PSY3130 – Health Psychology

Week 1 – An Overview of Psychology and Health

Week 2 – Stress: Meaning, Impact, Sources

Week 3 – Stress: Biopsychosocial Factors and Illness

Week 4 – Health-related Behaviour and Health Promotion

Week 5 – Reducing Substance Use and Abuse

Week 6: Improving Nutrition, Weight control/diet, Exercise, Safety

Week 7 – Using Health Services

Week 8 – In the Hospital: The Setting, Procedures and Effects on Patients

Week 9 – The Nature and Symptoms of Pain

**Week 10 – Serious and Disabling Chronic Health and Illnesses: Causes, Management, and Coping**

Week 11 – Heart Disease, Stroke, Cancer and AIDS: Causes, Management and Coping

Week 12 – What's Ahead for Health Psychology

Week 1 – An overview of psychology and health
What is health?
- Lack of objective signs and subjective symptoms of illness AND/OR positive state of physical, mental and social well-being… that varies over time along a continuum
- Illness/wellness continuum (antonovsky): overlap between 'health' and 'sickness'
- Continuum between death and optimal wellness
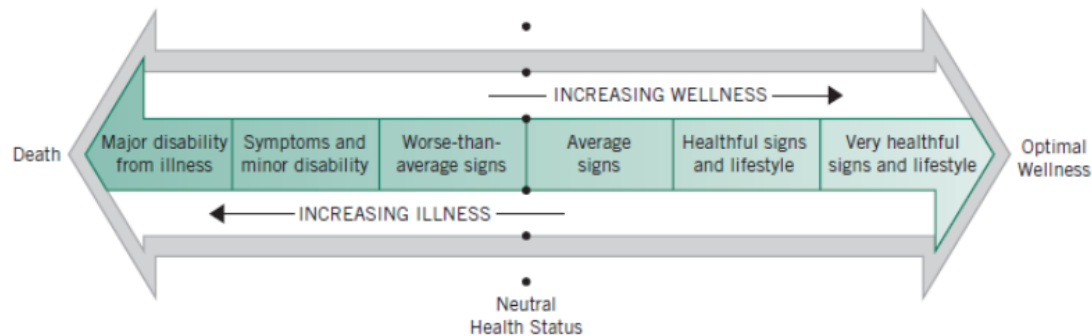
- Change focus: sick → what keeps people well
- People are living longer – health is improving, infectious diseases are reducing
History of diseases
- Dietary diseases result from malnutrition and infectious diseases are acute illnesses caused by harmful matter or micro-organisms, such as bacteria or viruses, in the body.
18th century US
- Epidemics killed thousands particularly children: smallpox, diphtheria, yellow fever, measles and influenza. Malaria and dysentery weakened immune systems which lead to other diseases
- Epidemics introduced to American by European settlers
19th century US
- New emerging infectious diseases (e.g. tuberculosis)
- Decrease in infectious diseases by end of 19thC
- More medicine, greater awareness/prevention, healthy eating
20th century US
- Decline in infectious disease death rate
- Infant life expectancy: 48 → 77 years
- In developed countries: chronic disease leading cause of health problems, ½ deaths
- Why increase in developed countries? Industrialisation = stress, harmful chemicals exposure; longer life span = higher risk
- Main causes of death across the life span
  - Children: accidents, cancer, congenital abnormalities
  - Adolescents: accident, homicide, suicide
- The increased life expectancy of Australians can be attributed mostly to the decrease in infant mortality over time, though reductions in mortality among the elderly in recent times have also contributed to increased life expectancy.
- The main health problems and causes of death in Australia are chronic diseases – that is, degenerative illnesses that develop or persist over a long period of time.

Addiction and dependence
- Addiction definition: a condition produced by repeated consumption… in which the person has become physically and psychologically dependent on the substance"
- Physical dependence: body gradually adjusts to substance and requires it for normal functioning
- Tolerance: body increasingly adapts to substance requires larger doses for same effect
- Withdrawal: unpleasant physical and psychological symptoms when substance discontinued/markedly reduced
- Psychological dependence: compulsion but not necessarily physically dependent. Use it to adjust to life, feel good. Typically psychologically dependent before physically
- Dependence occurs through repeated use
- Craving: absence of substance leads to motivation (desire) to use. Substances differ in the extent producing dependence
    - Physical: v high (heroin), lower (LSD, marijuana)
    - Psych: high (heroin, cocaine) med (marijuana), lower (LSD)
- Problematic patterns: extent and impact of clear and on-going use
- Some signs of abuse/substance use disorder:
    - Tolerance
    - Strong cravings
    - Fail to fulfil important obligations
    - Put self/others at risk of injury
    - Substance-related legal difficulties
- Classification of psychiatric disorders now includes: pathological use of tobacco, alcohol, drugs

Factors associated with substance use/abuse
- Apply to all addictive substances
- Positive reinforcement (adds desirable) e.g. smoking 'buzz'
- Negative reinforcement (subtracts undesirable) e.g. reduced stress after smoking
- Desired cognitive/emotional states. Occur very soon after use of substance. Dependence and abuse partly because rely on substance for mental states
- Withdrawal (unpleasant) e.g. alcohol: *delirium tremens* (anxiety, tremors, hallucination). Continue use to avoid withdrawal
- Substance-related cue: associated substance with stimuli often present during use. Classical conditioning: conditioned stimulus (e.g. smell) associated with unconditioned stimulus (buzz)
- Learning cues helps body anticipate/compensate substance effect. Body prepares for more (therefore tolerance); if doesn't arrive → withdrawal
- Incentive-sensitisation theory: dopamine enhances salience of stimuli. Cues: grab attention, arouse anticipation, compel to get/use more
- Expectancies: ideas about the outcomes of behaviour through own experience or watching others. E.g. alcohol being incorporated into 'fun' activities. Children observe adults' 'fun' drinking. Associate as positive before ever drinking. Teens see as 'social' and 'grown up'. But also negative = hangover
- Personality: high = impulsive, risk taking/sensation seeking. Low = self-regulation