

A LIGHT INTO HEALTH PSYCHOLOGY

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Introduction

During the nineteenth century, modern medicine was established. ‘Man’ (the nineteenth century term) was studied using dissection, physical investigations and medical examinations. Darwin’s thesis, *The Origin of Species*, was published in 1856 and described the theory of evolution. This revolutionary theory identified a place for man within nature and suggested that we were part of nature, that we developed from nature and that we were biological beings. This was in accord with the biomedical model of medicine, which studied man in the same way that other members of the natural world had been studied in earlier years. This model described human beings as having a biological identity in common with all other biological beings.

What is the biomedical model?

The biomedical model of medicine can be understood in terms of its answers to the following questions:

What causes illness?

According to the biomedical model of medicine, diseases either come from outside the body, invade the body and cause physical changes within the body, or originate as internal involuntary physical changes. Such diseases may be caused by several factors such as chemical imbalances, bacteria, viruses and genetic predisposition.

Who is responsible for illness?

Because illness is seen as arising from biological changes beyond their control, individuals are not seen as responsible for their illness. They are regarded as victims of some external force causing internal changes.

How should illness be treated?

The biomedical model regards treatment in terms of vaccination, surgery, chemotherapy and radiotherapy, all of which aim to change the physical state of the body.

Who is responsible for treatment?

The responsibility for treatment rests with the medical profession.

What is the relationship between health and illness?

Within the biomedical model, health and illness are seen as qualitatively different – you are either healthy or ill, there is no continuum between the two.

What is the relationship between the mind and the body?

According to the biomedical model of medicine, the mind and body function independently of each other. This is comparable to a traditional dualistic model of the mind–body split. From this perspective, the mind is incapable of influencing physical matter and the mind and body are defined as separate entities. The mind is seen as abstract and relating to feelings and thoughts, and the body is seen in terms of physical matter such as skin, muscles, bones, brain and organs. Changes in the physical matter are regarded as independent of changes in state of mind.

What is the role of psychology in health and illness?

Within traditional biomedicine, illness may have psychological consequences, but not psychological causes. For example, cancer may cause unhappiness but mood is not seen as related to either the onset or progression of the cancer.

The twentieth century

Throughout the twentieth century, there were challenges to some of the underlying assumptions of biomedicine. These developments included the emergence of psychosomatic medicine, behavioural health, behavioural medicine and, most recently, health psychology. These different areas of study illustrate an increasing role for psychology in health and a changing model of the relationship between the mind and body.

Psychosomatic medicine

The earliest challenge to the biomedical model was psychosomatic medicine. This was developed at the beginning of the twentieth century in response to Freud's analysis of the relationship between the mind and physical illness. At the turn of the century, Freud described a condition called 'hysterical paralysis', whereby patients presented with paralysed

limbs with no obvious physical cause and in a pattern that did not reflect the organization of nerves. Freud argued that this condition was an indication of the individual's state of mind and that repressed experiences and feelings were expressed in terms of a physical problem. This explanation indicated an interaction between mind and body and suggested that psychological factors may not only be consequences of illness but may contribute to its cause.

Behavioural health

Behavioural health again challenged the biomedical assumptions of a separation of mind and body. Behavioural health was described as being concerned with the maintenance of health and prevention of illness in currently healthy individuals through the use of educational inputs to change behaviour and lifestyle. The role of behaviour in determining the individual's health status indicates an integration of the mind and body.

Behavioural medicine

A further discipline that challenged the biomedical model of health was behavioural medicine, which has been described by Schwartz and Weiss (1977) as being an amalgam of elements from the behavioural science disciplines (psychology, sociology, health education) and which focuses on health care, treatment and illness prevention. Behavioural medicine was also described by Pomerleau and Brady (1979) as consisting of methods derived from the experimental analysis of behaviour, such as behaviour therapy and behaviour modification, and involved in the evaluation, treatment and prevention of physical disease or physiological dysfunction (e.g. essential hypertension, addictive behaviours and obesity). It has also been emphasized that psychological problems such as neurosis and psychosis are not within behavioural medicine unless they contribute to the development of illness. Behavioural medicine therefore included psychology in the study of health and departed from traditional biomedical views of health by not only focusing on treatment, but also focusing on prevention and intervention. In addition, behavioural medicine challenged the traditional separation of the mind and the body.

Health psychology

Health psychology is probably the most recent development in this process of including psychology in an understanding of health. It was described by Matarazzo as 'the aggregate of the specific educational, scientific and professional contribution of the discipline of

psychology to the promotion and maintenance of health, the promotion and treatment of illness and related dysfunction' (Matarazzo 1980: 815). Health psychology again challenges the mind-body split by suggesting a role for the mind in both the cause and treatment of illness but differs from psychosomatic medicine, behavioural health and behavioural medicine in that research within health psychology is more specific to the discipline of psychology.

Health psychology can be understood in terms of the same questions that were asked of the biomedical model:

What causes illness?

Health psychology suggests that human beings should be seen as complex systems and that illness is caused by a multitude of factors and not by a single causal factor. Health psychology therefore attempts to move away from a simple linear model of health and claims that illness can be caused by a combination of biological (e.g. a virus), psychological (e.g. behaviours, beliefs) and social (e.g. employment) factors. This approach reflects the biopsychosocial model of health and illness, which was developed by Engel (1977, 1980). The biopsychosocial model represented an attempt to integrate the psychological (the 'psycho') and the environmental (the 'social') into the traditional biomedical (the 'bio') model of health as follows:

- (1)The bio contributing factors included genetics, viruses, bacteria and structural defects;
- (2)The psycho aspects of health and illness were described in terms of cognitions (e.g. expectations of health), emotions (e.g. fear of treatment) and behaviours (e.g. smoking, diet, exercise or alcohol consumption);
- (3)The social aspects of health were described in terms of social norms of behaviour (e.g. the social norm of smoking or not smoking), pressures to change behaviour (e.g. peer group expectations, parental pressure), social values on health (e.g. whether health was regarded as a good or a bad thing), social class and ethnicity.

■ Who is responsible for illness?

Because illness is regarded as a result of a combination of factors, the individual is no longer simply seen as a passive victim. For example, the recognition of a role for behaviour in the cause of illness means that the individual may be held responsible for their health and illness.

How should illness be treated?

According to health psychology, the whole person should be treated, not just the physical changes that have taken place. This can take the form of behaviour change, encouraging changes in beliefs and coping strategies and compliance with medical recommendations.

Who is responsible for treatment?

Because the whole person is treated, not just their physical illness, the patient is therefore in part responsible for their treatment. This may take the form of responsibility to take medication, responsibility to change beliefs and behaviour. They are not seen as a victim.

What is the relationship between health and illness?

From this perspective, health and illness are not qualitatively different, but exist on a continuum. Rather than being either healthy or ill, individuals progress along this continuum from healthiness to illness and back again.

What is the relationship between the mind and body?

The twentieth century has seen a challenge to the traditional separation of mind and body suggested by a dualistic model of health and illness, with an increasing focus on an interaction between the mind and the body. This shift in perspective is reflected in the development of a holistic or a whole person approach to health. Health psychology therefore maintains that the mind and body interact. However, although this represents a departure from the traditional medical perspective, in that these two entities are seen as influencing each other, they are still categorized as separate – the existence of two different terms (the mind/the body) suggests a degree of separation and ‘interaction’ can only occur between distinct structures.

What is the role of psychology in health and illness?

Health psychology regards psychological factors not only as possible consequences of illness but as contributing to its aetiology. Figure 1.1 The biopsychosocial model of health and illness. Health psychologists consider both a direct and indirect association between psychology and health. The direct pathway is reflected in the physiological literature and is illustrated by research exploring the impact of stress on illnesses such as coronary heart disease and cancer. From this perspective, the way a person experiences their life (‘I am

feeling stressed') has a direct impact upon their body which can change their health status. The indirect pathway is reflected more in the behavioural literature and is illustrated by research exploring smoking, diet, exercise and sexual behaviour. From this perspective, the ways a person thinks ('I am feeling stressed') influences their behaviour ('I will have a cigarette') which in turn can impact upon their health.

Theories and health psychology

Health psychology draws upon a range of psychological perspectives for its theories. For example, it uses learning theory with its emphasis on associations and modelling, social cognition theories with their emphasis on beliefs and attitudes, stage theories with their focus on change and progression, decision-making theory highlighting a cost-benefit analysis and the role of hypothesis testing and physiological theories with their interest in biological processes and their links with health. Further, it utilizes many key psychological concepts such as stereotyping, self-identity, risk perception, self-efficacy and addiction. This book describes many of these theories and explores how they have been used to explain health status and health-related behaviours. Some of these theories have been used across all aspects of health psychology such as social cognition models and stage theories. In contrast, other theories and constructs have tended to be used to study specific behaviours. These are therefore described within each specific chapter. However, as crossfertilization is often the making of good research, many of these theories could also be applied to other areas.

Methodology and health psychology

Health psychology also uses a range of methodologies. It uses quantitative methods in the form of surveys, randomized control trials, experiments and case control studies. It also uses qualitative methods such as interviews and focus groups and researchers analyse their data using approaches such as discourse analysis, interpretative phenomenological analysis (IPA) and grounded theory.

What is the future of health psychology?

Health psychology is an expanding area in the UK, across Europe, in Australia and New Zealand and in the USA. For many students this involves taking a health psychology course as part of their psychology degree. For some student's health psychology plays a part of their studies for other allied disciplines, such as medicine, nursing, health studies and dentistry.

However, in addition to studying health psychology at this preliminary level, an increasing number of students carry out higher degrees in health psychology as a means to develop their careers within this field. This has resulted in a range of debates about the future of health psychology and the possible roles for a health psychologist. To date these debates have highlighted two possible career pathways: the clinical health psychologist and the professional health psychologist.

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