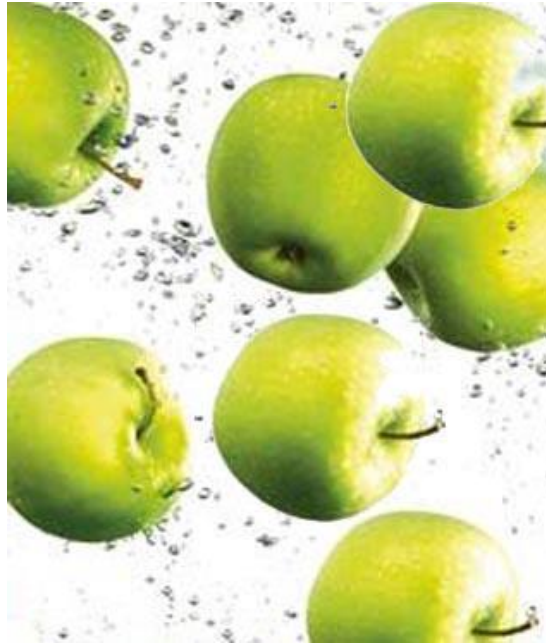




## **UNIVERSITY OF SUSSEX SCHOOL OF PSYCHOLOGY**



### **Health Psychology 15 credits**

**3<sup>rd</sup> year module (module code C8017)  
Autumn Term 2017 (Teaching Block 1)**

**Module Convenor: Donna Jessop  
Module Tutors: Donna Jessop, Paul Sparks**

Most of the questions you need answers to about this module are in this document. Please read it fully and carefully before your first class.

This document concerns the structure and content of the module. If you have questions about procedures, please consult the School of Psychology Office in person (Pev1 2A13) or via [psychology@sussex.ac.uk](mailto:psychology@sussex.ac.uk).

## Module Content and Structure

This Health Psychology module explores the influence of a variety of social and psychological factors on health and health-related behaviours. Initially we will discuss definitions of both health and health psychology. Subsequently, we will debate the evidence that health is related to (i) socio-economic status and (ii) personality, and critically evaluate the explanations which have been put forward to account for these relationships. We will consider how stress might influence the incidence and progression of physical illness and explore potential moderators of this process, including coping styles and social support. We will then discuss a number of different perspectives on, and approaches to, health promotion, including the role of risk perceptions, the use of fear appeals and applications of self-affirmation theory. In addition, we will consider the potential harm that may be caused by health promotion. Lastly, we will focus in detail on a number of specific health-related behaviours, namely (i) alcohol consumption, (ii) eating behaviour and (iii) exercise.

### Topic breakdown of the module

| Topic | Title   | Tutor        |
|-------|---|--------------|
| 1     | What is health? What is health psychology?  | Paul Sparks  |
| 2     | Health inequalities   | Paul Sparks  |
| 3     | Personality and health  | Donna Jessop |
| 4     | Stress, coping and social support   | Donna Jessop |
| 5     | Risk, risk perception and levels of intervention  | Paul Sparks  |
| 6     | Fear appeals  | Donna Jessop |
| 7     | Applying self-affirmation theory to health promotion                                      | Donna Jessop |
| 8     | Ethical issues relating to health promotion: Can health promotion do more harm than good? | Donna Jessop |
| 9     | Alcohol   | Paul Sparks  |
| 10    | Eating behaviour  | Donna Jessop |
| 11    | Exercise  | Donna Jessop |
| 12    | Essay plan discussion   | Donna Jessop |

### By the end of this module you should be able to:

- Demonstrate a sound knowledge of theory and research in health psychology.
- Show familiarity with a range of research methods.
- Critically evaluate theory, research and research methods relevant to health psychology.

## Module Contact Information

**Convenor** Donna Jessop (d.jessop@sussex.ac.uk)

My office is Pevensey 1, Room: 1C11

Please note I work part-time (Wednesday-Friday) and so will be unable to respond to queries outside of these days.

**Study Direct** You are encouraged to access module materials through Study Direct.

## Teaching and Learning

### **Classes.**

Classes for this module will last for 1 hour 50 minutes. See your timetable in Sussex Direct for details of *when* and *where* your classes will be held.

**NB** Please ensure you complete all essential reading for the topic before attending each class.

## Assessment

Assessment details for this module are shown on your Syllabus in Sussex Direct. Submission deadlines are shown on your timetable. Assessment criteria are displayed on the School teaching pages.

Information on the following can be found at the link below:

- Submitting your work
- Missing a deadline
- Plagiarism and Collusion - Academic Misconduct
- Late penalties
- Exceptional circumstances
- Exams
- Help with managing your studies and competing your work
- Assessment Criteria

<http://www.sussex.ac.uk/psychology/internal/students/examinationsandassessment>

### **Formal (contributory) assessment**

There is one formal (contributory) piece of coursework (100% of the final mark), which is a 3,000 word essay. Essay titles are given below. It is important that you integrate material from across the module (i.e., from at least 2 topics) when writing your essay. In addition to the essential and additional readings given, you are strongly advised to make full use of electronic search facilities (e.g. Psychinfo and Web of Science) to find literature relevant to your essay.

1. It is widely accepted that lower socio-economic status is associated with worse physical health in developed countries. To what extent can psychological mechanisms account for this association?
2. Personality has been linked with a variety of health-related outcomes. With a particular focus on two dispositional variables, (i) critically assess the evidence that they are associated with health and (ii) evaluate how they may exert their effects
3. Stress is often cited as a risk factor for adverse physical health outcomes, however the effects of stress on health do not appear to be uniform across individuals. Focusing on two potential moderators of the stress-health relationship, critically evaluate recent empirical evidence to determine whether these variables do – in fact – moderate the impact of stress on physical health.
4. Does recent empirical evidence support the widespread use of fear appeals by health promoters? Are there alternative approaches to encouraging behaviour change which might be more effective?

Your essay needs to use references and citations in accordance with APA-style. (For help on APA-style see: <http://www.apastyle.org/>)

### **Informal (non-contributory) coursework**

You will have the opportunity to prepare an essay plan outlining what you plan to cover in your formally assessed essay (see above) late on in the term. This essay plan should be no longer than 1,000 words. An illustrative plan is given at the end of this handbook. You will have the opportunity to discuss this plan and general issues arising (e.g., regarding essay structure) in the workshop in week 12.

While this informal coursework is optional and non-contributory (i.e., you do not have to do it and it does not contribute to your final mark), you are strongly encouraged to take advantage of the opportunity to prepare and discuss an essay plan. Feedback should help you with the structure and content of the final essay and – consequently – has the potential to improve the mark that you receive for the final essay itself.

## Background Reading

There are a number of general texts on Health Psychology that are useful for the module as a whole. Of these, the following are perhaps the most appropriate:

Ayers, S., Baum, A., McManus, C., Newman, S., Wallston, K., Weinman, J., & West, R. (2007). *Cambridge Handbook of Psychology, Health and Medicine. 2nd Edition*. Cambridge: Cambridge University Press.

Conner, M.T. & Norman, P. (2015). *Predicting and Changing Health Behaviour: Research and practice with social cognition models* (3rd Edn.). Maidenhead: Open University Press.

Rose, G. (1992). *The Strategy of Preventive Medicine*. Oxford: Oxford University Press.

Sarafino, E. P. (2008). *Health Psychology: Biopsychosocial Interactions*. New York: Wiley & Sons.

Stroebe, W. (2011). *Social Psychology and Health*. Milton Keynes: Open University Press.

Taylor, S.E. (2011). *Health Psychology*. New York: McGraw-Hill

The following paper also touches on many of the topics we cover; consequently we highly recommend that you read it:

Adler, N. E. and Matthews, K. (1994) Health psychology: why do some people get sick and some stay well? *Annual Review of Psychology*, 45, 229-259.

## TOPIC 1: What is health? What is health psychology?

### Outline

We start the module with a consideration of the role of health psychology as a sub-discipline of psychology. In so doing, we take a look at how causes of mortality have changed over time and think about the role of people's behaviour as an influence on their health and health-related outcomes. We can then give some attention to the possible contribution that health psychology might make to the promotion of health. As a part of this, we should try to be clear what we mean by the notion of 'health'. The paper by Kagawa-Singer will help us focus on some key issues in this regard.

How does 'health' relate to 'illness', or 'well-being', or 'disability', for example? We shall consider definitions of health provided by the WHO and Matarazzo. You are likely to come across these on many occasions. What do you think about these definitions? Would you subscribe to these definitions? If not, why not? Is health a 'goal' to be 'achieved'? Who is responsible for health? Is 'healthy behaviour' a moral duty? We return to some of these latter issues in later classes.

As you progress through the module, you should pay attention to the conceptions of health and illness that are apparent (or otherwise?) in the diverse research articles that you study. You should also consider the various outcome measures in different experimental studies and how these relate to ideas about health and illness. Might different people have different notions of what constitutes 'health'? In a discussion of our second essential reading for the class this week, we consider how people might or might not consider certain health-related behaviours to be appropriate for them at their stage in the 'lifecourse'.

### Essential Readings

Kagawa-Singer, M. (1993). Redefining health: living with cancer. *Social Science and Medicine*, 37, 3, 295-304.

Eckersley, R. (2006). Is modern Western culture a health hazard? *International Journal of Epidemiology*, 35, 252-258.

## Additional Readings

- Bishop, F. & Yardley, L. (2010). The development and initial validation of a new measure of lay definitions of health: The wellness beliefs scale. *Psychology & Health*, 25, 3, 271-287.
- Blaxter, M. (1990). *Health and Lifestyles*. London: Heinemann.
- Brisette, I., Leventhal, H. & Leventhal (2003). Observer ratings of health and sickness: can other people tell us anything about our health that we don't know already? *Health Psychology*, 22, 5, 471-478.
- Cousins, N. (1979). *Anatomy of an Illness*. New York: Norton.
- Crawford, R. (1984). A cultural account of "health": control, release, and the social body. In McKinlay, J.B. (ed.), *Issues in the Political Economy of Health Care*. New York: Tavistock.
- Crawford, R. (2006). Health as a meaningful social practice. *Health*, 10, 4, 401-420.
- Crossley, M. (2000). *Rethinking Health Psychology*. Buckingham: Open University Press.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, 55, 1, 34-43
- Diener, E. & Oishi, S. (2005). The nonobvious social psychology of happiness. *Psychological Inquiry*, 16, 4, 162-167.
- Downie, R.S., Tannahill, C. and Tannahill, A. (1996). *Health promotion: models and values*. Oxford: OUP. (Chapter 2: Health)
- Gilbert, D. (2006). *Stumbling on Happiness*. London: Harper Collins.
- Haidt, J. (2006). *The Happiness Hypothesis*. London: Arrow Books.
- Hardey, M. (1998). *The Social Context of Health*. Buckingham: Open University Press. (Chapter 2: Understanding health and constructing illness).
- Kahnemann, D., Diener, E. and Schwarz, N. (Eds.) (1999). *Well-Being: the foundations of hedonic psychology*. New York: Russell Sage.
- Kaplan, R.M. (1990). Behavior as the central outcome in health care. *American Psychologist*, 46, 1211-1220.
- Layard, R. (2005). *Happiness: lessons from a new science*. London: Allen Lane. (Chapter 8: The Greatest Happiness: Is that the goal?)
- McDermott, M. (2001). Redefining health psychology: Matarazzo revisited. *Health Psychology Update*, 10, 1, 3-10.
- Mechanic, D. (1972). Social psychologic factors affecting the presentation of bodily complaints. *The New England Journal of Medicine*, 286, 21, 1132-1139.
- Pill, R. & Stott, N.C.H. (1982). Concepts of illness causation and responsibility. *Social Science and Medicine*, 16, 43-52.
- Radley, A. (1994). *Making Sense of Illness*. London: Sage.
- Sen, A. (2002). Health: perception versus observation. *British Medical Journal*, 324, 860-861.
- Taylor, S.E. (1990). Health Psychology: the science and the field. *American Psychologist*, 45, 1, 40-50.

## TOPIC 2: Health inequalities

### Outline

“Essentially it is the nature of social and economic life rather than medical services which determines the health of populations: the role of medicine is to pick up the pieces” (Wilkinson, 1996, p. 67)

Health inequalities are the subject of much recent debate. What are the key issues and how do these impact on the activities of Health Psychologists? After a general introduction to the topic area, this week's class focusses on the influential work of Richard Wilkinson on the 'interface between health and society': in particular, on his explanation for the view that 'In the developed world, it is not the richest countries which have the best health, but the most egalitarian'. Why are income levels and income distributions seen to be so important with respect to health-related outcomes? How good is the evidence which suggests that they are important? If income distributions are an important factor with regard, for example, to mortality rates, what might mediate the effects of this factor (and how good is the evidence in support of your answer)? We examine Wilkinson's argument for the importance of the relationship between social cohesion and health. We consider the 'epidemiological transition' ('the change from predominantly infectious causes of death, still common in poor countries, to the degenerative diseases which have become the predominant cause of death in richer countries') and the links between health, 'stress' and 'social involvement / integration'.

Both readings for this week have been selected to examine some psychological perspectives on the above issues. Some of the analyses and arguments in these papers are rather complex (please don't be put off by these): you should just try to glean from these papers what the central themes are and what the reported findings offer in relation to these themes.

### Essential Readings

De Vries, R., Gosling, S. & Potter, J. (2011). Income inequality and personality: Are less equal U.S. states less agreeable? *Social Science and Medicine*, 72, 1978-1985.

Blaxter, M. (1997). Whose fault is it? People's own conceptions of the reasons for health inequalities. *Social Science and Medicine*, 44, 6, 747-756.



## Additional readings

- Berkman, L.F., Glass, T., Brissette, I., Seeman, T.E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science & Medicine*, 51, 6, 843-857.
- Brunner, E. & Marmot, M. (1999). Social organization, stress & health. In M. Marmot & R.G. Wilkinson (Eds), *Social Determinants of Health*. Oxford: Oxford University Press.
- Cohen, S. (2003). Psychosocial models of the role of social support in the etiology of physical disease. In P. Salovey & A.J. Rothman (Eds), *Social Psychology of Health*. New York: Psychology Press.
- House, J.S., Landis, K.R., & Umberson, D. (2003). Social Relationships and Health. In P. Salovey & A.J. Rothman (Eds), *Social Psychology of Health*. New York: Psychology Press.
- Kawachi, I. (2002). Social epidemiology. *Social Science & Medicine*, 54, 1739-1741.
- Kawachi, I. & Kennedy, B.P. (1997). Health and social cohesion: why care about income inequality? *British Medical Journal*, 314, 1037-1040.
- Layte, R. & Whelan, C.T. (2014). Who feels inferior? A test of the status anxiety hypothesis of social inequalities in health. *European Sociological Review*, 30, 4, 525-535.
- Marmot, M. (2004). *Status Syndrome: how your social standing directly affects your health and life expectancy*. London: Bloomsbury.
- Marmot, M. (2005). Social determinants of health inequalities. *Lancet*, 365, 1099-1104.
- Marmot, M., Allen, J., and Goldblatt, P. (2010). A social movement, based on evidence, to reduce inequalities in health. *Social Science and Medicine*, 71, 7, 1254-1258.
- Marmot, M.G., Rose, G., Shipley, M. and Hamilton, P.J.S. (1978). Employment grade and coronary heart disease in British Civil Servants: the Whitehall II study. *Lancet*, 337, 1387-1393.
- Marmot, M., Ryff, C.D., Bumpass, L.L., Shipley, M., Marks, N.F. (1997). Social inequalities in health: next questions and converging evidence. *Social Science & Medicine*, 44, 6, 901-910.
- Mouw, T. (2006). Estimating the causal effect of social capital: a review of recent research. *Annual Review of Sociology*, 32, 79-102.
- Poortinga W. (2006). Do health behaviors mediate the association between social capital and health? *Preventive Medicine*, 43, 488-493.
- Rodin, J. and Langer, E.J. (1977). Long-term effects of a control-relevant intervention with the institutionalized aged. *Journal of Personality and Social Psychology*, 35, 897-902.
- Seeman, T.E. (1996). Social ties and health: The benefits of social integration. *Annals of Epidemiology*, 6, 442-451.
- Stansfeld, S.A. (1999). Social Support and Social Cohesion. In M. Marmot & R.G. Wilkinson (Eds), *Social Determinants of Health*. Oxford: Oxford University Press.
- Wilkinson, R.G. (1996). *Unhealthy Societies: The Afflictions of Inequality*. London: Routledge.
- Wilkinson, R.G. (1999). Putting the picture together: prosperity, redistribution, health, and welfare. In M. Marmot & R.G. Wilkinson (Eds), *Social Determinants of Health*. Oxford: Oxford University Press.
- Wilkinson, R.G. & Pickett, K. (2009). *The Spirit Level: Why More Equal Societies Almost Always do Better*. London: Penguin

## TOPIC 3: Personality and health

### Outline

This week we will consider the influence of individual differences in personality and other psychological dispositions on health. It has been proposed that there are five broad dimensions of personality: neuroticism, extraversion/introversion, openness to experience, agreeableness/antagonism and conscientiousness. We will critically evaluate the evidence that these five personality traits influence health and health related behaviours. In addition, we will consider how other individual differences - for example impulsivity – might influence health.

### Essential Reading

Churchill, S., Jessop, D., & Sparks, P. (2008). Impulsive and/or planned behaviour: Can impulsivity contribute to the predictive utility of the theory of planned behaviour? *British Journal of Social Psychology*, 47, 631-646.

Strickhouser, J. E., Zell, E., & Krizan, Z. (2017). Does personality predict health and well-being? A metanalysis. *Health Psychology*, 36, 797-810.

### Additional Reading

Booth-Kewley, S., & Vickers, R. R. Jr. (1994). Associations between major domains of personality and health behaviour. *Journal of Personality*, 62, 281-298.

Caspi, A. et al. (2000). Personality differences predict health-risk behaviour in young adulthood: Evidence from a longitudinal study. *Journal of Personality and Social Psychology*, 73, 1052-1062.

Churchill, S., & Jessop, D. C. (2011). Too impulsive for implementation intentions? Evidence that impulsivity moderates the effectiveness of an implementation intention intervention. *Psychology & Health*, 26, 517-530.

Ferguson, E. (2013). Personality is of central concern to understand health: Towards a theoretical model for health psychology. *Health Psychology Review*, 7, S32-S70.

Friedman, H. S., Tucker, J. S., Schwartz, J. E., Martin, L. R., Tomlinson-Keasey, C., Wingard, D. L., & Criqui, M. H. (1995). Childhood conscientiousness and longevity. *Journal of Personality and Social Psychology*, 68, 696-703.

Hampson, S. E. (2012). Personality processes: Mechanisms by which personality traits “get outside the skin”. *Annual Review of Psychology*, 63, 315-339.

Hampson, S. E., Edmonds, G. W., Goldberg, L. R., Dubanoski, J. P., & Hillier, T. A. (2015). A life-span behavioral mechanism relating childhood conscientiousness to adult clinical health. *Health Psychology*, 34, 887-895.

Hampson, S. E., Sverson, H. H., Burns, W. J., Slovic, O., & Fisher, K. J. (2001). Risk perception, personality factors and alcohol use among adolescents. *Personality and Individual Differences*, 30, 167-181.

- Hill, P.L., & Roberts, B.W. (2011). The role of adherence in the relationship between conscientiousness and perceived health. *Health Psychology, 30*, 797-804.
- Keough, K. A., Zimbardo, P. G., & Boyd, J. N. (1999). Who's smoking, drinking and using drugs? Time perspective as a predictor of substance use. *Basic and Applied Social Psychology, 21*, 149-164.
- Kern, M. L., & Friedman, H. (2008). Do conscientious individuals live longer? A quantitative review. *Health Psychology, 27*, 505-512.
- McCrae, R. R., & Stone, S. V. (1997). Personality. In A. Baum, S. Newman, J. Weinman, R. West, & C. McManus (Eds.), *Cambridge Handbook of Psychology, Health and Medicine* (pp. 237-241). Cambridge: Cambridge University Press.
- Myrtek, M., (2001) Meta analysis of prospective studies on coronary heart disease, type A personality and hostility. *International Journal of Cardiology, 79*, 245-251.
- Peterson, C., Seligman, M. E. P., & Vaillant, G. E. (1988). Pessimistic explanatory style is a risk factor for physical illness: A thirty-five-year longitudinal study. *Journal of Personality and Social Psychology, 55*, 23-27.
- Smith, T. W., & Williams, P. G. (1992). Personality and health: Advantages and limitations of the five-factor model. *Journal of Personality, 60*, 395-423.
- Smith, T.W., Glazer, K., Ruiz, J.M., & Gallo, L.C., (2004). Hostility, anger, aggressiveness, and coronary heart disease: An interpersonal perspective on personality, emotion, and health. *Journal of Personality, 72*, 1217-1270.
- Welch, D., & Poulton, R. (2009). Personality influences on change in smoking behavior. *Health Psychology, 28*, 292-299.
- Zimbardo, P. G., Keough, K. A., & Boyd, J. N. (1997). Present time perspective as a predictor of risky driving. *Personality and Individual Differences, 23*, 1007-1023.

## TOPIC 4: Stress, coping and social support

### Outline

It is often said that stress has become a major feature of modern living and – indeed - most of us have probably felt stressed at one time or another. This week we will explore the concept of stress and investigate its influence on health. Furthermore, we will discuss research relating to (i) coping and (ii) social support and critically evaluate the evidence that these two constructs moderate any impact that stress has on health-related outcomes.

### Essential Reading

Folkman, S. & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist*, 55, 647-654.

Phillips, A. C., Gallagher, S., & Carroll, D. (2009). Social support, social intimacy, and cardiovascular reactions to acute psychological stress. *Annals of Behavioral Medicine*, 37, 38-45. doi:<http://dx.doi.org/10.1007/s12160-008-9077-0>

### Additional Readings

Aspinwall, L. G. & Taylor, S. E. (1997). A stitch in time: Self-regulation and proactive coping. *Psychological Bulletin*, 121, 417-436.

Baum, A. & Posluszny, D.M. (1999). Health Psychology: mapping biobehavioral contributions to health and illness. *Annual Review of Psychology*, 50, 137-163.

Beck, L. (2007). Social status, social support, and stress: a comparative review of the health consequences of social control factors. *Health Psychology Review*, 1, 186-207.

Bowen, K. S., Uchino, B. N., Birmingham, W., Carlisle, M., Smith, T. W., & Light, K. C. (2013). The stress-buffering effects of functional social support on ambulatory blood pressure. *Health Psychology*, 33, 1440-1443. doi:<http://dx.doi.org/10.1037/hea0000005>

Campbell, D. A., Lake, M. F., Falk, M., & Backstrand, J. R. (2006). A randomized control trial of continuous support in labor by a lay doula. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 35(4), 456-464.

Carver, C., Scheier, M. & Weintraub, J. (1989) Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 65, 267-283.

Cohen, S., Tyrrell, D.A.J. & Smith, A.P. (1993). Negative life events, perceived stress, negative affect, and susceptibility to the common cold. *Journal of Personality and Social Psychology*, 64, 131-140.

Davis, M. C., Matthews, K. A., Meilahn, E. N., & Kiss J. E. (1995) Are job characteristics related to fibrinogen levels in middle-aged women? *Health Psychology*, 14, 310-318.

DiMatteo M. R. (2004). Social support and patient adherence to medical treatment: a meta-analysis. *Health Psychology*. 23, 207-218.

DiPietro, J. A. (2012). Maternal stress in pregnancy: considerations for fetal development. *Journal of Adolescent Health*, 51, S3-S8.

Edmondson, D., Newman, J. D., Whang, W., & Davidson, K. W. (2012). Emotional triggers in myocardial infarction: do they matter?. *European Heart Journal*, 34, 300-306.

- Evans, P., Clow, A. & Hucklebridge, F. (1997). Stress and the immune system. *The Psychologist*, 10, 303-307.
- Folkman, S. & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology*, 55, 745-74.
- Gallo, L. C., Troxel, W. M., Matthews, K. A., & Kuller, L. H. (2003). Marital status and quality in middle-aged women: Associations with levels and trajectories of cardiovascular risk factors. *Health Psychology*, 22, 453-463.
- Golden-Kreutz, D. M., Thornton, L. M., Wells-Di Gregorio, S., Frierson, G. M., Jim, H. S., Carpenter, K. M., Shelby, R. A., & Andersen, B. L. (2005). Traumatic Stress, Perceived Global Stress, and Life Events: Prospectively Predicting Quality of Life in Breast Cancer Patients. *Health Psychology*, 24, 288-296.
- Hogan, B.E., Linden, W., Najarian, B. (2001) Social Support Interventions. Do they work? *Clinical Psychology Review*, 22, 381-440.
- Holahan, C. and Moos, R. (1990). Life stressors, resistance factors, and improved psychological functioning: an extension of the stress resistance paradigm. *Journal of Personality and Social Psychology*, 58, 909-917.
- Holland, K. & Holahan, C.K. (2003). The relation of social support and coping to adjustment to breast cancer. *Psychology and Health* 18, 15-29.
- Jones, F. & Bright, J. (2001) *Stress: Myth, Theory and Research*. Harlow: Pearson Education Ltd.
- Keller, A., Litzelman, K., Wisk, L. E., Maddox, T., Cheng, E. R., Creswell, P. D., & Witt, W. P. (2012). Does the perception that stress affects health matter? The association with health and mortality. *Health Psychology*, 31, 677-684. doi:<http://dx.doi.org/10.1037/a0026743>
- Lupien, S. J., McEwen, B. S., Gunnar, M. R., & Heim, C. (2009). Effects of stress throughout the lifespan on the brain, behaviour and cognition. *Nature Reviews Neuroscience*, 10, 434-445.
- Manne, S. L., Ostroff, J., Winkel, G., Grana, G., & Fox, K. (2005). Partner unsupportive responses, avoidant coping, and distress among women with early stage breast cancer: Patient and partner perspectives. *Health Psychology*, 24, 635-641.
- Michels, N., Sioen, I., Boone, L., Braet, C., Vanaelst, B., Huybrechts, I., & De Henauw, S. (2014). Longitudinal association between child stress and lifestyle. *Health Psychology*, 34, 40-50. doi:<http://dx.doi.org/10.1037/hea0000108>
- Miller, G. E. & Cohen, S. (2001). Psychological interventions and the immune system: A meta-analytic review and critique. *Health Psychology*, 20, 47-63.
- Ng, D. M. & Jeffery, R. W. (2003). Relationships between perceived stress and health behaviours in a sample of working adults. *Health Psychology*, 22, 638-642.
- Nyklíček, I., Mommersteeg, P. M. C., Van Beugen, S., Ramakers, C., & Van Boxtel, G. J. (2013). Mindfulness-based stress reduction and physiological activity during acute stress: A randomized controlled trial. *Health Psychology*, 32, 1110-1113.
- Park, C. L. & Adler, N. E. (2003). Coping style as a predictor of health and well-being across the first year of medical school. *Health Psychology*, 22, 627-631.
- Peirce, R. S., Frone, M. R., Russell, M. & Cooper, M. L. (1996). Financial stress, social support and alcohol involvement: a longitudinal test of the buffering hypothesis in a general population survey. *Health Psychology*, 15, 38-47.

- Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: a meta-analytic review. *Journal of Behavioral Medicine*, 25, 551-603.
- Pettigrew, M. Fraser, J. M., & Regan, M. F. (1999) Adverse life events and risk of breast cancer: A meta analysis. *British Journal of Health Psychology*, 4, 1-18.
- Kiecolt-Glaser, J.K, Fisher, L.D., Ogrocki, P., Stout, J.C., Speicher, C.E. & Glaser, R. (1987). Marital quality, marital disruption, and immune function. *Psychosomatic Medicine*, 49, 13-34.
- Kiecolt-Glaser, J.K, Marucha, P. T., Marlarkey, W. B., Mercado, A. M. & Glaser, R. (1995). Slowing of wound healing by psychological stress, *The Lancet*, 346, 1194-1196.
- Kiecolt-Glaser J. K., McGuire L., Robles T. F. Glaser R., (2002) Psychoneuroimmunology. Psychological influences on immune function and health. *Journal of Consulting and Clinical Psychology*, 70, 537-547.
- Segerstrom, S. C. & Miller, G. E. (2004). Psychological stress and the human immune system: A meta-analytic study of 30 years of inquiry. *Psychological Bulletin*, 4, 601-630.
- Stanton, A. L., & Snider, P. R. (1993) Coping with a breast cancer diagnosis: a prospective study, *Health Psychology*, 12, 16-23.
- Strazdins L., D'Souza, R. M., Lim, L. L., Broom, D. H. & Rodgers, B. (2004). Job strain, job insecurity, and health: rethinking the relationship. *Journal of Occupational Health Psychology*, 9, 296-305.
- Taylor, S. & Repetti, R. (1997) Health psychology: What is an unhealthy environment and how does it get under the skin? *Annual Review of Psychology*, 48, 411-447.
- Uchino, B. N. (2009). Understanding the links between social support and physical health: A life span perspective with emphasis on the separability of perceived and received support. *Perspectives in Psychological Science*, 4, 236-255.
- Watson, D. & Pennebaker, J. (1989) Health complaints, stress and distress: Exploring the central role of negative affectivity. *Psychological Review*, 96, 234-254.
- Young, A. F., Russell, A. and Powers, J. R. (2004). The sense of belonging to a neighbourhood: can it be measured and is it related to health and well being in older women? *Social Sciences and Medicine*, 59, 2627-37.

## TOPIC 5: Risk, risk perception and levels of intervention

### Outline

We begin this week with a consideration of the notion of *risk*. The focus will be on personal risks and people's attitudes towards actions that are characterized by high levels of risk (of some sort). Politicians and policymakers often appear exasperated by people's attitudes towards risks, since there is a common view that people pay too much attention to 'less important' risks and too little attention to 'more important' risks (e.g. health risks arising as a result of their own behaviours). In considering these and other issues, we shall examine people's optimism (unrealistic optimism?) about their future health. For example, is optimism beneficial for health, as some might claim? Does unrealistic optimism mean that people will refrain from carrying out health-beneficial behaviours?

Is the 'risk perception' approach too *cognitive* to allow us to adequately understand people's risk-related motives. Should we be paying much more attention to *affective* (or emotional) factors underlying people's motives and behaviour?

A number of theories propose that people's perceptions of risk will be influential in their behavioural decisions. A typical inference drawn from this is that providing people with information about the risks that they face will influence their subsequent behaviour. Is, or to what extent, is this inference warranted? Might people deny, minimize or avoid risk-related information in certain circumstances? If so, *why* might they do this?

We then shift to a consideration of different levels of intervention. Having discussed absolute risk, relative risk and population attributable risk, we take a look at the various benefits and pitfalls of individual level interventions vs. population level interventions. We finish by considering the so-called *prevention paradox* ('A preventive measure which brings much benefit to the population offers little to each participating individual').

### Essential Readings

Leary, M.R., Tchividjian, L.R. & Kraxberger, B.E. (1994). Self-presentation can be hazardous to your health: impression management and health risk. *Health Psychology*, 13, 6, 461-470.

Gysels, M, Pool, R. & Nnalusiba, B. (2002). Women who sell sex in a Ugandan trading town: life histories, survival strategies and risk. *Social Science & Medicine*, 54, 179-192.

### Additional Readings

Ditto, P.H. & Croyle, R.T. (2003). Understanding the impact of risk factor test results: insights from a basic research program. In P. Salovey & A.J. Rothman (Eds), *Social Psychology of Health*. New York: Psychology Press.

Harris, K.M., Duncan, G.J. & Boisjoly, J. (2002). Evaluating the role of "nothing to lose" attitudes on risky behavior in adolescence. *Social Forces*, 80, 3, 1005-1039.

Jeffrey, R. W. (1989). Risk behaviors and health: contrasting individual and population perspectives. *American Psychologist*, 44, 9, 1194-1202.

Kaplan, R.M. (2000). Two pathways to prevention. *American Psychologist*, 55, 4, 382-396.

- Klein, W. M. & Weinstein, N.D. (1997). Social comparison and unrealistic optimism about personal risk. In B. P. Buunk and F.X. Gibbons (Eds.), *Health, coping and well-being: Perspectives from social comparison theory* (pp. 25-61). Hillsdale, NJ: Erlbaum.
- Loewenstein, G. (1996). Out of control: visceral influences on behavior. *Organizational Behavior and Human Decision Processes*, 65, 272-292.
- Loewenstein, G.F., Weber, E.U., Hsee, C.K. & Welch, N. (2001). Risk as feelings. *Psychological Bulletin*, 127, 2, 267-286.
- Marelich, W.D. & Rotherham-Borus, M.J. (2004). From individual to social change: current and future directions of health interventions. In W.D. Marelich & J.S. Erger (Eds.) (2004), *The Social Psychology of Health: Essays and Readings* (pp. 95-110). London: Sage.
- Marteau, T.M., Ogilvie, D., Martin, R. et al. (2011). Judging nudging: can nudging improve population health? *British Medical Journal*, 32,
- Murphy, S. & Bennett, P. (2004). Health Psychology and public health: theoretical possibilities. *Journal of Health Psychology*, 9, 1, 13-27.
- Ronis, D.L. (1990). Conditional health threats: Health beliefs, decisions, and behaviors among adults. *Health Psychology*, 11(2), 127-134.
- Rose, G. (1985). Sick individuals and sick populations. *International Journal of Epidemiology*, 14, 1, 32-38.
- Rose, G. (1992). *The Strategy of Preventive Medicine*. Oxford: Oxford University Press.
- Slovic, P., Peters, E., Finucane, M.L. & MacGregor, D.G. (2005). Affect, risk, and decision making. *Health Psychology*, 24, 4 (Suppl.), S35-S40.
- Sparks, P., Harris, P.R. and Raats, M.M. (2003). Imagining and explaining hypothetical scenarios: mediational effects on the subjective likelihood of health-related outcomes. *Journal of Applied Social Psychology*, 33, 4, 869-887.
- Sparks, P. and Raats, M.M. (1998). Health promotion: beyond risk perception and risk communication. *Risk Decision and Policy*, 3, 3, 261-270.
- Taylor, S. E. & Brown, J. D. (1988). Illusion of well-being: a social psychological perspective on mental health. *Psychological Bulletin*, 103, 193-210.
- Taylor, S. E., & Pham, L. B. (1995). Mental simulation, motivation, and action. In P. M. Gollwitzer & J. A. Bargh (Eds.), *The Psychology of Action: Linking Cognition and Motivation to Behavior* (pp. 219-235). New York: Guilford.
- Van der Velde, F. W., Hooykas, C. & van der Pligt, J. (1996). Conditional versus unconditional risk estimates in models of AIDS-related risk behavior. *Psychology and Health*, 12, 87-100
- Weinstein, N.D. (1980). Unrealistic optimism about future life events. *Journal of Personality and Social Psychology*, 39, 806-820.



## TOPIC 6: Fear appeals

### Outline

This week we will look at one particular approach to health promotion: the use of fear appeals. Public health campaigns often utilise threatening messages coupled with recommendations to take protective action. The rationale behind such campaigns is that the fear aroused will motivate individuals to perform the recommended behaviour; however, evaluations of such campaigns suggest that they are not always effective. This week we will critically evaluate the evidence that fear appeals represent an effective approach to health promotion. We will consider the position that fear arousal may sometimes result in denial and discuss whether steps can be taken to mitigate this consequence. We will also consider a variety of theoretical perspectives which may help inform the debate on the effectiveness of fear appeals including Protection Motivation Theory (Rogers and Prentice-Dunn, 1997), the Extended Parallel Processing Model (Witte, 1992), and Terror Management Theory (Greenberg, Solomon and Pyszczynski, 1997).

### Essential Reading

Jessop, D. C., Albery, I. P., Rutter, J., & Garrod, H. (2008). Understanding the impact of mortality-related health-risk information: A terror management theory perspective. *Personality and Social Psychology Bulletin*, 43, 951-964.

Ruiter, R. A., Kessels, L. T., Peters, G. J. Y., & Kok, G. (2014). Sixty years of fear appeal research: Current state of the evidence. *International Journal of Psychology*, 49, 63-70.

### Additional Reading

Brown, S. L., & Whiting, D. (2014). The ethics of distress: Toward a framework for determining the ethical acceptability of distressing health promotion advertising. *International Journal of Psychology*, 49, 89-97.

Detweiler, J. B., Bedlee, B. T., Salovey, P., Pronin, E., & Rothman, A. J. (1999). Message framing and sunscreen use: Gain framed messages motivate beach-goers. *Health Psychology*, 18, 189-196.

Greenberg, J., Solomon, S., & Pyszczynski, T. (1997). Terror management theory of self-esteem and cultural worldviews: Empirical assessments and conceptual refinements. In M. P. Zanna (Ed.), *Advances in Experimental Social Psychology* (Vol. 29, pp. 61-141). San Diego, CA: Academic Press.

Jessop, D. C., Albery, I. P., Rutter, J., & Garrod, H. (2008). Understanding the impact of mortality-related health-risk information: A terror management theory perspective. *Personality and Social Psychology Bulletin*, 43, 951-964.

Jessop, D. C., & Wade, J. (2008). Fear appeals and binge drinking: A terror management theory perspective. *British Journal of Health Psychology*, 13, 773-778.

Kessels, L. T., Ruiter, R. A., Wouters, L., & Jansma, B. M. (2014). Neuroscientific evidence for defensive avoidance of fear appeals. *International Journal of Psychology*, 49, 80-88.

- Kok, G., Bartholomew, L. K., Parcel, G. S., Gottlieb, N. H., & Fernández, M. E. (2014). Finding theory-and evidence-based alternatives to fear appeals: Intervention Mapping. *International Journal of Psychology*, 49, 98-107.
- Liberman, A., & Chaiken, S. (1992). Defensive processing of personally relevant health messages. *Personality and Social Psychology Bulletin*, 18, 669-679.
- Milne, S., Sheeran, P., & Orbell, S. (2000). Prediction and intervention in health-related behavior: A meta-analytic review of Protection Motivation Theory. *Journal of Applied Social Psychology*, 30, 106-143.
- Peters, G. Y., Ruiter, R. A. C., & Kok, G. (2013). Threatening communication: a critical re-analysis and a revised meta-analytic test of fear appeal theory. *Health Psychology Review*, 7, S8-S31.
- Peters, G. J. Y., Ruiter, R. A., & Kok, G. (2014). Threatening communication: A qualitative study of fear appeal effectiveness beliefs among intervention developers, policymakers, politicians, scientists, and advertising professionals. *International Journal of Psychology*, 49, 71-79.
- Rigby, K., Brown, M., Anagnostou, P., Ross, M. W., & Rosser, B. R. S. (1989). Shock tactics to counter AIDS: The Australian experience. *Psychology and Health*, 3, 145-159.
- Rogers, R. W. (1985). Attitude change and information integration in fear appeals. *Psychological Reports*, 56, 179-182.
- Rogers, R. W., & Prentice-Dunn, S. (1997). Protection Motivation Theory. In D. S. Gochman (Ed.), *Handbook of Health Behaviour Research I: Personal and Social Determinants* (Vol. 1, pp. 113-132). New York: Plenum Press.
- Ruiter, R. A. C., Abraham, C. A., & Kok, G. (2001). Scary warnings and rational precautions: A review of the psychology of fear appeals. *Psychology and Health*, 16, 613-630.
- Ruiter, R. A. C., Kok, G., Verplanken, B., & Brug, J. (2001). Evoked fear and effects of appeals on attitudes to performing breast self-examination: An information-processing perspective. *Health-Education-Research*, 16, 307-319.
- Ruiter, R. A. C., Verplanken, B., Kok, G., & Werrij, M. Q. (2003). The role of coping appraisals in reactions to fear appeals: Do we need threat information? *Journal of Health Psychology*, 8, 465-474.
- Taubman Ben-Ari, O., Florian, V., & Mikulincer, M. (1999). The impact of mortality salience on reckless driving: A test of terror management mechanisms. *Journal of Personality and Social Psychology*, 76, 35-45.
- Taubman Ben-Ari, O., Florian, V., & Mikulincer, M. (2000). Does a threat appeal moderate reckless driving? A terror management theory perspective. *Accident Analysis and Prevention*, 32, 1-10.
- van 't Riet, J., & Ruiter, R. A. C. (2013). Defensive reactions to health promoting information: an overview and implications for future research. *Health Psychology Review*, 7, S104-S136.
- Witte, K. (1992). The role of threat and efficacy in AIDS prevention. *International Quarterly of community Health Education*, 12, 225-249.
- Witte, K. (1994). Fear control and danger control: A test of the extended parallel process model (EPPM). *Communication Monographs*, 61, 113-134.
- Witte, K., & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. *Health Education and Behaviour*, 27, 591-615.

Witte, K., Berkowitz, J. M., Cameron, K. A., & McKeon, J. K. (1998). Preventing the spread of genital warts: Using fear appeals to promote self-protective behaviours. *Health Education and Behavior*, 25, 571-585.

## TOPIC 7: Applying self-affirmation theory to health promotion

### Outline

A major challenge facing health promoters is the tendency for people to process personally relevant health-risk information defensively (e.g., Freeman, Hennessy, & Marzullo, 2001; Liberman & Chaiken, 1992; Reed & Aspinwall, 1998). Thus, people at whom health promotion messages are directed (e.g., those who engage in the targeted health-detrimental behavior) have been shown to be the most likely to derogate the message (Freeman et al., 2001) and the least likely to be persuaded by it (Liberman & Chaiken, 1992).

Such defensive processing can be explained from the perspective of self-affirmation theory (SAT; Steele, 1988). Specifically according to SAT, information detailing the health-detrimental consequences of one's chosen behaviours presents a threat to one's *self-integrity*, and it is the desire to defend one's self-integrity which promotes defensive processing. Critically, however, self-affirmation theory contends that potential threats to self-integrity can be countered by affirming the self in an important domain (Steele, 1988). By extension, SAT predicts that self-affirmation manipulations should allow individuals to respond to personally relevant health-risk information in a more open and less biased manner, rendering them more susceptible to persuasion and, ultimately, behavior change.

This week, we will critically evaluate the evidence that self-affirmation manipulations represent a useful approach to health promotion. We will explore whether affirming individuals renders them more accepting of personally relevant health-risk information and - crucially – whether they are more likely to change their behaviour as a result. We will also discuss key limitations to our understanding of SAT, for example with regard to how best to affirm individuals and whether affirmation manipulations could be easily integrated into health promotion campaigns.

### Essential Reading

Epton, T., & Harris, P. R. (2008). Self-affirmation promotes health behavior change. *Health Psychology, 27*, 746-752.

Logel, C., & Cohen, G. L. (2012). The Role of the Self in Physical Health Testing the Effect of a Values-Affirmation Intervention on Weight Loss. *Psychological Science, 23*, 53-55.

### Additional Reading

Armitage, C. J. (2007). Effects of an implementation intention-based intervention on fruit consumption. *Psychology and Health, 22*, 917-928.

Armitage, C. J., & Arden, M. A. (2016). Enhancing the effectiveness of alcohol warning labels with a self-affirming implementation intention. *Health Psychology*. Advance online publication.

Armitage, C. J., Harris, P. R., & Arden, M. A. (2011). Evidence that self-affirmation reduces alcohol consumption: Randomized exploratory trial with a new, brief means of self-affirming. *Health Psychology, 30*, 633-641.

Armitage, C. J., Harris, P. R., Hepton, G., & Napper, L. (2008). Self-affirmation increases acceptance of health-risk information among UK adult smokers with low socioeconomic status. *Psychology of Addictive Behaviors, 22*, 88-95.

- Cohen, G. L., & Sherman, D. K. (2014). The psychology of change: Self-affirmation and social psychological intervention. *Annual Review of Psychology*, 65, 333-371. doi: 10.1146/annurev-psych-010213-115137
- Cooke, R., Trebaczyk, H., Harris, P., & Wright, A. J. (2014). Self-affirmation promotes physical activity. *Journal of Sport and Exercise Psychology*, 36, 217-223. doi: 10.1123/jsep.2013-0041
- Epton, T., Harris, P. R., Kane, R., van Koningsbruggen, G. M., & Sheeran, P. (2015). The impact of self-affirmation on health-behavior change: A meta-analysis. *Health Psychology*, 34, 187-196. doi: 10.1037/hea0000116.
- Freeman, M. A., Hennessy, E. V., & Marzullo, D. M. (2001). Defensive evaluation of antismoking messages among college-age smokers: The role of possible selves. *Health Psychology*, 20, 424-433.
- Good, A. A., & Abraham, C. C. (2011). Can the effectiveness of health promotion campaigns be improved using self-efficacy and self-affirmation interventions? An analysis of sun protection messages. *Psychology & Health*, 26, 799-818.
- Griffin, D. W., & Harris, P. R. (2011). Calibrating the response to health warnings: Limiting both overreaction and underreaction with self-affirmation. *Psychological Science*, 22, 572-578.
- Harris, P. R., Brearley, I., Sheeran, P., Barker, M., Klein, W. M., Creswell, J. D., ... & Bond, R. (2014). Combining self-affirmation with implementation intentions to promote fruit and vegetable consumption. *Health Psychology*, 33, 729-736. doi: [10.1037/hea0000065](https://doi.org/10.1037/hea0000065)
- Harris, P. R. (2011). Self-affirmation and the self-regulation of health behavior change. *Self and Identity*, 10, 304-314.
- Harris, P. R., & Epton, T. (2009). The impact of self-affirmation on health cognition, health behaviour and other health-related responses: A narrative review. *Social and Personality Psychology Compass*, 3, 962-978.
- Harris, P. R., & Epton, T. (2010). The impact of self-affirmation on health-related cognition and health behaviour: Issues and prospects. *Social and Personality Psychology Compass*, 4, 439-454.
- Harris, P. R., Mayle, K., Mabbott, L., & Napper, L. (2007). Self-affirmation reduces smokers' defensiveness to graphic on-pack cigarette warning labels. *Health Psychology*, 26, 437-446.
- Harris, P. R., & Napper, L. (2005). Self-affirmation and the biased processing of threatening health-risk information. *Personality and Social Psychology Bulletin*, 31, 1250-1263.
- Jessop, D. C., Simmonds, L. V., & Sparks, P. (2009). Motivational and behavioral consequences of self-affirmation interventions: A study of sunscreen use among women. *Psychology and Health*, 24, 529-544.
- Jessop, D. C., Sparks, P., Buckland, N., Harris, P. R., & Churchill, S. (2014). Combining self-affirmation and implementation intentions: Evidence of detrimental effects on behavioral outcomes. *Annals of Behavioral Medicine*, 47, 137-147. doi: 10.1007/s12160-013-9536-0
- Lieberman, A., & Chaiken, S. (1992). Defensive processing of personally relevant health messages. *Personality and Social Psychology Bulletin*, 18, 669-679.
- Munro, G. D., & Stansbury, J. A. (2009). The dark side of self-affirmation: Confirmation bias and illusory correlation in response to threatening information. *Personality and Social Psychology Bulletin*, 35(9), 1143-1153.
- Reed, M. B., & Aspinwall, L. G. (1998). Self-affirmation reduces biased processing of health-risk information. *Motivation and Emotion*, 22, 99-132.

- Schüz, N., Schüz, B., & Eid, M. (2013). When risk communication backfires: Randomized controlled trial on self-affirmation and reactance to personalized risk feedback in high-risk individuals. *Health Psychology, 32*, 561-570.
- Sherman, D. K., & Cohen, G. L. (2006). The psychology of self-defense: Self-affirmation theory. In M. P. Zanna (Ed.), *Advances in Experimental Social Psychology, 38*, 183-242.
- Sherman, D. A. K., Nelson, L. D., & Steele, C. M. (2000). Do messages about health risks threaten the self? Increasing the acceptance of threatening health messages via self-affirmation. *Personality and Social Psychology Bulletin, 26*, 1046-1058.
- Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In L. Berkowitz (Ed.), *Advances in Experimental Social Psychology* (Vol. 21, pp. 261-302). New York: Academic Press.
- Sweeney, A. M., & Moyer, A. (2015). Self-affirmation and responses to health messages: A meta-analysis on intentions and behavior. *Health Psychology, 34*, 149-159. doi: [10.1037/hea0000110](https://doi.org/10.1037/hea0000110)
- Van Koningsbruggen, G. M., & Das, E. (2009). Don't derogate this message! Self-affirmation promotes online type 2 diabetes risk test taking. *Psychology and Health, 24*, 635-649.
- Van Koningsbruggen, G. M., Das, E., & Roskos-Ewoldsen, D. R. (2009). How self-affirmation reduces defensive processing of threatening health information: Evidence at the implicit level. *Health Psychology, 28*, 563-568.

## **TOPIC 8: Ethical issues relating to health promotion: Can health promotion do more harm than good?**

### **Outline**

This week we will consider whether health promotion may at times do more harm than good. Initially we will look at situations where it is arguable whether the objective of health promotion is actually desirable. In particular we will focus on several health issues where the health benefits of the behaviour to the individual are debatable, including breast cancer screening and immunisation. Secondly, we will look at situations where the ultimate goal of behaviour change may be desirable, but this has produced or contributed to an unhealthy backlash. Thus for example we will consider the influence of diet and exercise, and also look at commercial exploitation in these areas. Lastly we will consider whether the approaches to health promotion, i.e. the types of message and/or campaign used, might actually have negative implications for wellbeing and/or health-related behaviour and – on occasion - produce the opposite effect to that which they were intended.

### **Essential Readings**

- Andrykowski, M. A., Carpenter, J. S., Studts, J. L., Cordova, M. J., Cunningham, L. L. C., Beacham, A., Sloan, D., Kenady, D., & McGrath, P. (2002). Psychological impact of benign breast biopsy: A longitudinal, comparative study. *Health Psychology, 21*, 485-494.
- Sears Jr, S. F., Marhefka, S. L., Rodrigue, J. R., & Campbell, C. (2000). The role of patients' ability to pay, gender, and smoking history on public attitudes toward cardiac transplant allocation: an experimental investigation. *Health Psychology, 19*, 192-196.

### **Additional readings**

- Arndt, J., Vail, Kenneth E., I., II, Cox, C. R., Goldenberg, J. L., Piasecki, T. M., & Gibbons, F. X. (2013). The interactive effect of mortality reminders and tobacco craving on smoking topography. *Health Psychology, 32*, 525-532.
- Becker, M.H. (1987). The cholesterol saga: whither health promotion? *Annals of Internal Medicine, 106*, 623-626.
- Ben-Ari, O. Florian, V., & Mikulincer, M. (1999). The impact of mortality salience on reckless driving: A test of terror management mechanisms. *Journal of Personality and Social Psychology, 76*, 35-45.
- Brown, S. L., & Whiting, D. (2014). The ethics of distress: Toward a framework for determining the ethical acceptability of distressing health promotion advertising. *International Journal of Psychology, 49*, 89-97.
- Colen, C. G., & Ramey, D. M. (2014). Is breast truly best? Estimating the effects of breastfeeding on long-term child health and wellbeing in the United States using sibling comparisons. *Social Science & Medicine, 109*, 55-65.
- Gøtzsche, P. C., & Nielsen, M. (2009). Screening for breast cancer with mammography. *Cochrane Database Syst Rev, 4*(1).

- Götzsche, P. C., & Olsen, O. (2000). Is screening for breast cancer with mammography justifiable? *Lancet*, 355, 129-134.
- Hansen, J., Winzeler, S., & Topolinski, S. (2010). When the death makes you smoke: A terror management perspective on the effectiveness of cigarette on-pack warnings. *Journal of Experimental Social Psychology*, 46, 226-228.
- Jessop, D. C., Albery, I. P., Rutter, J., & Garrod, H. (2008). Understanding the impact of mortality-related health-risk information: A terror management theory perspective. *Personality and Social Psychology Bulletin*, 43, 951-964.
- Jessop, D. C., & Wade, J. (2008). Fear appeals and binge drinking: A terror management theory perspective. *British Journal of Health Psychology*, 13, 773-778.
- Kaplan, R.M., Orleans, C.T., Perkins, K.A., & Pierce, J.P. (1995). Marshalling the evidence for greater regulation and control of tobacco products: a call for action. *Annals of Behavioral Medicine*, 17, 3-14.
- Kunkel, H.O., & Thompson, P. B. (1988). Interests and values in national nutrition policy in the United States. *Journal of Agricultural Ethics*, 1, 241-256.
- Muldoon, M. F., Manuck, S. B., & Matthews, K. A. (1990). Effects of cholesterol lowering on mortality: A quantitative review of primary prevention trials. *British Medical Journal*, 301, 309-314.
- Paci, E. et al. (2002). Are breast cancer screening programmes increasing rates of mastectomy? Observational study. *British Medical Journal*, 325, 418.
- Tones, K. (1992). The moral imperative of health education. *Health Education Research*, 7, 2, 147-150.
- Williams, G (1984). Health promotion - caring concern or slick salesmanship. *Journal of Medical Ethics*, 10.
- Wolfe, R. M., & Sharp, L. K. (2002). Anti-vaccinationists past and present. *British Medical Journal*, 325, 430-431.



## TOPIC 9: Alcohol

### Outline

“Alcohol is the most used and abused drug in the world. It brings enormous pleasure and enormous pain. Using the same logic as with pesticides, people have assumed that because large amounts of alcohol are very damaging, small amounts must be a bit damaging. This is not true.” (Hammond & Mosley, 1999, p. 117).

In this class, we consider the relationship between alcohol consumption and health. Alcohol is implicated in vast numbers of cases of morbidity and mortality. The relationship between alcohol consumption and ill-health is a complex one, however, such that the implications for health promotion need to be assessed very carefully.

In the first of the readings that we discuss, we consider gender differences in relation to alcohol use. In the second of this week's readings, we examine one possible intervention strategy to reduce young people's alcohol consumption. In both cases, as ever, the claims made for the reported findings and the implications for health promotion need to be evaluated critically.

### Essential Readings

Nolen-Hoeksema, S. & Hilt, L. (2006) Possible contributors to the gender differences in alcohol use and problems, *The Journal of General Psychology*, 133, 4, 357-374,

Burger, J.M., LaSalvia, C.T., Hendricks, L.A., Mehdipour, T. & Neudeck, E.M. (2011). Partying before the party gets started: The effects of descriptive norms on pre-gaming behavior. *Basic and Applied Social Psychology*, 33, 3, 220-227.

## Additional Readings

- Anderson, P. (1991). The health of the nation: Responses: Alcohol as a key area. *British Medical Journal*, 303, 766-769.
- Bobak, M., Skodova, Z. & Marmot, M. (2000). Effect of beer drinking on risk of myocardial infarction: population based case-control study. *British Medical Journal*, 320, 1378-9 (20 May).
- Case, P., Sparks, P. & Pavey, L.J. (2015). Identity appropriateness and the structure of the theory of planned behaviour. *British Journal of Social Psychology*. Manuscript accepted for publication.
- Collins, S.E. & Carey, K.B. (2007). The theory of planned behavior as a model of heavy episodic drinking among college students. *Psychology of Addictive Behaviors*, 21(4), 498-507.
- Conner, M., Warren, R., Close, S. & Sparks, P. (1999). Alcohol consumption and the theory of planned behavior: An examination of the cognitive mediation of past behavior. *Journal of Applied Social Psychology*, 29(8), 1676-1704.
- Cooke, R., Sniehotta, F. & Schüz, B. (2006). Predicting binge-drinking behaviour using an extended TPB: Examining the impact of anticipated regret and descriptive norms. *Alcohol and Alcoholism*, 42(2), 84-91.
- Johnston, K.L. & White, K.M. (2003). Binge-drinking: A test of the role of group norms in the theory of planned behaviour. *Psychology and Health*, 18, 63-77.
- Keil, U., Chambless, L.E., Doering, A., Filipiak, B. & Stieber, J. (1997). The relation of alcohol intake to coronary heart disease and all-cause mortality in a beer-drinking population. *Epidemiology*, 8, 150-156.
- Kuntsche, E., Rehm, J. & Gmel, G. (2004). Characteristics of binge drinkers in Europe. *Social Science and Medicine*, 59, 113-127.
- McDonald, T.K., Fong, G.T., Zanna, M.P. & Martineau, A.M. (2000). Alcohol myopia and condom use: can intoxication be associated with more prudent behavior? *Journal of Personality and Social Psychology*, 78, 4, 605-619.
- Measham, F. & Brain, K. (2005). 'Binge' drinking, British alcohol policy and the new culture of intoxication. *Crime, Media, Culture*, 1(3), 262-283.
- Mukamal, K.J., Chiuve, S.E., & Rimm, E.B. (2006). Alcohol consumption and risk for coronary heart disease in men with healthy lifestyles. *Archives of Internal Medicine*, 166, 2145-2150.
- Norman, P. (2011). The theory of planned behavior and binge drinking among undergraduate students: assessing the impact of habit strength. *Addictive Behaviors*, 26, 502-507.
- Norman, P., Armitage, C.J. & Quigley, C. (2007). The theory of planned behavior and binge drinking: Assessing the impact of binge drinker prototypes. *Addictive Behavior*, 32, 1753-1768.
- Northcote, J. & Livingston, M. (2011). Accuracy of self-reported drinking: Observational verification of 'last occasion' drink estimates of young adults. *Alcohol and Alcoholism*, 46(6), 709-713.
- Parliamentary Office of Science and Technology (POST) (2005). Postnote 244: Binge drinking and public health. Retrieved on 12 November 2011 from: [www.parliament.uk/parliamentary\\_offices/post/pubs2005.cfm](http://www.parliament.uk/parliamentary_offices/post/pubs2005.cfm)

Plant, M.A., Plant, M.L., Miller, P., Gmel, G. & Kuntsche, S. (2009). The social consequences of binge drinking: A comparison of young adults in six European countries. *Journal of Addictive Diseases*, 29, 294-308.

World Health Organization (2011). *Alcohol: Fact sheet*. Accessed at:  
<http://www.who.int/mediacentre/factsheets/fs349/en/index.html>

## TOPIC 10: Eating Behaviour

### Outline

This week we will focus on the implications of obesity and eating behaviours for health. Initially we will look at the evidence that obesity has detrimental implications for both physical and mental health. We will then compare and contrast two main categories of theory that have been put forward to account for obesity: genetic theories (including metabolic rate theory and fat cell theory) and behavioural theories (including the influence of physical activity and eating behaviour on obesity). We will also explore the influence of restrained eating (attempting to eat less) on food intake per se, weight loss and physical and mental health. Lastly, in light of the evidence considered, we will deliberate possible advantages and disadvantages of approaches to reducing obesity.

### Essential Reading

Boon, B., Stroebe, W., Schut, H. and Ijntema, R. (2002). Ironic processes in the eating behaviour of restrained eaters. *British Journal of Health Psychology*, 7, 1-10.

Harris, J. L., Bargh, J. A., Brownell, K. D. (2009). Priming effects of television food advertising on eating behavior. *Health Psychology*, 28, 404-413.

### Additional Reading

Blecher, E. (2015). Taxes on tobacco, alcohol and sugar sweetened beverages: Linkages and lessons learned. *Social Science & Medicine*, 136, 175-179.

Bucher, T., Siegrist, M., & Van der Horst, K. (2014). Vegetable variety: an effective strategy to increase vegetable choice in children. *Public health nutrition*, 17(6), 1232-1236.

Cartwright, M., Wardle, J., Steggle, N., Simon, A. E., Croker, H. and Jarvis, M. J. (2003). Stress and dietary practices in adolescents. *Health Psychology*, 22, 362-369

Churchill, S., Jessop, D., & Sparks, P. (2008). Impulsive and/or planned behaviour: Can impulsivity contribute to the predictive utility of the theory of planned behaviour? *British Journal of Social Psychology*, 47, 631-646.

French, S. A. and Jeffrey, R. W. (1994). Consequences of dieting to loose weight: effects on physical and mental health. *Health Psychology*, 13, 195-212.

Hagan, M. M., Tomaka, J. and Moss, D. E. (2000). Relation of dieting in college and high school students to symptoms associated with semi-starvation. *Journal of Health Psychology*, 5, 7-15.

Henderson, N. J. and Huon, G. F. (2002). Negative affect and binge eating in overweight women. *British Journal of Health Psychology*, 7, 77-87.

Hollands, G. J., Prestwich, A., & Marteau, T. M. (2011). Using aversive images to enhance healthy food choices and implicit attitudes: An experimental test of evaluative conditioning. *Health Psychology*, 30(2), 195-203.

- Jeffery, R. W., Epstein, L. H., Wilson, G. T., Drewnowski, A., Stunkard, A. J. and Wing, R. R. (2000). Long-term maintenance of weight loss: Current status. *Health Psychology*, 19, (Suppl. 1), 5-16.
- Lee, I. M. and Paffenbarger, R. S. (1992). Change in body weight and longevity. *Journal of the American Medical Association*, 268, 2045-2049.
- Lissner, L., Odell, P. M., D'Agostino, R. B. et al. (1991). Variability of body weight and health outcomes in the Framingham population. *New England Journal of Medicine*, 324, 1839-1844.
- Luszczynska, A., Sobczyk, A., & 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.
- Michie, S., Abraham, C., Whittington, C., McAteer, J., & Gupta, S. (2009). Effective techniques in healthy eating and physical activity interventions: A meta-regression. *Health Psychology*, 28, 690-701.
- O'Connor, D. B., Jones, F., Ferguson, E., Conner, M., & McMillan, B. (2008). Effects of daily hassles and eating style on eating behaviour. *Health Psychology*, 27, S20-S31
- Snoek, H. M., van Strien, T., Janssens, J. M. A. M., & Engels, R. C. M. E. (2008). Restrained eating and BMI: A longitudinal study among adolescents. *Health Psychology*, 27, 753-759.
- Vartanian, L. R., Herman, C. P., & Wansink, B. (2008). Are we aware of the external factors that influence our food intake? *Health Psychology*, 27, 533-538.
- Werthmann, J., Roefs, A., Nederkoorn, C., Mogg, K., Bradley, B. P., & Jansen, A. (2011). Can(not) take my eyes off it: Attention bias for food in overweight participants. *Health Psychology*, 30(5), 561-569.
- World Health Organisation (1998). *Obesity: Preventing and Managing the Global Epidemic*. Geneva, Switzerland: WHO.

## TOPIC 11: Exercise

### Outline

This week we will focus on exercise and health. Initially we will explore the evidence that exercise has important implications for health-related outcomes. We will then consider various factors that might contribute to the onset and maintenance of exercise and/or a sedentary lifestyle. We will also evaluate the effectiveness of interventions which have been proposed to increase activity and exercise participation and consider the role of new technologies in such interventions.

### Essential Readings

Conner, M., Rhodes, R. E., Morris, B., McEachan, R., & Lawton, R. (2011). Changing exercise through targeting affective or cognitive attitudes. *Psychology & Health, 26*(2), 133-149.

Prestwich, A., Perugini, M., & Hurling, R. (2009). Can the effects of implementation intentions on exercise be enhanced using text messages? *Psychology & Health, 24*(6), 677-687.

### Additional Readings

Castro, C. M., Pruitt, L. A., Buman, M. P., & King, A. C. (2011). Physical activity program delivery by professionals versus volunteers: The TEAM randomized trial. *Health Psychology, 30*(3), 285-294.

Cerin, E., Vandelandotte, C., Leslie, E., & Merom, D. (2008). Recreational facilities and leisure-time physical activity: An analysis of moderators and self-efficacy as a mediator. *Health Psychology, 27*(2), S126-S135.

Craggs, C., Corder, K., van Sluijs, Esther M. F., & Griffin, S. J. (2011). Determinants of change in physical activity in children and adolescents: A systematic review. *American Journal of Preventive Medicine, 40*(6), 645-658.

Davis, C. L., Tomporowski, P. D., McDowell, J. E., Austin, B. P., Miller, P. H., Yanasak, N. E., et al. (2011). Exercise improves executive function and achievement and alters brain activation in overweight children: A randomized, controlled trial. *Health Psychology, 30*(1), 91-98.

Fjeldsoe, B., Neuhaus, M., Winkler, E., & Eakin, E. (2011). Systematic review of maintenance of behavior change following physical activity and dietary interventions. *Health Psychology, 30*(1), 99-109.

Ingledeu, D. K., & Markland, D. (2008). The role of motives in exercise participation. *Psychology & Health, 23*(7), 807-828.

Michie, S., Abraham, C., Whittington, C., McAteer, J., & Gupta, S. (2009). Effective techniques in healthy eating and physical activity interventions: A meta-regression. *Health Psychology, 28*, 690-701.

Prestwich, A., Perugini, M., & Hurling, R. (2010). Can implementation intentions and text messages promote brisk walking? A randomized trial. *Health Psychology, 29*, 40-49.

- Ratey, J. J., & Loehr, J. E. (2011). The positive impact of physical activity on cognition during adulthood: A review of underlying mechanisms, evidence and recommendations. *Reviews in the Neurosciences*, 22(2), 171-185.
- Rovniak, L. S., Sallis, J. F., Saelens, B. E., Frank, L. D., Marshall, S. J., et al. (2010). Adults' physical activity patterns across life domains: Cluster analysis with replication. *Health Psychology*, 29, 496-505.
- Ruby, M. B., Dunn, E. W., Perrino, A., Gillis, R., & Viel, S. (2011). The invisible benefits of exercise. *Health Psychology*, 30(1), 67-74.
- Scholz, U., Keller, R., & Perren, S. (2009). Predicting behavioral intentions and physical exercise: A test of the health action process approach at the intrapersonal level. *Health Psychology*, 28, 702-708.
- Shirom, A., Toker, S., Berliner, S., Shapira, I., & Melamed, S. (2008). The effects of physical fitness and feeling vigorous on self-rated health. *Health Psychology*, 27(5), 567-575.

## ILLUSTRATIVE ESSAY PLAN

(Please note, this essay plan is intended only to provide an illustrative example of how one might structure an essay plan. The title is **not** a legitimate essay title for this module.)

### Title

What are the implications of psychological research into smoking for policy and practice?

### Overview

This essay will be divided into five sections. First, the damaging health effects of smoking will be outlined. It will be argued that the cost of smoking in terms of morbidity and mortality is so great that action must be taken. Second, the essay will consider the prevalence of smoking and describe typical smoking careers. It will be argued that two courses of action are crucially important, (i) discouraging adolescents from starting smoking and (ii) helping adults to quit. Accordingly, Section 3 will focus on what is known about the factors which underlie the uptake of smoking in adolescence, with particular emphasis on rational, volitional decision making processes. Potentially useful targets for intervention will be identified and appropriate interventions strategies outlined. Section 4 will explore established smoking as a dependent behaviour and consider the implications of this for intervention strategies. Finally, Section 5 will review current evidence regarding effective approaches to facilitating cessation. It will be concluded that government should invest in designing and implementing effective interventions both to discourage uptake and to promote cessation.

### Section 1

This section will highlight excess morbidity and mortality caused by smoking including the causation of 84% of lung cancer cases, 80% of deaths from bronchitis and emphysema, 30% of all cancer deaths and 17% of all heart disease deaths. Not only does cigarette smoking lead to premature death amongst about half of those who smoke, passive smoking also has serious health consequences for non smokers, killing about 800 people per year in the UK. For example, SCOTH (2004) concluded that passive smoking causes lung cancer and heart disease in adult non-smokers and a variety of illnesses in children, including cot death and asthmatic attacks. This section will also consider the costs of smoking for the NHS (approximately £1.7billion per year) and the issue of taxation on cigarettes, drawing upon arguments presented by ASH (2003). The section will conclude that the government has a moral and economic imperative to protect young smokers from smoking and to assist adult smokers who want to quit.

### Section 2

Worldwide, twenty percent of 13-15 year olds smoke and half of these will continue to smoke for 15-20 years (World Health Organisation, 2002). Decreases in adult smoking do not necessarily lead to equivalent decreases in adolescent smoking. In the UK, for example, regular adolescent smoking has remained stable for more than a decade (at around 10%) despite overall reductions in smoking prevalence (Department of Health 2003). Moreover, most smokers begin in adolescence and if smoking is prevented in adolescence, it is unlikely to begin in adulthood (Myers, 1999). Thus action on smoking needs to focus on uptake of smoking in adolescence as well as on cessation in adulthood.



**Section 3**

Despite the public health priority to prevent adolescent smoking initiation, there is a growing consensus that adolescent interventions do not warrant further investment (Charlton, 1999). In a key review, Leventhal and Cleary (1980) concluded that, despite improvements in adolescents' knowledge of the risk of smoking, such programmes resulted in small, unreliable and short-term effects on initiation reduction. Surprisingly little improvement has been observed in the 27 years since this review, with a few notable exceptions. For example, unlike most school-based programmes, the Florida's "Truth" campaign has seen notable success in discouraging adolescents from smoking initiation (Hicks, 2001). One reason for the ineffectiveness of many interventions may be that they fail to target modifiable determinants of smoking (Kok, Schaalma, Rutter, & van Empelen, 2004). Reviews have identified a number of modifiable determinants, alongside less malleable correlates such as socioeconomic status, including being unconvinced of the health risks of smoking, having a positive attitude towards smoking, perceiving no barriers to smoking and being willing to smoke (e.g. Tyas & Pederson, 1998; Miller & Slap, 1989). Accordingly, it is contended that future interventions for adolescents should be tailored to impact on these modifiable determinants.

**Section 4**

The vast majority of established smokers want to stop and about half intend to give up in the next year (more references needed here!) but less than 5% quit each year. This strongly suggests that smoking is not a volitional action, that is, smokers do not have conscious control over their habit. Indeed most smokers meet the American Psychiatric Association criteria for dependency. There are two main reasons for this. First, cigarettes are very effective vehicle for nicotine delivery. In less than 10 seconds nicotine is absorbed in the bloodstream and passes through the barrier protecting the brain to act directly on acetylcholine receptors producing an intrinsically rewarding rush for the smoker. This provides the perfect conditions for associations between experiences - from the smell of nicotine through to the inhalation of smoke - to be associated with the unconditioned stimulus of the rush provided by neurotransmitter stimulation. The second factor in dependency is withdrawal. Once used to regular nicotine infusion, the body responds to withdrawal by producing a variety of unpleasant symptoms including dizziness, irritability, constipation, coughs, mouth ulcers, cravings, restlessness, increased appetite and even depression which may last for a month or more. The potential for the removal of these symptoms can make smoking appear very rewarding. Consequently, there is little point in telling most smokers that they should give up. They already know this. Their question is – how can quitting be facilitated?

**Section 5**

Three treatments have been found to be effective in helping smokers to quit. First, behavioural change treatments offered in groups. These incorporate skills training, including the identification of barriers and coping planning, as well as social support. It is recommended that smokers should receive about five one-hour sessions over one month together with subsequent follow up. Second, nicotine replacement therapy (NRT) delivered via patches or gum increases the likelihood that a smoker will quit successfully. Third, Zyban, like NRT, facilitates quitting. The most effective form of treatment is behavioural intervention combined with either NRT or Zyban (Fiore, et al., 1996; Raw, McNeill & West, 1999).

**Word count 1000 (including title).**