lower their risks for disease. This activity is designed to begin in this chapter and continue for the duration of the course.

For Chapter 1, students should examine their personal definitions of health as a beginning for their Personal Health Profile. One way to examine personal definitions of health is through completion of the Multidimensional Health Locus of Control (MHLC) Scale available at the link mentioned below.

Link: <http://www.vanderbilt.edu/nursing/kwallston/mhlcforma.htm> with scoring instructions
<http://www.vanderbilt.edu/nursing/kwallston/scoringmhlc.htm>

Citation:

Wallston, K. A., Strudler Wallston, B., (1978). Development of the multidimensional health locus of control (MHLC) scales. *Health Education & Behavior*, 6(1), 160–170.

3. International Mortality Rates

Chapter 1 presents the causes of death in the United States for the years 1900 and 2013. During those years, the causes of death in the United States shifted from predominantly infectious diseases to mostly chronic diseases. However, this trend has not occurred in all countries.

Ask your class to research the leading causes of death in other countries. One source for life expectancy information is the CIA *World Factbook*, which is published yearly. They can access this information by going to <https://www.cia.gov/library/publications/the-world-factbook>. This website allows a download of the current *Factbook* or a search of the database. Examining the information will allow students to build a picture of patterns of illness and death in countries around the world. After identifying these causes of death, discuss whether they are due to illness or violence and whether the illnesses are acute or chronic.

The leading causes of death for some countries match more closely with the United States' statistics in 1900 than those for 2013. Some countries have a similar pattern of causes of death

but a lower death rate than the United States. Discuss both types of differences and the economic and social factors that contribute to each country's leading causes of death.

4. Personal Beliefs about the Nature of Illness

Explore people's conceptualization of illness by allowing your students to interview people about their last illness. The interviewer should ask the person to explain the illness, why he or she got sick, and what helped the person to get well.

Class members can examine the explanations for biological, psychological, and social attributions for illness. These attributions may also appear in the explanations for getting well. Do these people's explanations of their illness reflect a biopsychosocial model of illness?

5. Interview a Health Psychologist

To better understand the work of health psychologists, your students can interview a health psychologist. (To avoid burdening health psychologists, this activity might be best as a group assignment. Divide your class into groups, and have each group prepare a set of questions for the psychologists). Students should attempt to locate some health psychologists who work in academic settings and some who provide assessment, diagnosis, and therapy services.

The health psychologists may be interviewed by students, involved in a panel discussion, or can even provide their answers over email. After students have gathered the information, they should participate in a discussion to examine how the information matches and diverges from their conceptions of what health psychologists do.

Chapter 2

Conducting Health Research

Lecture Outline

A **placebo** is an inactive substance or condition that has the appearance of an active treatment and that may cause people to improve or change their behavior. A belief in the effectiveness of a treatment boosts the treatment's effectiveness. However, this effect presents a problem for researchers who want to determine which effects are due to treatment and which are due to beliefs about the treatment.

I. The Placebo in Treatment and Research

A. Treatment and the Placebo

Henry Beecher (1955) observed the effects of placebos on a variety of conditions and concluded that the therapeutic effect of the placebo was substantial—about 35% of patients showed improvement. Some researchers argue that the placebo effect is responsible for much of the effectiveness of antidepressant drugs. Some conditions such as broken bones are not responsive to placebos. The more a placebo resembles an effective treatment, the stronger the placebo effect. Placebos can also produce adverse effects, called the **nocebo effect**. Both expectancy and learning are factors in the placebo response. In most situations involving medical treatment, patients' improvements may result from a combination of treatment plus the placebo effect.

B. Research and the Placebo

The placebo effect presents problems for research because they present problems in evaluating treatment effectiveness. Researchers try to control for placebo effects by designing single-blind and double-blind designs. The arrangement in which neither participants nor experimenters know about treatment conditions is called a **double-blind design**. In a **single-blind design**, the participants do not know if they are receiving the active or inactive treatment, but the providers are not blind to treatment conditions.

II. Research Methods in Psychology

When scientists are familiar with one another's work, they use controlled methods, try to keep personal biases from contaminating results, make claims cautiously, and replicate their studies. To

understand behaviors related to health and disease, researchers use a variety of methods, including *correlational studies*, *cross-sectional studies*, *longitudinal studies*, *experimental designs*, and *ex post facto designs*.

A. Correlational Studies

Correlational studies indicate the degree of relationship between two variables, such as body fat and heart disease. This approach is a type of *descriptive research* design. To assess the degree of relationship between two variables, the researcher measures each of these variables in a group of participants and then calculates the **correlation coefficient** between these measures. The calculation yields a number that varies between -1.00 to and $+1.00$.

Correlations that are closer to ± 1.00 indicate stronger relationships than do correlations that are closer to 0.00 . Small correlations—those less than 0.10 —can be *statistically significant* if they are based on a very large number of observations, as in a study with many participants.

B. Cross-Sectional and Longitudinal Studies

Cross-sectional studies are those conducted at only one point in time, whereas **longitudinal studies** follow participants over an extended period. In a cross-sectional design, the investigator studies a group of people from at least two different age groups to determine the possible differences between the groups on some measure. Cross-sectional studies can show differences between groups, but longitudinal studies can reveal developmental trends. This characteristic is an advantage of longitudinal studies, but they have the disadvantage of taking a long time and being expensive.