

# **health psychology: biopsychosocial interactions**

AN AUSTRALIAN PERSPECTIVE

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# health psychology: biopsychosocial interactions

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# Dedication

*To my parents Alfio and Rosetta, and my uncle Albert.*

*In memory and gratitude.*



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# Preface

When I was approached by John Wiley Australia to write an Australian adaptation of Edward Sarafino's *Health Psychology: Biopsychosocial Interactions*, I was extremely excited and felt very privileged to be involved in such a project. I have taught Health Psychology in the Psychology degree program at James Cook University since 1992, and have also taught variations of the subject to Nursing Science and Social Work students. While I have adopted several different texts for these courses, I have often returned to Sarafino's book. This widely respected text is comprehensive, easy to read and well liked by students. Over time, however, I came to recognise the need for a text that was relevant to the experience of students in Australia. Students needed a resource book that was similarly comprehensive, but that cited up-to-date Australian statistics on disease incidence and prevalence, discussed the Australian health care system, examined the findings of national surveys, and reviewed Australian health promotion programs and studies by Australian researchers.

My objective has been to update Sarafino's text with recent research conducted both within and outside Australia. I have incorporated Australian statistics (for example on disease and mortality incidence, and health risk) and documented Australian health programs and health-related research conducted by health psychologists, public health researchers and those working in related fields.

My job was facilitated by the wealth of creative ideas and innovative research in Australia coming out of professions such as public health, psychology and nursing. Although it was not possible to incorporate all these ideas, I believe that the research included represents the high quality of work being done in Australia. I have also incorporated historical material on infectious diseases during the early settlement of Australia, trends over time in eating patterns, smoking and alcohol use in Australia, along with anecdotal data and the recounted experiences of well-known Australians. New sections include those on psychosocial responses to disaster and traumatic events (chapter 3); social support as transactional process (chapter 4); applications of the theories of reasoned action and planned behaviour (chapter 6); and the use of the PRECEDE/PROCEED model as a guiding framework for health promotion in community health psychology (chapter 6). This new material serves to complement Sarafino while maintaining the integrity of the original text.

One additional theme makes this book unique — namely, its sustained focus on life-span development in health and illness. For example, the book discusses how health and health-related behaviour change with age, and describes health care issues and examples that pertain to pediatric and elderly patients.

The biopsychosocial model remains the basic explanatory theme for understanding the whole person in health and illness. The components of the model interrelate in a dynamic and continuous fashion, consistent with the concept of *systems*. The psychological research cited reflects an eclectic orientation and supports a variety of behavioural, physiological, cognitive and social-personality viewpoints. In addition, gender and sociocultural differences in health and related behaviours are addressed at many points in the book. In these ways, this book presents a balanced view of health psychology, positioning it squarely in the mainstream of current thinking in the field.

*Health Psychology: Biopsychosocial Interactions — an Australian Perspective* draws on the research and theoretical perspectives of many disciplines to illustrate the interrelationship of psychology and health. This depth makes it a teaching resource suitable for undergraduate and postgraduate courses on health psychology or behavioural medicine taught within Psychology degree programs, Nursing Science or Medicine. The material will be



relevant and interesting to students from disciplines other than psychology, such as public health, nursing, medicine, allied health and social work. Undergraduate training in health psychology has developed rapidly and can play an important role in helping students from many disciplines to understand the interplay of biological, psychological and social factors in people's health. The text, and the exhaustive bibliography, will also be a valuable resource for practitioners and researchers in allied health professions.

The field of health psychology is exciting because of its relative infancy in Australia. It can be seen as a focal point for the application of psychological principles and psychological theory emanating from many other fields within psychology. Health psychology is particularly interesting because of its relevance to the lives of students, the researchers who study biopsychosocial aspects of health and illness, and the people students will work with in the future. Researchers from many disciplines, including psychology, are uncovering fascinating relationships between behaviour and health, and learning more about the roles of cognition, emotion and personality in health, adjustment to medical conditions and rehabilitation. Keeping up to date across such a broad field has been a challenge. In addition to some two thousand publications cited by Sarafino, close to another thousand, most published in the past few years, have been cited in this Australian edition.

Writing this book has been both a major undertaking and a very rewarding experience. I have read more deeply in the literature than could possibly be acknowledged here, and I am greatly indebted to all those researchers whose work I have cited. As Sarafino has remarked, without their endeavours there would be no health psychology. I would particularly like to thank Professor Don Byrne, for his work on chapters 13 and 14, and Professor Paul Martin, for chapters 11 and 12.

There are a number of other people whose contribution I would like to acknowledge. At John Wiley & Sons Australia, I am indebted to Judith Fox, who was the publishing editor for much of the duration of this project. Without her enthusiasm, encouragement and support this book would not have been possible. I would also like to extend my appreciation to Janine Burford in her role of publishing editor during the latter part of the project, and for the excitement she brought to the final stages. Special thanks are also extended to project editor Jem Bates, who has been a true gem in the expertise he has brought to the editorial process, his coordinating abilities and most importantly in his generosity with time and his patience. A number of other Wiley people deserve special acknowledgement — namely, developmental editor Rebecca Gollan, senior editor Catherine Spedding, publishing assistant Pam Hollander and the Wiley Production staff.

I have also benefited from the many helpful suggestions made by the following reviewers: Paula Shulz, Australian Catholic University McCauley; Don Byrne, Australian National University; Doug MacLean, University of Newcastle; and John Connors, Charles Sturt University, Wagga Wagga.

Other individuals deserve mention. I would like to thank the Head of the School of Psychology at James Cook University, Professor Colin Ryan, for his support and many kind words of encouragement during the writing of this book. Rebecca Wood, in her role as research assistant in the early phases of this project, contributed many hours in organising inter-library loans and photocopying articles. I would also like to thank the countless academics both within and outside my field who have had a significant influence on my work. Of my family, I would like to thank most especially my best friend, sister and colleague, Dr Nerina Caltabiano, and my niece Amelia for their unwavering support. Finally, thank you to the students, who make all this work worthwhile.

Marie L. Caltabiano  
October 2001



# To the student

'I wish I could help my father stop smoking,' a student in one of our health psychology courses said. Maybe she did help — he had quit by the end of the semester. This example points out two things that will probably make health psychology interesting to you: (1) the material is *personally relevant* and (2) many of the things you learn can actually be *applied* in your everyday life. Studying health psychology will also help you answer important questions you may have considered about health and psychology in the past. Does the mind affect our health — and if so, how? What effect does stress have on health and recovery from illness? What can be done to help people lead healthier lives than they do? Why don't patients follow their doctors' advice, and what can health care workers do to help? What special needs do children have as patients, and how can parents and health care workers address these needs? How can families, friends, and health care workers help patients adjust to disabling or life-threatening health problems?

As these questions indicate, a knowledge of health psychology can be relevant both now and later when you enter *your future career*. This is so whether you are studying to be a psychologist, medical social worker, nurse or doctor, physical or occupational therapist, public health worker or health educator. You will learn in this book that the relationship between a person's health and psychology involves a 'two-way street' — each affects the other. Psychological factors go hand in hand with medical approaches in preventing and treating illness and in helping patients adjust to the health problems they develop.

## THE BOOK

This book was designed for you, the reader. First and foremost, it provides a thorough and up-to-date presentation of the major issues, theories, concepts and research in health psychology undertaken both within and outside Australia. Throughout the book, the major point of view is 'biopsychosocial' — that is, that health and illness influence and result from the interplay of biological, psychological and social aspects of people's lives. Because integrating these aspects involves complex concepts and technical

material, we have made special efforts to write in a straightforward, clear and engaging fashion. When a new term is introduced it is defined immediately; important terms are set in bold type, listed as 'key terms' at the end of the chapter and defined in the glossary at the back of the book. Examples and case studies are included to clarify sometimes complex concepts.

Three types of boxed feature are presented throughout the book in order to illustrate or elaborate on surrounding content. These features are identified in the text by the corresponding icons.



**Highlight on Issues.** Applied, high-interest and new frontier topics are highlighted here. They feature issues such as the effects of second-hand smoke, the burden of caregiving, careers relating to health and psychology, breast and testicular self-examination, and acute pain in burn patients.



**Focus on Research.** These features spotlight the research methods used in health psychology, reviewing unique or interesting research findings on topics such as heredity and alcohol abuse, the effect on heart disease of changing Type A behaviour, stress and immune response, and inducing pain in laboratory research.



**Assess Yourself.** Here students are given the opportunity to examine their own health-related characteristics, knowledge and beliefs on issues such as daily hassles, eating self-efficacy, alcohol use, AIDS, responding to pain, emotional support and ethical questions.

To help you absorb the material and remember it longer, the book also includes the following learning aids:

- **Chapter contents and prologue.** Each chapter begins with a contents list that outlines the major topics in the order in which they are covered. The prologue then introduces the chapter with a vignette that is relevant to the material ahead and gives an overview of the ideas you will read about.
- **Illustrations.** The many figures and tables in each chapter are designed to clarify concepts and research findings and help them stick in your mind.



- **Summary and key terms.** Each chapter closes with two features: (1) the summary, which presents the most important ideas covered, and (2) the key terms — a list of the most important terms in the chapter.
- **Glossary.** The glossary at the back of the book gives definitions of important terms and concepts, along with pronunciation keys for the most difficult words. It will be useful when you are studying or reading and are not sure of the exact meaning or pronunciation of a term.

## ORGANISATION

The text is organised so that the main focus progresses across chapters from *primary prevention* (parts 1 to 3), through *secondary prevention* (parts 4 and 5), to *tertiary prevention* and care (part 6). The book is divided into seven parts.

**Part 1.** Chapter 1 presents a history and overview of health psychology, and introduces the main concepts and research methods used. Chapter 2 introduces the body's physical systems to help the student to understand how these systems interrelate. This introduction provides students with a useful resource to refer back to when each system is discussed in later chapters. (You will note in the sections on metabolism and body weight that we have retained the imperial unit of measure the *calorie*, since this term remains more generally recognised than the *kilojoule*. The metric equivalent of one calorie is 4.186 kilojoules.)

**Part 2.** Chapters 3 and 4 examine stress in relation to illness, and chapter 5 looks at ways of coping with and reducing stress. The position of this discussion early in the book recognises stress's influence on a wide range of health-related problems.

**Part 3.** The following chapters consider largely non-clinical approaches to enhancing health and preventing illness. Chapter 6 discusses health-related behaviours and public health promotion programs. Chapter 7 focuses on smoking, and on alcohol and drug use and abuse. Chapter 8 considers nutrition, weight control, physical activity and safety issues.

**Part 4.** Chapter 9 describes the kinds of health services available in Australia, the patient–practitioner relationship, and patients' adherence to medical regimes. Chapter 10 introduces the hospital setting, staff and procedures, how patients cope with the physical and mental stresses they experience there, and the role of health psychologists in this coping process.

**Part 5.** Pain is the focus of the next two chapters. Chapter 11 explores the nature of clinical pain and its symptoms, while chapter 12 discusses medical and psychosocial approaches to managing and controlling pain.

**Part 6.** The following two chapters emphasise tertiary prevention through an examination of chronic and life-threatening health problems. Chapter 13 addresses serious chronic illnesses, such as asthma, diabetes and arthritis, along with their medical and psychosocial treatments. Chapter 14 examines four high-mortality illnesses — heart disease, stroke, cancer and AIDS — and people's experiences with terminal illness and death.

**Part 7.** Finally, chapter 15 looks to the future of health psychology, its goals and controversies and, not least, career opportunities in the field in Australia.

## STUDY HINTS

There are many ways you can use the features of this book to learn and study well, and you may want to 'experiment' to find the best way for you. The following is one method that works well for many students.

**Survey** the chapter first. Read the contents list and browse through the chapter, examining the figures and tables. Some students also find it useful to read the summary first, even though it contains terms they may not yet understand. Then read the prologue. As you begin each new section of the chapter, look at its title and turn it into a *question*. Thus, the heading early in chapter 1, 'An illness/wellness continuum', might become 'What is an illness/wellness continuum?' Doing this helps you focus on your reading. After reading the section, **reflect** on what you have just read. Can you answer the question you asked when you reworded the title?

When you have finished the body of the chapter, **review** what you have read by reading the summary and trying to define the items in the list of key terms. If there is something you do not understand, look it up in the chapter or glossary. Last, **re-read** the chapter at least once, concentrating on the important concepts or ideas. You may find it helpful to underline or highlight selected material now that you have a good idea of what is important. If your exam will consist of 'objective' questions, such as multiple choice, using this approach intensively should be effective. If your exam will have essay items, you will probably find it helpful to develop a list of likely questions and write an outline or a complete answer for each one.

We hope that you enjoy this book, that you learn a great deal from it, and that you will share our enthusiasm and fascination for health psychology by the time you finish the course.

Edward P. Sarafino  
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# About the authors

Dr Marie L. Caltabiano is a senior lecturer in the School of Psychology at James Cook University, Cairns Campus. Her interest in health psychology began with her doctoral research into the stress-moderating benefits of leisure. Her research has been in the areas of the psychosocial aspects of stress, stress management, immunocompetence, burnout, craving and disordered eating, parental coping, adolescent health risk behaviours and women's health. She has published papers in the *Australian and New Zealand Journal of Public Health*, *Climacteric*, *Psychological Reports*, the *Journal of Social Psychology*, the *Australian Journal of Marriage and Family*, *Leisure Studies*, *Society and Leisure* and *Adolescence*. Dr Caltabiano is a member of the Australian Psychological Society, the APS College of Health Psychologists, the American Psychological Society, the Public Health Association of Australia and the International Federation of University Women. She has been on the advisory board of the international journals *Human Relations* and *Perceptual and Motor Skills*.

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Don Byrne is Professor of Clinical and Health Psychology at the Australian National University. He is currently Deputy Dean of the Faculty of Science at the ANU and chairs the University's research grants committee. His research interests include the roles of stress and behaviour in mediating risk of cardiovascular disease; the measurement, causes and management of occupational stress; and the role of coping in response to chemotherapy among women with breast cancer. Research in these and related areas has resulted in the publication of 11 books (as author or editor) and more than 100 papers in refereed journals or as invited book chapters. Professor Byrne is a Fellow of the Academy of the Social Sciences in Australia, the Australian Psychological Society and the International College of

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Edward P. Sarafino received his PhD from the University of Colorado and is Professor and former Chairperson of the Psychology Department at the College of New Jersey. He has published about three dozen professional articles and five books, including *Behavior Modification, Behavioral Treatments for Asthma* and *Child and Adolescent Development*. He is a fellow of the American Psychological Association, a member of the APA Divisions of Health Psychology (Division 38) and Experimental Analysis of Behavior (Division 25), and a member of the Society of Behavioral Medicine and the American Psychosomatic Society. He is a former Secretary of Division 38 and has served on and chaired the division's Committee on Education and Training.



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