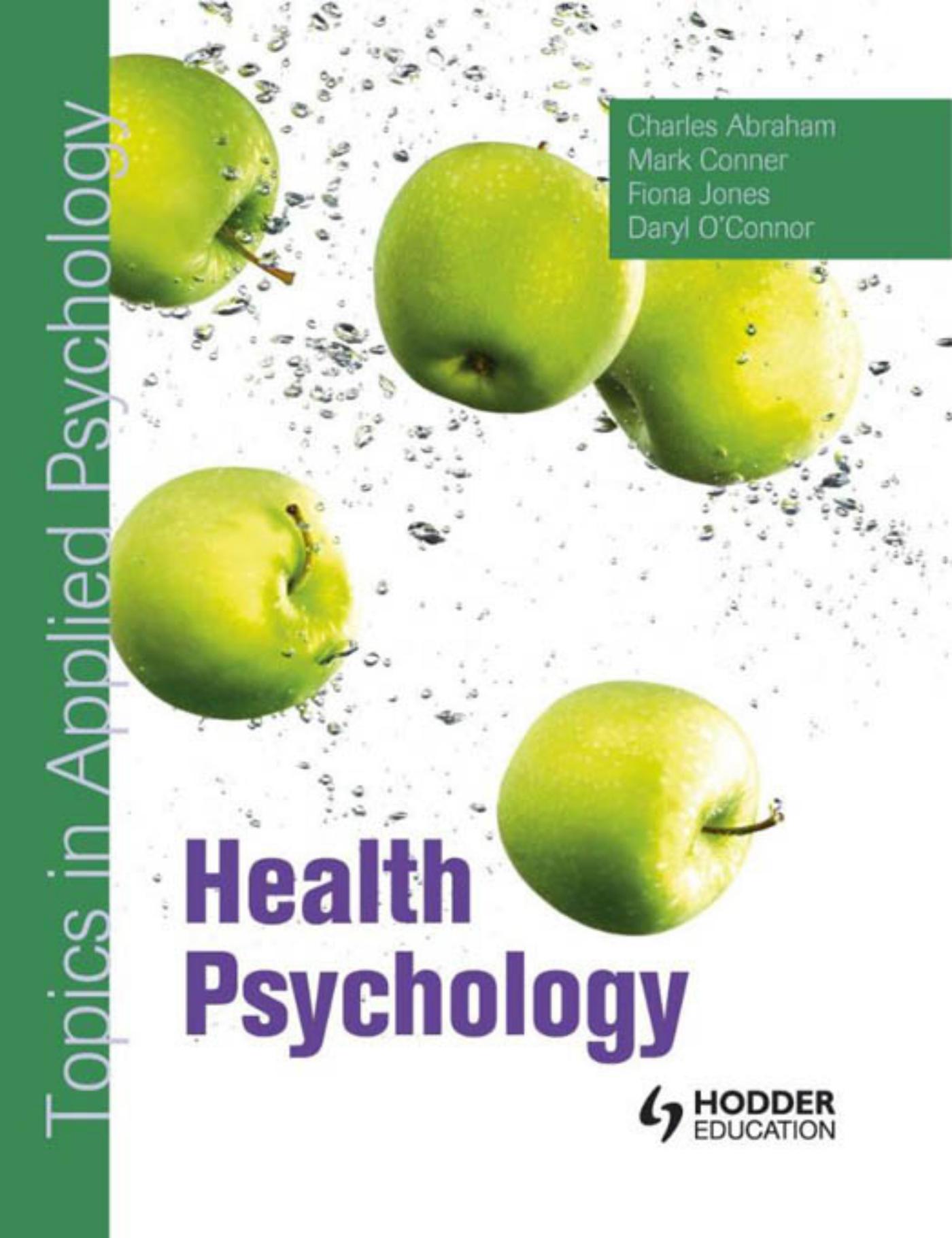


Topics in Applied Psychology

Charles Abraham
Mark Conner
Fiona Jones
Daryl O'Connor

The background of the cover features five bright green apples splashing in water. The apples are scattered across the frame, with numerous water droplets and bubbles surrounding them, creating a dynamic and fresh visual. The apples are the central focus, symbolizing health and vitality.

Health Psychology

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Health Psychology

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Series preface

Psychology is still one of the most popular subjects for study at undergraduate degree level. As well as providing the student with a range of academic and applied skills that are valued by a broad range of employers, a psychology degree also serves as the basis for subsequent training and a career in professional psychology. A substantial proportion of students entering a degree programme in Psychology do so with a subsequent career in applied psychology firmly in mind, and as a result the number of applied psychology courses available at undergraduate level has significantly increased over recent years. In some cases these courses supplement core academic areas and in others they provide the student with a flavour of what they might experience as a professional psychologist.

Topics in Applied Psychology represents a series of six textbooks designed to provide a comprehensive academic and professional insight into specific areas of professional psychology. The texts cover the areas of **Clinical Psychology**, **Criminal Psychology**, **Educational Psychology**, **Health Psychology**, **Sport and Exercise Psychology**, and **Organizational and Work Psychology**, and each text is written and edited by the foremost professional and academic figures in each of these areas.

Each textbook is based on a similar academic formula which combines a comprehensive review of cutting-edge research and professional knowledge with accessible teaching and learning features. The books are also structured so they can be used as an integrated teaching support for a one-term or one-semester course in each of their relevant areas of applied psychology. Given the increasing importance of applying psychological knowledge across a growing range of areas of practice, we feel this series is timely and comprehensive. We hope you find each book in the series readable, enlightening, accessible and instructive.

Graham Davey
University of Sussex, Brighton, UK
September 2007

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Preface

Health Psychology is an area of applied psychological research and a profession. Psychological research has established how perceptions and behaviour affect physiological processes such as those constituting the cardiovascular and immune systems. These processes, in turn, determine morbidity and mortality. Health psychology research has also helped discriminate between health promotion and health care practices which do and do not effectively promote health behaviours, quality of life and longevity.

Health psychology research examines the determinants and consequences of physical rather than mental health and illness (which is the focus of Clinical Psychology). This area of research is becoming increasingly important since it has become clear that 1) health behaviours are critical to health, and 2) without effective promotion of health-preserving lifestyles, it will become impossible to fund the treatment of those with ill health and chronic illness. Consequently, there is an increasing need to provide health care professionals with health-psychology-based skills (e.g. in relation to stress reduction or health behaviour change) and to employ health psychologists in health care services.

Inevitably, then, health psychology is now making an important contribution to undergraduate degree programmes (at all levels) and a substantial proportion of undergraduate students reading psychology study health psychology. The purpose of this book is to introduce undergraduate psychology students to health psychology research and to illustrate the links between such research and health psychology practice (e.g. in relation to health behaviour change). The book will prepare students for final examinations in health psychology at undergraduate level and provide a solid foundation for students wishing to pursue graduate studies in health psychology. The book has a UK and European perspective but is relevant to any health care system. It is divided into five sections, namely, 1) the biological basis of health and illness, 2) stress and health, 3) coping resources: social support and individual differences, 4) motivation and behaviour and 5) relating to patients. Throughout the book, we discuss health-related perceptions and behaviours and explain how psychological processes, e.g. emotional responses, shape health-related behaviours and affect physiological systems such as the immune and cardiovascular systems. These relationships provide the foundation for psychological interventions which can change cognition, perception and behaviour and thereby improve health.

As with all the books in the *Topics in Applied Psychology* series, this text is written as a support for a one-term or one-semester course in Health Psychology, and contains a range of teaching and learning features such as focus boxes, research methods boxes, activity boxes (encouraging the student to engage actively with presented material) as well as consideration of issues of contemporary interest (including developments within the UK National Health Service [NHS], the National Institute for Health and Clinical Excellence [NICE] and the Health and Safety Executive [HSE]). Each chapter also ends with support for further reading, including relevant journal articles and books which will enable the interested student to engage with key topics in more depth.

The aim of this book is to provide the undergraduate psychology student with a concise, readable, structured introduction to health psychology. We have focused on core topics which define the sub-discipline and linked these together so that the text can be read as a continuous course. All of the authors teach health psychology to undergraduates and postgraduates and we hope that, like us, readers will be inspired by the findings of health psychology research and the impact of health psychology practice.

Charles Abraham
University of Sussex, Brighton, UK
February 2008

1 Introduction

This book provides a concise, one-term course covering core topics in health psychology suitable for final year undergraduate study. We discuss the origins and definition of the sub-discipline as well as considering available evidence identifying psychological processes which affect psychological well-being, physiological functioning, health behaviours, behaviour change, the usage of health services and response to health services.

In this first chapter we discuss definitions of health psychology as an academic discipline and as a profession. We also look back on academic traditions that have contributed to the development of health psychology illustrating the rich mix of theories, methodologies and practice which make health psychology what it is today. In addition, we offer guidance on using the book and studying health psychology generally, including introducing the structure and topic order used in this book. This chapter has four sections: 1) what is health psychology?; 2) foundations of health psychology; 3) using this book effectively; 4) the structure and content of this book.

Learning outcomes

When you have completed this chapter you should be able to:

1. Define and describe the discipline and profession of health psychology.
2. Identify psychological sub-disciplines which contribute to health psychology research and practice.
3. Explain what is meant by the biopsychosocial model of health and illness.
4. Understand how this book is structured and how to study it effectively.

What is health psychology?

The **World Health Organization** (WHO) (1948) defines health as:

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

This definition, which has not been amended since 1948, challenges psychologists to define and assess the determinants of 'physical, mental and social

well being'. Within UK psychology there has been a division between health psychology, which focuses on physical health, and clinical psychology which focuses on mental health. The two sub-disciplines overlap because some of the psychological processes that affect physical health are also important to mental health. For example, anxiety and stress responses have important consequences for both physical and mental health and the broader social well-being of an individual.

The following broad definition of health psychology was provided by Matarazzo (1980: 815):

Health psychology is an aggregate of the educational, scientific and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, the identification of etiologic and diagnostic correlates of health, illness and related dysfunction and the improvement of the health care system and health policy formation.

This much-cited definition is usefully inclusive and highlights: 1) the overarching aims of the sub-discipline, namely, promoting health and preventing illness; 2) the scientific focus of research in health psychology, that is, understanding **aetiological and diagnostic correlates of health**; and 3) key priorities of *professional practice* in health psychology, that is, improving health care by focusing on delivery systems and policy.

Health psychologists seek to understand the processes which link individual perceptions, beliefs and behaviours to biological processes which, in turn, result in physical health problems. For example, how a person perceives work demands and copes with them will determine his or her stress levels (see Chapter 3) which, in turn, may affect the functioning of the cardiovascular and immune systems (see Chapter 2). Health psychologists also study social processes including the effect of wider social structure (such as socio-economic status) and face-to-face interactions with others (e.g. work colleagues) because these social processes shape perceptions, beliefs and behaviour (see Chapter 4). In addition, health psychologists explore individual processes that shape health outcomes and *health behaviours* (see Chapters 6 and 7) and social processes which influence the effectiveness of health care delivery. For example, the way health care professionals communicate with their patients influences patient behaviour, including patients' willingness to take medication and adopt health-enhancing behaviours (see Chapters 8 and 10). Since most health and medical interventions depend both on the behaviour of health care professionals and, critically, on the behaviour of patients, *behaviour change* processes limit the potential of health service delivery.

When research allows us to develop good models of underlying causal processes this establishes the evidence base for the design of interventions that will change those processes and, thereby, change health outcomes. Thus professional health psychologists use research findings to assess individuals and design and evaluate interventions which change perceptions, beliefs, behaviours and social relationships which affect health-related behaviour, quality of life and measures of health and disease. These interventions operate at different levels

ranging from those focusing on the individual to those designed to change society, i.e. targeting, on the one hand, individual health and, on the other, public health (see Chapter 9).

We will examine the determinants of health behaviours, highlight the impact they have on health and health care delivery and consider how we can change such behaviour. Health behaviours have a crucial impact on individual and public health. The Alameda County study which followed nearly 7000 people over 10 years revealed that sleep, exercise, drinking alcohol and eating habits predict mortality (Belloc and Breslow, 1972). Moreover, the leading causes of death in the USA in 2000 were tobacco use (18.1 per cent), poor diet and physical inactivity (16.6 per cent), and alcohol consumption (3.5 per cent), accounting collectively for almost 40 per cent of all deaths (Mokdad et al, 2004). Similar findings emerge from other population studies. For example, in the UK, Khaw et al (2008) measured four key health behaviours among people with no known cardiovascular disease or cancer. These behaviours were: 1) not smoking; 2) being physically active; 3) only drinking alcohol moderately; and 4) plasma vitamins indicating consumption of five portions of fruit and vegetables a day. Eleven years later more than 20,000 people were followed up. Results showed that, controlling for age, gender, body mass index and socio-economic status, those engaging in none of the four behaviours were more than four times more likely to have died than those engaging in all four. The researchers note that this effect is equivalent to those who engaged in four behaviours having the health of someone 14 years younger than those who engaged in none! Health behaviours are not just relevant to our early and middle years but to older people as well. Yates et al (2008) studied a sample of 2357 healthy men aged 70 and examined the predictors of mortality over the next 20 years. A healthy 70-year-old had a 54 per cent chance of living to be 90 but this reduced to 44 per cent if he had a sedentary lifestyle, 36 per cent if he had hypertension, 26 per cent if he was obese, and only 22 per cent if he smoked. The percentage living to be 90 dropped to only 14 per cent if three of these factors were present. So promoting health behaviours among 70-year-olds is important because of the years of life that can be gained.

It is not surprising, therefore, that a review of the UK National Health Service concluded that its long-term effectiveness and economic viability depended on more successful disease prevention strategies and high levels of public engagement in health care and maintenance (Wanless, 2002). The economic implications of promoting preventive health behaviours, minimizing demands on health services and supporting people coping with chronic illness are substantial (e.g. see Chapters 8 and 10). For example, sick leave cost the UK economy £11.6 billion in 2002, an average of £476 per worker, with approximately 40 per cent of absence costs arising from long-term sickness (Choosing Health, 2004). Consequently, research-based interventions to prevent illness, enhance coping with chronic illness and reduce health service demand have the potential to make a substantial difference to public health and the efficiency of health services (Friedman et al, 1995).

Psychological processes can have **direct and indirect effects on health** and illness. The indirect effects are frequently referred to as behavioural pathways

because they provide an explanation as to how psychological factors such as stress can indirectly influence health by producing positive or negative changes in health behaviours (e.g. exercise, diet and smoking). Direct effects are often referred to as *psychophysiological pathways* because they help us understand how psychological factors can directly impact on the body's physical systems such as the immune or cardiovascular systems (see Chapter 2). Feeling anxious or stressed changes physiological processes, and cumulatively these effects can damage physical systems and so compromise health. A number of studies have found that people who frequently have relatively large physiological responses to stress are more likely to develop serious illnesses in the future. For example, the Kuopio Heart Study, which has been following over 2500 men for the last 25 years in Finland, found that men who had large increases in blood pressure or heart rate when they felt stressed at the beginning of the study were more likely to have had a stroke or to have developed hypertension many years later (Everson et al, 1996a, 2001). These researchers suggested that the experience of frequent daily stressors over time leads to excessive wear and tear to the cardiovascular system and ultimately to poorer health and earlier death of these 'reactive' individuals.

Foundations of health psychology

Hippocrates is credited with the establishment of the medical profession and the Hippocratic Oath. He was born around 460 BC on the Greek island of Kos and sought to understand the processes which cause different illnesses. While this search for causal processes seems self-evident to us it was a formative step in the development of scientific medicine. Hippocrates also linked behaviour, including diet, to health and emphasized the healing power of the doctor–patient relationship. These topics remain key areas of health psychology research today.

More than half a millenium later, in the second century AD, the Greek leader Diogenes commissioned a wall etched with core messages taken from the teachings of the philosopher Epicurus in the city of Oenoanda in Lycia. The wall included 25,000 words written over 260 square metres and emphasized the importance of quality of life, self-reflection and self-regulation (see Chapter 9). This wall can be viewed as one of the first *public health campaigns* designed to enhance the lifestyle and quality of life of the general population. Nearly 2000 years later, we are still designing and evaluating such interventions (see Chapters 8 and 9), although we have more accessible and interactive media now, including leaflets and websites! Thus the questions and concerns which define health psychology are millennia old and intricately interwoven into the development of medicine.

Modern medicine is founded on basic research that revealed the biological processes which constitute health and illness. Painstaking studies of human physiology over many centuries, together with key scientific breakthroughs, provided the foundation for understanding how the body's systems work. Breakthroughs included understanding the nature of respiration, clarifying that specific bacteria cause particular illnesses, discovering compounds that kill

bacteria, and showing how vaccination works. Such research continues today but we already have good models of how physiological systems (such as the immune and cardiovascular system) operate. It is these models that allow effective medical intervention through diagnosis and treatment. The science of health psychology has important contributions to make because we now know that our psychological processes and behaviour affect the operation of these bodily systems and are, therefore, important determinants of health and illness. Thus a key strand of health psychology research focuses on clarifying how psychological responses and behaviour impact on the body's physiological systems (see Chapter 2).

Health psychology also has its origins in early cognitive and social psychology as well as behaviourism. Wundt established the first experimental psychological laboratory at the University of Leipzig in 1879 and he is credited with establishing psychology as a research discipline. In the early part of the twentieth century, learning theorists including Pavlov, Watson and Skinner established the behaviourist school of psychology which focused on observable behaviour and on learning (e.g. through **classical and operant conditioning**; Skinner, 1974). The success of behaviourism in explaining behaviour and providing tools with which to change behaviour was critical to the recognition that professional psychology had an important contribution to make to the management of behaviour relevant to mental and physical health. The role of learning theory in health behaviour change interventions is still under investigation by health psychologists today (e.g. Hegel et al, 1992; and see Chapter 9).

Wundt had studied internal individual processes including attention and use of imagery and later it became evident that even when explaining how rats learn to run mazes we require a psychology of internal representation. Tolman (1948) found that rats learned mazes even when the behaviour was not reinforced and concluded that they had developed internal **cognitive maps**. This was an important development in what we now think of as cognitive psychology which seeks to understand the kind of representations of reality that are necessary to explain people's behaviour and how we process information (cf. Neisser, 1967). Developing models of how people perceive and understand their reality is central to health psychology research (see Chapters 7 and 8).

The sub-discipline of social psychology became established when researchers focused on the effects of others on our behaviour (e.g. Tripplett, 1898). Social psychologists applied experimental methods to understanding how we perceive and represent others, how others influence us, and how our position in wider society shapes our beliefs, attitudes and behaviour (cf. Allport, 1924; Sherif, 1936). These processes are important to health psychologists because health-relevant perceptions and behaviours are affected by others. For example, interactions with work colleagues may cause stress and interactions with health care professionals may change beliefs and motivations relevant to taking medication (see Chapters 4 and 10).

Thus health psychology draws upon the methods and theories of a range of sub-disciplines within psychology including learning theory, psychobiology, cognitive psychology and social psychology. More recently collaboration

between health psychologists and neuroscientists has generated new insights (e.g. into the processing of health promotion messages – Ruiter et al, 2006). Health psychology applies these various theories and methods in order to better understand how our perceptions, beliefs and behaviour can maintain health or cause illness. The recognition that health (or illness) results from the interaction of biological characteristics and processes (including genetic predispositions and physiological mechanisms), psychological processes (including perceptions, beliefs and behaviours) and social processes and contexts (including social structure, cultural influences and interpersonal relationships) is what is meant by adopting a **biopsychosocial model** (Schwartz, 1980) of health and illness. This biopsychosocial perspective is central to current health psychology research and practice.

The profession of health psychology was institutionalized in 1978 when the Division of Health Psychology of the *American Psychology Association* (APA) was established. The *European Health Psychology Society* (EHPS) was established in 1986 in Tilberg and, in the UK, the Division of Health Psychology of the *British Psychology Society* (BPS) first met in January 1998. The establishment of these organizational structures recognized the profession of health psychology and allowed research-based training courses to be set up to train professional health psychologists worldwide (see Chapter 11). These organizations also provided a focus for research by arranging conferences and sponsoring academic journals. For example, the journal *Health Psychology* is published by the APA, *Psychology and Health* is the journal of the EHPS and the *British Journal of Health Psychology* is published by the BPS. Other journals publishing health psychology research include: *Journal of Behavioral Medicine*, *Preventive Medicine*, *Social Science and Medicine*, *Health Psychology Review*, *Journal of Health Psychology*, *Health Education Research*, *Patient Education and Counselling*, *Annals of Behavioral Medicine*, and *Psychology, Health and Medicine*.

Using this book effectively

In each chapter of this book we have included brief introductory chapter plans, learning outcomes, lists of key terms introduced, individual and/or group exercises and short lists of recommended additional reading. These are designed to help you actively learn as you proceed through the course. In Chapter 8, we note that lasting cognitive change depends on *systematic processing* of incoming messages involving active engagement with the content. This includes linking content to prior knowledge and critically evaluating it in terms of pre-existing standards and principles. In building your expertise in health psychology you are managing your own cognitive development. So how can you facilitate systematic processing of the material in this book?

It is important to read the chapter plans and learning outcomes before reading the chapters to develop an overview of the material. Then at the end of each chapter check that you understand the terms introduced and that you can now do whatever is specified in the learning outcomes. *Testing* yourself by checking through previous learning outcomes and planning essays is also important.

Research has found that testing improves retention compared to studying without testing and that this is true even if the test is never marked! (Roediger and Karpicke, 2006). Testing is a central part of learning. It is not just an assessment tool. Testing can also work well when groups of students study together in a study group.

You should read papers from our additional reading lists and make your own notes on these papers and the chapters in this book. Research has shown that *making notes* enhances learning and the transfer of learning from one topic to another (e.g. Wittrock and Alesandrini, 1990). Your notes are not just useful for revision. Making them will enhance your learning even if you do not consult them later!

When reading empirical papers it may be helpful to think of them as boxes that contain things you want rather than stories that need to be read from beginning to end. You might try reading the abstract first and then the first couple of paragraphs of the discussion to get a good overview of the paper before you decide what else you need to know about it. When reading a paper reporting an empirical study it is useful to check that you can answer the questions highlighted in Activity box 1.1.

Activity 1.1

Reading empirical papers

Try reading an empirical paper and answering the questions below. For example, you could try reading the following paper which is highlighted as additional reading in Chapter 9.

Luszczynska, A., Sobczyk, A., and Abraham, C. (2007). Planning to lose weight: RCT of an implementation intention prompt to enhance weight reduction among overweight and obese women. Health Psychology, 26, 507–512.

- What kind of study is reported? For example is it an experiment, a correlational study (cross-sectional or longitudinal), a qualitative analysis of text or interview data, or a review (narrative, systematic or meta-analysis)?
- What are the independent variables and which are the dependent variables (or outcome measures)? Are there any mediating or moderating variables (see Research methods box 3.1)?
- How do the measures used relate to measures of these (or similar) constructs in other studies? Are the measures reliable? Do they have good construct and predictive validity?
- Are there any confounding variables? Have these been controlled for?
- What population is studied? How does this relate to other populations studied in this area?

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- What are the key findings?
- Is the sample size adequate? Is the sample representative? Can we generalize from these findings? If so, what are the limits to this generalization?
- Does the study suggest any new theoretical development/s? What further research should be undertaken to explore questions arising from the results or problems with the study's methodology?
- Does the study have practice and/or policy implications?
- Does the study need to be replicated?

Planning and writing essays are also effective ways to test and develop your understanding of a topic. You may have a well-developed approach to writing essays but it may be useful to revise the points in Focus box 1.1 when thinking about your next health psychology essay.

Focus 1.1

Essay writing

First make sure you understand the question. The question will direct you towards particular readings and research and perhaps ask you to treat these in a particular way – e.g. ‘discuss’ – ‘contrast’, etc. Make sure you have a good plan which sets out a clear structure for your essay that corresponds to what the questions ask. Also try to ensure that you know how your arguments link together (e.g. using a diagram).

In the opening sections ensure your title makes sense to the reader by providing any necessary definitions and explanations. Also outline and explain your objectives in writing the essay – what do you intend to argue and achieve in the essay – how is this linked to previous research? Use appropriate references to anchor your essay to previous research findings.

The main body of your essay will convey your core arguments, which have been outlined in the introduction. Think about the following points.

You should be able to summarize your essay as a series of core arguments or points. It is often helpful to state these explicitly early on in the relevant paragraph. For example, ‘I will highlight one strength and two weaknesses in this theory. First . . .’ Then for each of these (three) arguments, consider what evidence and illustrations you need.

Be precise about theoretical distinctions and definitions and avoid lapsing into lay psychology.

Know the data you are discussing. Be specific about measures and methods used and illustrate measures where this clarifies a construct or a methodological critique. Support your arguments with data (e.g. means, correlations or effect sizes). This can emphasize the strength or weakness

of an association or the effect of an intervention and, thereby, strengthen an argument or critique. However, it is uninformative to provide ‘*p*’ values alone without references to statistics that convey size of associations, differences or effects.

Note also that, sometimes, an anecdote or case study can illustrate a point in a concrete way.

Reference claims you make about previous findings using author names and dates. Your essay is about research findings so avoid unsupported claims. Use American Psychological Association (APA) referencing rules unless told otherwise by your tutor.

Link your arguments. Each paragraph should lead onto the next and the introduction should link clearly to the conclusion. You may want to make this explicit, e.g. ‘The study by Brown (2003) outlined above also emphasizes . . .’

Make links across the reading you have completed for the course.

Provide a short conclusion at the end of the essay. This should summarize your main points and highlight connections between them. In many essays this will also be the opportunity to succinctly state what you think needs to be done next, in terms of further research, intervention, adoption or policy changes (including implications for health care practice and social policy).

You may have been told correctly that your psychology essays are not about your opinion but about research findings. However, a good essay will involve a personal synthesis of research, including your evaluations of findings and your evidence-based conclusions (e.g. the weight of the evidence suggests . . .). Do not be afraid to draw your conclusions – it is your essay.

Finally, make sure you provide a complete set of references (i.e. all papers, books, etc. that you have referred to in your text in APA format).

The structure and content of this book

The book is divided into five sections: 1) biological bases of health and illness; 2) stress and health; 3) coping resources – social support and individual differences; 4) motivation and behaviour; and, finally, 5) relating to and caring for patients.

Chapter 2 deals with the body’s physical systems such as the central nervous system, the endocrine system and the immune system. We then consider how these basic biological processes may be influenced by psychological factors such as stress. A brief overview of the role of psychological processes in the experience of pain is also provided. This chapter finishes by introducing important developments linking psychological factors to immune function.

In Chapters 3 and 4 we review and critically appraise research into the nature of stress. We introduce key theories and methodologies used in researching stress