NATIONAL OPEN UNIVERSITY OF NIGERIA

FACULTY OF HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH SCIENCE

COURSE CODE: PHS839

COURSE TITLE: PSYCHOLOGICAL FOUNDATION OF HEALTHY BEHAVIOUR AND CHANGE

COURSE GUIDES

PHS839: PSYCHOLOGICAL FOUNDATION OF HEALTHY BEHAVIOUR AND CHANGE

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Print 2020

ISBN: 978-978-970-011-0

Printer NOUN

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INTRODUCTION

PHS 839: Psychological Foundation of Healthy Behaviour and Change is a two-unit course with three (3) Modules and nine (9) Units. Psychological foundation of healthy behaviour and change is a practical and functional academic area within the general field of Psychology. It is concerned with the psychological bases and determinants of behaviour, healthy behaviour and change. The course focuses on how behavior influences health and it is uniquely positioned to help people, individual and community change the behaviors that contribute to health and well-being. The course looks at the psychological factors that influence healthy behaviour choice and explore ways to motivate people to make better healthy behaviour choices. Healthy behavior is an action to maintain, attain, or regain good health and to prevent illness. Some common healthy behaviors are exercising regularly, eating a balanced diet, and obtaining necessary immunizations. Healthy behaviour changes at the individual, household and community level. Logically, this course lays emphasis on the psychological utilization and interpretation of healthy behaviours that can gives wider understanding on how to react to, cope with and recover from ill behaviour.

WHAT YOU WILL LEARN IN THIS COURSE

This course guide will tell you what the course is all about and also helps you to know how to go about your Tutor- Marked Assignment which will form part of your overall assessment at the end of the course. This course guide tells you briefly what to expect as you read this material. Psychological foundation of health behaviour and change has been divided into two separate but interrelated parts: The first part is the concept of

psychology (Psychological basis of behaviour and determination of human behaviour). The second part is Healthy behavior change. This aspect of the course is intended to be directly applicable to health psychology; The role of psychological variables such as, stress, anxiety, personality, motivation, compliance, adherence and beliefs of health practice as a form of human behaviour. This involves illness related to psychological and healthy behavioural factors, pattern of behaviour that underlie health, sickness or disease, psychological factors that influences healthy behaviour. The course guide lastly explores ways to motivate people to make better health and positive behaviour choices by understanding the strategy and complexity of behavioural changes.

COURSE AIM

The main aim of this course is to introduce students to the basic discipline of psychological foundation and the application of psychological principles and theories in healthy behaviour change process.

SPECIPIC OBJECTIVES

In addition to the general aim above, this course is also set to:

1. Understand the concept of psychology and determination of human behaviour.
2. Understand the psychological foundation of health and illness
3. Evaluate the role of behaviour in the aetiology of health and illness.
4. Explore the role of psychology in predicting unhealthy behaviours beliefs and poor lifestyle across the Life-span.
5. Explore the interaction between psychological variables and physiology changes.
6. Promote changing beliefs and behaviour in preventing illness onset

WORKING THROUGH THIS COURSE

To successfully complete this course, you are required to read each study unit, read the textbooks materials provided by the National Open University of Nigeria. Reading the referenced materials can also be of great assistance. Each unit has self-assessment exercises which you are advised to do and at certain periods during the course you will be required to submit your assignment for the purpose of assessment. There will be a final examination at the end of the course. The course should take you about 17 weeks to complete. This course guide will provide you with all the components of the course, how to go about studying and how you should allocate your time to each unit so as to finish on time and successfully.

This course requires that you devote some time to read. Psychology as a discipline is broad as it cuts across several disciplines in the behavioural and other social sciences. Breaking down the content of this material into units would assist you to have an understanding the field of psychology and healthy behaviour. Certainly, the role of discussing with your peers at tutorials cannot be under-stressed in this course.

COURSE MATERIAL

You will be provided with the following materials; study guide, study units, assignments, presentation schedule. In addition, the course comes with a list of recommended textbooks which are not necessarily compulsory to acquire, but they may be read as supplements to the course material.

The main components of the course are:

1. The Study Guide
2. Study Units
3. Reference / Further Readings
4. Assignments
5. Presentation Schedule

STUDY MODULES/UNITS

The following are the study modules/units contained in the course:

Module 1: Psychological Foundations

Unit 1 The foundation of Psychology and Behaviour.
Unit 2 Determination of Human Behaviour
Unit 3 Models/Theories of psychology

Module 2: Psychological foundation of health and illness Behaviour Change

Unit 1 Overview and theories to understand Health and illness behavior
Unit 2 Behavioural change process and theories
Unit 3 Role of behaviour in the aetiology of health and illness.

Module 3: Unhealthy Behaviours and Beliefs
Unit 1 Sick Role and psychological intervention for illness behaviour
Unit 2 The role of psychology in predicting unhealthy behaviours
Unit 3 Changing beliefs and behaviour in preventing illness onset

Module 1 This course explores the concept of Psychological foundation, behaviour and explains the determination of human behaviour from environmental and genetic viewpoints. It also explained some important aspects of psychology, challenges and fundamental theories of psychology.

Module 2 explains the foundation of health and illness behaviour, some theories to understand health and illness behaviours and role of behaviour in the cause or aetiology of health and illness.

Module 3 is concerned with the prediction of unhealthy behaviours and Beliefs. This involves sick role behaviors and the process of approaching unhealthy behaviour psychologically. Psychological theories of health and change process. It also focuses on Interaction between psychological and physiological state of unhealthy behaviour. The module also explains the role of psychology in the experience of illness or unhealthy behaviour. This involves changing beliefs and behaviour in the prevention of illness onset. Finally, the module concerned with behaviour change communication, behaviour change strategies and difficulties in behaviour change

PRESENTATION SCHEDULE

There is a time-table prepared for the early and timely completion and submissions of your TMAs as well as attending the tutorial classes. You are required to submit all your assignments by the stipulated time and date. Avoid falling behind the schedule time.

TEXTBOOKS AND REFERENCES

David H. Barlow and V. Mark Durand (2012). *Abnormal Psychology; An integrative Approach*, Wadsworth. Cengage Learning, Library of Congress: China.

Benjamin B. Lahey (2012). *Psychology an Introduction.* McGraw-Hill International Eleventh Edition.

Berrettini, W. (2006). Genetics of bipolar and unipolar disorders. In D. J. Stein, D. J. Kupfer, & A. F. Schatzberg (Eds.), *Textbook of mood disorders*. Washington, DC: American Psychiatric Publishing.

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Marks, D., Murray, M., Evans, B., & Estacio, E. (2011). *Health Psychology: Theory, Research and Practice.* London, England: Sage.

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Stangor C. (2011) Introduction to Psychology (non-HCC version) at: http://www.saylor.org/site/textbooks/Introduction%20to%20Psychology.pdf

ASSESSMENT

There are three components of assessment for this course namely the self-assessment, Tutor-Marked Assignments (TMAs) and the end of course examination as explained briefly. This course is assessing through three aspects. Firstly, are the self-assessment exercises. Secondly is the tutor marked assignments and the third assessment is the written examination at the end of the course. Students should do the exercises in each unit by applying the information and knowledge he acquired during the course. The activities must be marked and then submitted to the facilitator for formal assessment in accordance with the deadlines.

TUTOR-MARKED ASSIGNMENTS (TMAs)

The TMA is the continuous assessment component of your course. The work submitted to your tutor for assessment will count for 30% of your total course work. At the end of

this course, you have to sit for a final or end of course examination of about a three-hour duration which will count for 70% of your total course mark.

FINAL EXAMINATION AND GRADING

The final examination for psychological foundation of healthy behaviour and change will be of 1½ hours duration. This accounts for 70 % of the total course grade. The examination will consist of questions which reflect the practice, exercises and the tutor-marked assignments you have already attempted in the past. Note that all areas of the course will be assessed. To revise the entire course, you must start from the first unit to the nine (9) unit in order to get prepared for the examination. It may be useful to go over your TMAs and probably discuss with your course mates or group if need be. This will make you to be more prepared, since the examination covers information from all aspects of the course.

COURSE MARKING SCHEME

Table 1. Course marking scheme

Assignment	**Marks**
Assignments 1 – 3	Three assignments, three marks of at 10% each = 30% of course marks.
End of course examination	70% of overall course marks
Total	**100% of course materials.**

Table 2: Course Organization

Unit	**Title of Work**	**Weeks Activity**	**Assessment (End of Unit)**

	Course Guides	**Week**	
1	The Foundation of Psychology and Behaviour	Week1	Assignment 1
2	Determination of Human Behaviour	Week2	Assignment 2
3	Models/Theories of Psychology	Week3	Assignment 3
4	Overview and theories to understand Health and illness behavior	Week4	Assignment 4
5	Behavioural change process and theories	Week5	Assignment 5
6	Role of behaviour in the aetiology of health and illness	Week6	Assignment 6
7	Sick Role and psychological intervention for illness behaviour	Week7	Assignment 7
8	The role of psychology in predicting unhealthy behaviours	Week8	Assignment 8
9	Changing beliefs and behaviour in preventing illness onset	Week9	Assignment 9

HOW TO GET THE MOST OUT OF THIS COURSE

The study guide tells you what to read, when to read and the relevant texts to consult. You are provided exercises at appropriate points, just as a lecturer might give you an in-class exercise. Each of the study units follows a common format. The first item is an introduction to the subject matter of the unit and how a particular unit is integrated with the other units and the course as a whole. Next to this is a set of learning objectives. These learning objectives are meant to guide your studies.

The main body of the units also guides you through the required readings from other sources. This will usually be either from a text books or from other sources. Self-assessment exercises are provided throughout the unit, to aid personal studies and

answers are provided at the end of the unit. Working through these self-tests will help you to achieve the objectives of the unit and also prepare you for tutor marked assignments and examinations. You should attempt each self-test as you encounter them in the units.

The following are practical strategies for working through this course

1. Read the Course Guide thoroughly.
2. Organize a study schedule. Refer to the course overview for more details. Note the time you are expected to spend on each unit and how the assignment relates to the units. Important details, e.g. details of your tutorials and the date of the first day of the semester are available. You need to gather together all this information in one place such as a diary, a wall chart calendar or an organizer. Whatever method you choose, you should decide on and write in your own dates for working on each unit.
3. Once you have created your own study schedule, do everything you can to stick to it. The major reason that students fail is that they get behind with their course works. If you get into difficulties with your schedule, please let your tutor know before it is too late for help.

4. Turn to Unit 1 and read the introduction and the objectives for the unit.
5. Assemble the study materials. Information about what you need for a unit is given in the table of contents at the beginning of each unit. You will almost always need both the study unit you are working on and one of the materials recommended for further readings, on your desk at the same time.
6. Work through the unit, the content of the unit itself has been arranged to provide a sequence for you to follow. As you work through the unit, you will be encouraged to read from your set books.

7. Keep in mind that you will learn a lot by doing all your assignments carefully. They have been designed to help you meet the objectives of the course and will help you pass the examination.
8. Review the objectives of each study unit to confirm that you have achieved them. If you are not certain about any of the objectives, review the study material and consult your tutor.
9. When you are confident that you have achieved a unit ‘s objectives, you can start on the next unit. Proceed unit by unit through the course and try to pace your study so that you can keep yourself on schedule.
10. When you have submitted an assignment to your tutor for marking, do not wait for its return before starting on the next unit. Keep to your schedule. When the assignment is returned, pay particular attention to your tutor ‘s comments, both on the tutor- marked assignment form and also that written on the assignment. Consult you tutor as soon as possible if you have any questions or problems.
11. After completing the last unit, review the course and prepare yourself for the final examination. Check that you have achieved the unit objectives (listed at the beginning of each unit) and the course objectives (listed in this course guide).

FACILITATORS/TUTORS AND TUTORIALS

Sixteen (16) hours are provided for tutorials for this course. You will be notified of the dates, times and location for these tutorial classes. As soon as you are allocated a tutorial group, the name and phone number of your facilitator will be given to you.

These are the duties of your facilitator: He or she will mark and comment on your assignment. He will monitor your progress and provide any necessary assistance you need. He or she will mark your TMAs and return to you as soon as possible. You are expected to mail your tutored assignment to your facilitator at least two days before the schedule date.

Do not delay to contact your facilitator by telephone or e-mail for necessary assistance if You do not understand any part of the study in the course material. You have difficulty with the self-assessment activities. You have a problem or question with an assignment or with the grading of the assignment.

It is important and necessary you acted the tutorial classes because this is the only chance to have face to face content with your facilitator and to ask questions which will be answered instantly. It is also period where you can say any problem encountered in the course of your study.

SUMMARY

1. What is the subject matter of psychology and behaviour?
2. What are the factors responsible for behaviour determination?
3. What are the contributions of psychology to health behaviour?
4. What are the theories in psychology that are relevant to our understanding of illness and health behaviour change?
5. How are health and illness defined from psychological or behavioural perspectives?
6. How the psychological foundation is related to the understanding of health and illness behaviour?
7. What is the role of psychological factors in health and illness behaviour?
8. How to understand the role of behaviour in the aetiology of health and illness?
9. How to predict unhealthy behaviour, like how beliefs about health and illness can predict behaviour?
10. How to evaluate the interaction between psychological and physiological factors in health and illness behaviour change?
11. How to promote healthy behaviour and prevent illness

It is expected that you are going to have a clear-cut success to study and appreciate the importance of this course in your study. Undoubtedly, you will be able to appreciate the psychological dimensions of health and ill-health behaviour change at the end.

Best wishes in this course.

MAIN COURSE

MODULE 1 PSYCHOLOGICAL FOUNDATION

UNIT 1 PSYCHOLOGICAL FOUNDATION

CONTENTS

1.0 INTRODUCTION

Unit one traced the basis definition and understanding of psychology and its goals. The unit also explains some fundamental theories of psychology for understanding behaviours from various perspectives.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

i. Trace the foundation and meaning of psychology
ii. Classify psychology into major categories
iii. Differentiate between pure and applied psychology
iv. Identify and understand why psychology studies behaviour or the goals of psychology.
v. Understand and explain the major theories in psychology.

3.0 MAIN CONTENT

This unit emphasizes on a building block for understandings psychology and the beginning of behaviour. The students in this course will be able to learn what is psychology, how psychology is classified and studying aspect of human nature, and how he thinks to produce reasoning and complex behaviour. The unit also looks thoroughly at how and why psychology approach and study behaviour. All psychologists have one thing in common: They rely on the scientific method. Research psychologists use scientific methods to create new knowledge about the causes of behavior. Practitioners, such as clinical, counseling, industrial-organizational, and school psychologists, primarily use existing research to help solve problems.

3.1 FOUNDATION AND DEFINITION OF PSYCHOLOGY

Psychological foundation, especially in public health or any other health related courses deal with the learning of how psychologists understand and study human nature and its disorders. One of the reasons psychologists want to understand human nature is to know and help people with psychological disorders. The psychological basis of healthy behaviour lays a foundation for understandings and further study in the field of basic psychology and psychology of health and ill-health related behaviour. Briefly, psychological foundation of health goes about conceptualizing and studying human nature, and how they think to produce ideas, emotions and complex behaviour as well as looks thoroughly at how psychology approaches a diagnosis and treatment of some common psychopathology and solution.

Psychology is the *scientific study of mind (mental processes) and behavior*. The word "psychology" comes from the Greek words "psyche," meaning *life*, and "logos," meaning *explanation OR study*. Later on, those who studied, what was called mind found that it was an abstract and could neither see it nor touched. Wilhelm Wundt of Germany defined psychology as the study of consciousness. This definition was later disputed in the course of time and it was further defined as the systematic study of human and animal

behaviour. For the purpose of this course, we can define psychology as **the scientific study of human and animal behaviour both covert and overt behaviours.**

3.2 GOALS OF PSYCHOLOGY

What goals do psychological researchers pursue when they plan and conduct their studies? Briefly put, psychologists pursue four broad goals:

1. Description: Identifying and classifying behaviors and mental processes as accurately as possible
2. Explanation: Proposing reasons for behaviors and mental processes
3. Prediction: Offering predictions (or hypotheses) about how a given condition or set of conditions will affect behaviors and mental processes
4. Influence: Using the results of research to solve practical problems that involve behavior and mental processes.

Table 1: Example of Goals of psychology in a tabular form

Sn	Goals	Definition	Examples
1	Description	Describe behavior or mental process as accurately as possible	Calculate average video game scores for males and females.
2	Explanation	Suggest causes for behavior or mental processes of interest	Propose the male score higher on video games because they practice more than females do.
3	Prediction	Specify conditions under which behavior or mental process is likely to occur.	Hypothesize that males and females will obtain equivalent video game scores if they practice the same amount of time
4	Influence	Apply the results of a study to change a condition in order to bring about a	Use the results of video game practice studies to develop

		desired real-world outcome or prevent an undesired real-world outcome.	games that can enhance females' achievement in math and science.

3.2.1 Challenges of Studying Psychology

1. Psychological experiences are extremely complex. The questions psychologists pose is as difficult as those posed by other scientists, if not more so. A major goal of psychology is to predict behavior by understanding its causes. Making predictions is difficult because people vary and respond differently in different situations.

2. Individual differences are the variations among people on physical or psychological dimensions. For example, most people experience negative events at some time in their lives. Some individuals handle the challenges, while other people develop symptoms of a major depression. Other important individual differences, that we will discuss in the chapters to come, include differences in intelligence, self-esteem, anxiety, and aggression.

3. Because of individual differences, we cannot always predict who will become aggressive or who will perform best on the job. The predictions made by psychologists (and most other scientists) are only probabilities. We can say, for instance, that people who score higher on an intelligence test will, on average, do better at school. However, we cannot make very accurate predictions about exactly how any one person will perform.

4. There is an additional reason that predictions are difficult. Human behavior is influenced by more than one variable at a time, and these factors occur at different levels of explanation. For instance, depression is caused by genetic factors, personal factors, and cultural factors. You should always be skeptical about people

who attempt to explain important human behaviors, such as violence or depression, in terms of a single cause.

5. Furthermore, these multiple causes are not independent of one another and when one cause is present, other causes tend to be present as well. This overlap makes it difficult to pinpoint which cause or causes are operating. For instance, some people may be depressed because of biological imbalances in neurotransmitters in their brain. The resulting depression may lead them to act more negatively toward other people around them. This then leads those other people to respond more negatively to them, which then increases their depression. As a result, the biological determinants of depression become intertwined with the social responses of other people, making it difficult to disentangle the effects of each cause.

3.3 ASPECT OF PSYCHOLOGY

Basically, there are two main aspect of psychology; pure and applied psychology. Pure psychology provides the framework and theory. It deals with the fundamental of psychological principles and theories. It suggests various methods and techniques for the data analysis, assessment, modification and improvement of behaviour. The examples of the aspect of pure psychology include; General psychology, Abnormal psychology, Social psychology, Developmental psychology, Experimental psychology, Physiological psychology, Parapsychology and Geo-psychology.

In case of Applied psychology on the other hands uses the theories generated through pure psychology in day to day practical life situation. The application of pure psychological experiment into practical life circumstances is what is terms as applied psychology. Example of this aspect of psychology are: Educational psychology, Clinical psychology, Industrial, Military psychology, Political psychology, Sport psychology, Forensic psychology and Marketing psychology.

4.0 CONCLUSION

This unit has equipped us with the knowledge of what Psychology really is and its goals. Foundation of Psychological is crucial to understanding behaviour. In this unit, it has been explained that the psychology explains behaviour from various perspectives.

5.0 SUMMARY

In this unit we have learnt that:

1. Psychology focuses on behaviour order and the analyses of behaviour and mental processes in general;
2. Psychology aimed to explain, describe, predict behaviour and make inferences.
3. The basis theories or perspective of psychology try to explain behaviour from both social, biological and environmental viewpoints
4. Studying psychology faces many challenges as behaviour is complex and dynamic

6.0 TUTOR-MARKED ASSIGNMENTS

Self-assessment exercise

1. Briefly trace the meaning of psychology?
2. Identify and explain the goals of psychology
3. Briefly explain in a tabular form the theories of psychology and the important contributors to the theories
4. Discuss the challenges of studying psychology?

7.0 REFERENCES/FURTHER READING

Berrettini, W. (2006). Genetics of bipolar and unipolar disorders. In D. J. Stein, D. J. Kupfer, & A. F. Schatzberg (Eds.), *Textbook of mood disorders*. Washington, DC: American Psychiatric Publishing.

Gejman, P., Sanders, A., & Duan, J. (2010). The role of genetics in the etiology of schizophrenia. *Psychiatric Clinics of North America, 33*(1), 35–66.

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Von Wagner, C., Steptoe, A., Wolf, M. S., & Wardle, J. (2009). Health literacy and health actions: A review and a framework from health psychology. *Health Education & Behaviour*, *36*(5), 860-877

Stangor M. (2011) Introduction to Psychology (non-HCC version) at: http://www.saylor.org/site/textbooks/Introduction%20to%20Psychology.pdf

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Benjamin B. Lahey (2012). *Psychology an Introduction.* McGraw-Hill International Eleventh Edition.

MODULE 1 PSYCHOLOGICAL FOUNDATION

UNIT 2 DETERMINATION OF HUMAN BEHAVIOUR

CONTENTS

1.0 INTRODUCTION

This unit attempts to explain behaviour, its complexity and how this behaviour is determined. The role of heredity and environment in forming and shaping behaviour. Every behavior begins with biology. Our behaviors, as well as our thoughts and feelings, are produced by the actions of our brains, nerves, muscles, and glands. In this chapter we will begin our journey into the world of psychology by considering the biological makeup of the human being, including the most remarkable of human organs, the brain. We will only consider the genetic aspect of behaviour determination in this course and

the methods that psychologists use to study the brain and to understand how it works. However, environment shapes and remold the genetic or the heredity or the biological origin.

2.0 OBJECTIVES

i. At the end of this unit, you should be able to:
ii. Understand and explain the meaning of behaviour.
iii. Identify and describe heredity and environment in determination of behaviour.
iv. describe the Interplay of both biological and environmental factors in determining behaviour.

3.0 MAIN CONTENT

Behaviour is a complex an ambiguous construct that is dynamic. What makes you to behave the way are behaving? Why are you behaving the way you are behaving? All these questions can be answered by determination ion of behaviour. Basically, there are two main factors responsible for your behaviour. These two factors are heredity/Genetic and environment. They are all vital necessary for normal behaviour formation.

3.1 OVERVIEW OF BEHAVIOUR

Behaviour is subjective, abstract, ambiguous, complex and difficult to define. Behaviour is an event, activities that can be positive or negative. Behaviour is a collective name for activities and activities is any manifestation of a life events of a living organism (Sreevani, 2013). Behaviour includes; motor or conative (walking, swimming, dancing, etc.), Cognitive activities (thinking, reasoning, imagination etc.) and Affective activities (feeling, happy and angry).

Behaviour includes not only the conscious behaviour and activates of human mind, but also the conscious and uncurious. It covers not only the overt behaviour, but also the

covert behaviour involving all the inner experiences and mental process. In summary, behaviour entails the entire life activities of a living organism (Sreevani, 2013).

3.2 HOW HUMAN BEHAVIOUR IS DETERMINED

Are genes or environment most influential in determining the behavior of individuals and in accounting for differences among people? Hereditary/Genetic and environment are the main two factors responsible for the determination of human behaviour. Heredity is a transfer of character from parent to upspring through genes. Genes are containing in the chromosomes and these chromosomes are sex cell. These sex cells are formed as a zygote after fertilization of male sex cell (sperm) and female sex cell (ovary). Most scientists now agree that both genes and environment play crucial roles in most human behaviors. Yet we still have much to learn about how nature, our biological makeup, and nurture, the environment and experiences that we have during our lives, work together. The proportion of differences that is due to genetics is known as the heritability of the characteristic. We will see, for example, that the heritability of intelligence is very high, but we will also see that nature and nurture interact in complex ways. Given this complex interaction, psychologists now consider the question of how they interact to produce behavior as more relevant than whether nature or nurture is more important.

3.3 INTERPLAY OF BOTH BIOLOGICAL AND ENVIRONMENTAL FACTORS IN DETERMINING BEHAVIOUR

Each individual enters the world with certain heredity characteristics transmitted to him through his parents. He grows up in to a certain environment with its human, social and material surroundings. Everything he does as child or an adult result from the complex interaction between heredity and environment. The following points explains the interplay between heredity and environment.

1. The relative influence of heredity and environment differ from one individual to another and from one human trait or condition to another.

2. Heredity and environment are interdependent forces. Heredity is an important factor in the development of an artistic ability like music. Heredity supplies the potential talent, while favorable environment brings it out.
3. Heredity and environment are equally important in shaping the temperament of the child. Heredity lays down the essential foundation, while environment can change the foundation for better or worse.
4. Heredity provides the new materials from which a person is made. How the material is molded, and what he becomes depends directly from environment. Good material placed in good hands results in a fine finish product. Poor material no matter how carefully fashions can never become first rate product.
5. Our inheritance prescribes the limits, beyond which it may not be may possible for any individual to develop, however, wholesome and stimulating the environment may be.

Presently, no one believes nature or nurture alone, completely determines the course of our development. Psychologists agree that development is shaped by the interaction of heredity and the environment. The influence of heredity and environment is inseparable.

4.0 CONCLUSION

Behaviour is entails the entire life activities of a living organism. This behaviour can be determined by heredity and environment. Behaviour includes motor, Cognitive and Affective activities. In this unit also, the interplay between heredity and environment are inseparable. Meaning that they are complements.

5.0 SUMMARY

In this unit, we have learnt that:

1. Behaviour is the entire activities of a living organism
2. Heredity and environment are intertwined in behaviour determination;
3. Hormones and some enzymes have a role in behavior Change

4. Environmental influence on behaviour consists of internal environment and external.

6.0 TUTOR-MARKED ASSIGNMENTS

1. Human behaviour can be genetically and environmentally determined. Discuss?
2. Explains the interplay between heredity and environment?

7.0 REFERENCES/FURTHER READINGS

Berrettini, W. (2006). Genetics of bipolar and unipolar disorders. In D. J. Stein, D. J. Kupfer, & A. F. Schatzberg (Eds.), *Textbook of mood disorders*. Washington, DC: American Psychiatric Publishing

Gejman, P., Sanders, A., & Duan, J. (2010). The role of genetics in the etiology of schizophrenia. *Psychiatric Clinics of North America, 33*(1), 35–66.

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MODULE 1 PSYCHOLOGICAL FOUNDATION

UNIT 3 MODELS/THEORIES OF PSYCHOLOGY

CONTENTS

1.0 INTRODUCTION

Theories are important to Psychologists in every field of study. This helps them to understand and analyze complex aspects of social life much more objectively. Health

Psychologists in particular theorize so as to appreciate the complex health and unhealthy behaviour within the framework of a dynamic psychosocial system. This unit briefly explains some fundamental theories in psychology.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

i. Appreciate the role of theories in psychology studies
ii. Show the strength of some of the theories in respect of health behaviour.
iii. Predict the future of theoretical formulations in the comparative analyses of the cause of behaviour in different contexts.

3.0 MAIN CONTENT

Psychology and various field of psychology like other disciplines conduct theories on different variables and area of interest the basis that behaviour is complex and cannot be understood or analyzed by subjective standards. The need for theories in psychology arose from the burden of earliest psychologists Wilhelm Wundt and other structuralists school of thought of psychology, later the functional school deepened the research on psychological issues.

3.1 STRUCTURALISM

This early school of psychology grew up around the ideas of Wilhelm Wundt in Germany and was established by one of Wundt's students, Edward B. Titchener (1867-1927). The first formal school of thought in psychology, aimed at analyzing the basic elements, or structure, of conscious mental experience. The goal of structuralism was to identify the basic elements or "structures" of psychological experience.

3.2 FUNCTIONALISM

This is an early school of psychology that was concerned with how humans and animals use mental processes in adapting to their environment. The goal of functionalism was to

understand why animals and humans have developed the mental processes that they currently possess

3.3 BEHAVIORISM:

This is the school of psychology that views observable, measurable behavior as the appropriate subject matter for psychology and emphasizes the key role of environment as a determinant of behavior. Behaviorism is based on the premise that it is not possible to objectively study the mind, and therefore psychologists should limit their attention to the study of behavior itself.

3.4 PSYCHODYNAMIC PERSPECTIVE

This is an approach to understanding human behavior that focuses on early childhood experiences and the role of unconscious thoughts, feelings, and memories. Freud believed that many of the problems that his patients experienced, including anxiety, depression, and sexual dysfunction, were the result of the effects of painful childhood experiences that the person could no longer remember. The terms psychoanalytic and psychodynamic have both been used to describe Freud's theory, however, psychoanalytic refers specifically to Freud's original theory. Psychodynamic refers to all the theories derived from Freud's work, and this approach continues to evolve today

Psychoanalysis is a term Freud used for both his theory of personality and his therapy for the treatment of psychological disorders; the unconscious is the primary focus of psychoanalytic theory. Freud's theory, maintains that human mental life is like an iceberg. The smallest, visible part of the iceberg represents the conscious mental experience of the individual. But underwater, hidden from view, floats a vast store of unconscious impulses, wishes, and desires. Freud insisted that individuals do not consciously control their thoughts, feelings, and behavior; these are instead determined by unconscious forces.

3.5 HUMANISTIC

This model embraces the concepts of self, self-esteem, self-actualization, and free will. The humanistic perspective believes that individuals possess personal choice and can rise above the unconscious desires suggested by Freud and his followers. Humanistic focuses on the uniqueness of human beings and their capacity for choice, growth, and psychological health.

3.5 COGNITIVE PERSPECTIVE

This theory studies mental processes, including perception, thinking, memory, and judgment. cognitive psychology sees humans as active participants in their environment; studies mental processes such as memory, problem solving, reasoning, decision making, perception, language, and other forms of cognition.

3.6 GESTALT PSYCHOLOGY

This early school of psychology was founded in Germany around 1912 by Max Wertheimer (1880 - 1943) and his colleagues. These psychologists felt that structuralists were wrong in thinking of the mind as being made up of elements. They argued that mind could be thought of as resulting from the whole pattern of sensory activity and the relationship and organizations within the pattern. The school of psychology that emphasizes that individuals perceive objects and patterns as whole units and that the Perceived whole is more than the sum of its parts. The German word Gestalt roughly means “whole, form, or pattern.”

3.7 SOCIAL-CULTURAL PERSPECTIVE

A final perspective, which has had substantial impact on psychology, can be broadly referred to as the social-cultural or sociocultural perspective, which is the study of how the social situations and the cultures in which people find themselves influence thinking

and behavior. Social-cultural psychologists are particularly concerned with how people perceive themselves and others, and how people influence each other's behavior.

3.8 BIOLOGICAL/EVOLUTIONARY PSYCHOLOGY

This is the school of psychology that looks for links between specific behaviors and equally specific biological processes that often help explain individual differences. Biological psychologists look for links between specific behaviors and particular biological factors that often help explain individual differences. They study the structures of the brain and central nervous system, the functioning of neurons, the delicate balance of neurotransmitters and hormones, and the effects of heredity to look for links between these biological factors and behavior.

3.9 EVOLUTIONARY PSYCHOLOGY

This is a school of psychology that applies the Darwinian theory of natural selection to human and animal behavior. Evolutionary psychology accepts the functionalists' basic assumption, namely that many human psychological systems, including memory, emotion, and personality, serve key adaptive functions. A key component of the ideas of evolutionary psychology is fitness, which refers to the extent that having a given characteristic helps the individual organism survive and reproduce at a higher rate than do other members of the species who do not have the characteristic.

Table 2: Theories/Perspectives of psychology

Psychological Perspectives	**Description**	**Important contributors**
Structuralism	Uses the method of introspection to identify the basic elements or "structures" of psychological experience	Wilhelm Wundt, Edward B. Titchener
Functionalism	Attempts to understand why animals and humans have developed the particular psychological aspects that they currently possess	William James
Psychodynamic	Focuses on the role of our unconscious thoughts, feelings, and memories, and our early childhood experiences in determining behavior	Sigmund Freud, Carl Jung, Alfred Adler, Erik Erickson, Karen Horney
Behaviorism	Based on the premise that it is not possible to objectively study the mind, and therefore that psychologists should limit their attention to the study of behavior itself	John B. Watson, B. F. Skinner
Biological	Focuses on the role of biology (genetics, neurotransmitters, hormones, and the brain) on human behavior and mental processes	Michael Gazzaniga
Humanistic	Emphasis is placed on the individual's potential for personal growth	Carl Rogers, Abraham Maslow
Cognitive	The study of mental processes, including perception, thinking, memory, and judgments	Hermann Ebbinghaus, Sir Frederic Bartlett, Jean Piaget
Social-cultural	The study of how the social situations and the cultures in which people find themselves influence thinking and behavior	Fritz Heider, Leon Festinger, Stanley Schachter

Evolutionary	Focuses on adaptation and survival as the basis of behavior and mental processes	Charles Darwin, David Buss, Richard Dawkins.

4.0 CONCLUSION

In this unit, the importance of theories to the study of psychological foundation of health by psychologists has been carefully highlighted and explained. It is obvious that psychological theories provide analytical tools and broader light for possibilities in research and practical solution. We also understood that behaviour can be well understood by different ideas and opinion.

4.0 SUMMARY

In this unit, we have learnt that:

i. Theories are useful tools for understanding behaviour and health problems;
ii. Different theories are relevant to our understanding of health behaviour;
iii. There is a connection in the application of theoretical formulations to behavioural matters

6.0 TUTOR-MARKED ASSIGNMENTS

1. Theories are relevant in understanding the psychological foundation of health behaviour. Discuss the theories in psychology?
2. How can one appreciate the role of theories in psychology studies?
3. Show the strength of some of the theories in respect of health behaviour.

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MODULE 2 PSYCHOLOGICAL FOUNDATION OF HEALTH AND

ILLNESS BEHAVIOUR CHANGE

Unit 1 Overview and theories to understand Health and illness behavior
Unit 2 Behavioural change process and theories
Unit 3 Role of behaviour in the aetiology of health and illness

UNIT 1 OVERVIEW AND THEORIES TO UNDERSTAND HEALTH AND ILLNESS BEHAVIOR

CONTENTS

1.0 INTRODUCTION

Health and illness are subjective to some extent. What is health in a particular content may be illness in another context. This unit explains what is health and illness and at the same time the meaning of health behaviour and what constitute health behaviours. The unit also examines health psychology and some basic models that explain health and illness behaviour. Lastly the unit also identify some psychological variables such as stress, anxiety etc. that are related with health and illness behaviour.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

i. Understand the meaning of health and illness
ii. Know health behaviours and what those health behaviours are.
iii. Be able to understand health psychology and some basic models that explain health and illness behaviours.
iv. To identify and explain some psychological variables that are related to health and illness behaviour.

3.0 MAIN CONTENT

World Health Organization defines health as "a complete state of physical, social, mental well-being and not necessarily the absence of infirmity or disease". If you are struggling to make healthy changes in your life, dealing with the onset of illness, or facing some other type of health problem, seeing a health psychologist is one way to help start you off on the right foot. By consulting with one of these professionals, you can gain access to support and resources designed to help you cope with your illness and achieve your health goals. The need for viewing in health holistically cannot be over stressed. Theories in health behaviour provide analytical tools and broader light for possibilities in research, cause, understanding, prediction and promotion of health behaviours and illness. Biopsychosocial model tried to explain the holistic approach to health and illness behaviour. It is believing that while the health, and illness can be analyzed and best

understand from the biological, social and psychological view point. Mental illness is said to be a deviation from the harmonious functioning of the whole personality.

3.1 THE MEANING OF HEALTH

Definition of health. Health, wellness, and well-being have many definitions and interpretations. The student should be familiar with the most common aspects of the concepts and consider how they may be individualized with specific clients or situations. There is no consensus (agreement) about any definition of health. There is knowledge of how to attain(reach) a certain level of health, but health itself cannot be measured. The concepts of health, disease and illness, generally speaking, are amplified by the belief of a people.

Traditionally health has been defined in terms of the presence or absence of disease. Nightingale defined health as a state of being well and using every power the individual possesses to the fullest extent. On the hand, Health has been defined either in terms of an adequate functional capacity which allows the individuals to carry out their duties and responsibilities, or in terms of a certain quality of life which enables individuals to live happily, successfully, fruitfully, and creatively. Finally, the World Health Organization (WHO) defined health as “a complete state of physical, social, mental well-being and not necessarily the absence of infirmity or disease”. Disease on the other hand has been defined as a form of deviation from normal functioning which has undesirable consequences because it produces personal discomfort or adversely affects the future health status of individuals “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity”.

Health, according to biomedical science is not only the absence of disease or physical disability in individuals. Physicians are also quick to argue that disease connotes pathology and its state of disequilibrium (Fabrega, 1978).

Additionally, most people define and describe health as the following:

1. Being free from symptoms of disease and pain as much as possible.
2. Being able to be active and to do what they want or must.
3. Being in good spirits most of the time.

3.1.1 Healthy and Unhealthy Behaviour

Behaviours that are expected in a society and agree with a standard in world health organization are considered healthy behaviours. Example products high in sugar or saturated fat, for example, can be classified as "unhealthy". Products low in sugar or saturated fat but high levels of fibers, for example, can be classified as "healthy". Products low in sugar or saturated fat but high levels of fibers, for example, can be classified as healthy". **Healthy behaviour** is action to maintain, attain, or regain good health and to prevent illness. Some common health behaviors are exercising regularly, eating a balanced diet, and obtaining necessary inoculations, rest. **Example** of healthy behaviour. As we learnt in the previous unit that behaviour is the entire activities of a living organism. Activities may also be referring as day-day life events. It could be desirable or undesirable life events. Therefore, some of the actions that can be classified as health behaviors are many; including both positive desirable and or negative undesirable events like smoking, substance use, diet, physical activity, sleep, risky sexual activities, healthcare seeking behaviors, and adherence to prescribed medical treatments.

On the other hand, **Unhealthy Behaviors** is an opposite to healthy behaviour. It is well documented that certain personalities in certain situations are more likely to engage in unhealthy behaviors such as smoking, drinking, drug abuse, fast driving, fighting, and so on. Certain people are also less likely to engage in prophylactic measures such as using sunscreen, wearing seat belts, using condoms, brushing teeth, regularly washing hands, and so on. Some individuals are more or less likely to visit physicians, keep follow-up appointments, follow medical regimens, or have screening tests. Since these

associations usually depend on at least several factors about the individual, the situation, and the unhealthy activity, it is not usually possible to offer simple, broad generalizations.

3.1.2 Changing Unhealthy Behaviors

Given the deleterious health effects of behaviors such as smoking, physical inactivity, and poor diet, behavior change and modification of unhealthy behaviors is another important focus of behavioral psychological interventions. Behavioral medicine programs use a variety of techniques to promote behavior change. Self-monitoring is a straightforward technique that entails keeping a written record of specified health behaviors as a means of changing the frequency of the behavior. Stimulus control is a technique used to reduce the likelihood of an undesirable behavior by preventing or controlling antecedents of that behavior. Contingency management is a procedure that aims to change the frequency of a health behavior by carefully managing the consequences of that behavior, including rewards or punishments. These and other behaviorally-oriented procedures have been effective in increasing health promoting behaviors, such as exercise or adherence with medical treatment, and decreasing health impairing behaviors, such as smoking or alcohol consumption.

3.1.3 What Makes a Behavior "Abnormal"?

a. **Deviance:** Because there are no clear biological diagnoses for most mental disorders, psychological disorders are instead diagnosed on the basis of clinical observations of the individual's behaviors. These observations find that emotional states and behaviors operate on a continuum, ranging from more "normal" and "accepted" to more "abnormal," and "unaccepted." **Deviance** refers to behaviors that are outside the realm of societal expectations. The behaviors that are associated with a disorder are in many cases the same behaviors that we engage in our "normal" everyday life, but they are at an extreme level that is not consistent with normal functioning. For example, washing one's hands is a normal healthy

activity, but it can be overdone by those with an obsessive-compulsive disorder (OCD).

b. **Dysfunction:** Whether a given behavior is considered a psychological disorder is determined not only by whether a behavior is deviant, but also by whether a behavior is dysfunctional or maladaptive**. Dysfunction** refers to the extent to which the behavior causes impairment in one or more important areas of functioning. An intense fear of spiders, for example, would not be considered a psychological disorder unless it has a significant negative impact on the individual's life, for instance by causing him or her to be unable to step outside the house.
c. **Distress:** Lastly, **distress** refers to the behavior causing the individual physical or emotional harm. Abusing substances, suicide attempts, and repeated bingeing and purging can cause distress. The additional focus on distress and dysfunction means that behaviors that are simply unusual are not classified as disorders. For example, less common cultural, religious or sexual practices are not considered disorders if they do not cause significant distress or dysfunction.

3.1.4 Meaning of Illness

Although the concept of illness appears to be an objective construct when compared to the concept of health, a closer look at some philosophical issues which underlie illness definition reveals that it might not necessarily be the case. Finding an appropriate and encompassing definition of illness may be as difficult as a task as it is to define health. That is why no one would reject the notion that improper functioning and deviation from normality are essential components of illness, it might be not so easy to establish agreement concerning what constitutes proper functioning and what characterizes a deviation from normality. There is reason to believe that an individual may be functioning improperly, though not regarded as ill. Lack of observable or felt symptoms

are also not good delimiters of a non-sick state. Moreover, medical professionals and lay persons differ in their judgements and interpretations of symptoms and signs. Thus, what is considered as a "sick condition" by the former group may not be so designated by latter. Value judgements and social norms have played a strong role, not only in the meaning of illness only, but also in the socio-cultural and physio-psychological perspectives.

3.1.4.1 Illness behaviours are those behaviours that mostly negative and undesirables that are themselves negatives or predisposed undesirable or unpleasant to organism. Examples are all those negative undesirable life events, like smoking, alcoholism, rape, political tout, exam malpractice, stealing, indiscriminating eating, etc.

3.1.4.2 Impact of Illness

a. On the Client

i. Behavioral and emotional changes
ii. Loss of autonomy
iii. Self-concept and body image changes
iv. Lifestyle changes

b. On the Family is depends on:

i. Member of the family who is ill
ii. Seriousness and length of the illness
iii. Cultural and social customs the family follows

c. On Family Changes

i. Role changes
ii. Task reassignments
iii. Increased demands on time
iv. Anxiety about outcomes
v. Conflict about unaccustomed responsibilities
vi. Financial problems
vii. Loneliness as a result of separation and pending loss
viii. Change in social custom

3.1.4.3 Biopsychosocial model of health and illness

The biopsychosocial model was developed by Engel (1977) and represented an attempt to integrate the psychological (the 'psycho') and the environmental (the 'social') into the traditional biomedical (the 'bio') model of health as follows: The **bio** contributing factors included genetics, viruses, bacteria and structural defects. The **psycho** aspects of health and illness were described in terms of cognitions (e.g. expectations of health), emotions (e.g. fear of treatment) and behaviours (e.g. smoking, diet, exercise or alcohol consumption). Finally, the **social** aspects of health were described in terms of social norms of behaviour (e.g. the social norm of smoking or not smoking), pressures to change behaviour (e.g. peer group expectations, parental pressure), social values on health (e.g. whether health was regarded as a good or a bad thing), social class and ethnicity.

Today, the main approach used in health psychology is known as the biopsychosocial model. According to this view, illness and health are the results of a combination of biological, psychological, and social factors.

1. Biological factors include inherited personality traits and genetic condition
2. Psychological factors involve lifestyle, personality characteristics, and stress levels.

3. Social factors include such things as social support systems, family relationships, and cultural beliefs.

3.2 CONCEPT OF MENTAL HEALTH AND ILLNESS BEHAVIOUR

Health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the reality of the and other people and the environment. Mental health is an adjustment of human being to the world and to the each other with a maximum of effectiveness and happiness (Karl Menninger, 1947, cited in Parsons, 1979)

3.2.1 Mental hygiene

Mental hygiene is the science, which studies laws and means of curing and preventing mental disease, personality disorders and other abnormalities for balancing adjustment and healthy development of personality.to promote health. Mental hygiene consists of measures to reduce the incidence of mental illness through prevention and early treatment and to promote mental health (Sreevani, 2013).

3.2.2 Characteristic of Mentally Health Person

Mental health is more than just the absence of mental illness. It includes how you feel about yourself and how you adjust to life events. However, the National Mental Health Association cites 10 characteristics of people who are mentally healthy.

1. They feel good about themselves.
2. They do not become overwhelmed by emotions, such as fear, anger, love, jealousy, guilt, or anxiety.
3. They have lasting and satisfying personal relationships.
4. They feel comfortable with other people.
5. They can laugh at themselves and with others.
6. They have respect for themselves and for others even if there are differences.

7. They are able to accept life's disappointments.
8. They can meet life's demands and handle their problems when they arise.
9. They make their own decisions.
10. They shape their environment whenever possible and adjust to it when necessary.

3.2.3 Role of Psychological in Mental Health

Psychologists offer a wide range of assessments and treatment options to those struggling with mental health issues. Yes, we're there to improve an individual` quality of life in times of crisis, but we are also there to prevent relapse and maintaining care. From a health system perspective, psychologists can address issues with readmission rates, and we try to keep them out of the proverbial revolving door of care. To do that, we rely on comprehensive psychological assessments that help identify and diagnose various mental health issues and illnesses. This helps guide appropriate treatment, and lessens issues that can cause a relapse.

Psychologists work in inter-professional teams in hospitals and other facilities to provide care. In addition to comprehensive psychological assessments, psychologists also provide evidenced-based psychotherapies such as Cognitive-Behavioural Therapy (CBT) to provide ways to help people face fears, deal with anxiety, or add structure to their day if they are working to address depression/mood disorders or manage irrational thought. So often, we may also see patients diagnosed with concurrent disorders. These are the co-occurrence of mental health issues and substance use disorders. Part of our job is to also identify this and suggest further care as needed. It's important that we address not just the symptoms of the illness, but also any underlying or resulting concurrent issues.

3.2.4 Mental Illness

Mental illness is the absent of the harmonious functioning of the personality. It is a situation of deviation from normal or inability to know right and wrong good or bad and

poor social relationship, poor thought and loss of contact with reality. Mental illness is an opposite to mental health. It can be simply categorized as mild or minor (neuroses) and major (psychotic) mental illness. Psychotic can be organic or functional. Organic psychotic is a major mental problem that has biological or physiological origin and has good prognoses. Functional psychotic on the other hand, is a major mental illness that has psychological origin and the prognoses is poor. Though, details classification of mental illness is well explained the DSM-IV-RV.

Mental illness or disorder has been defined as a condition that is primarily psychological and alters behaviour. Mental illness is also described as a condition which, in its "full-blown" state is associated with stress or generalized impairment in social functioning. Generally, mental disorders are considered a form of deviant behaviour. The psychoanalytic model of mental illness according to Sigmund Freud focuses attention on internal factors that affect the human being.

Researchers have argued that mental illness is clearly not an "illness." Reasons for this view include the assumption that only symptoms with demonstrable physical lesions qualify as evidence of disease and that mental symptoms result from problem in living. It is also argued that physical symptoms are objective and independent of sociocultural norms, but mental symptoms are subjective and dependent on sociocultural norms. However, Parson (1979) has disputed this view, arguing that mental symptoms do not have to be physical before it can be defined as disease and that psychological symptoms can be classified as essence of disease if they impair the personality and adversely affect behaviour. The subject of mental illness therefore, till date, is still not absolutely known and explicit.

3.2.4.1 Major Types of Mental Illness

1. **Organic mental disorders:** brain dysfunction caused by a specific organic disturbance related either to the effect of aging or the ingestion of alcohol or drugs.
2. **Substance use disorders:** maladaptive behaviour accompanying the use of substances like alcohol or drugs.
3. **Schizophrenic disorders:** disturbance in mood, thinking and behaviour, manifested by distortions of reality that include delusions and hallucinations
4. **Delusional Disorder**: A delusional system of thought suggesting notions of persecution or jealousy.
5. **Mood disorders*:*** serious disturbance in mood consisting of either prolonged depression or elation.
6. **Anxiety disorders:** condition in which anxiety is the main characteristic.
7. **Dissociative disorders:** sudden and temporary loss of motor behaviour, consciousness or identity.
8. **Sexual disorders:** sexual dysfunctions caused by psychological factors.
9. **Personality disorders:** inflexible, maladaptive patterns of behaviour that pertain to thinking about the social environment and one's own self in relation to that environment in such a way that behaviour is impaired.
10. **Disorders usually prevailing in infancy, childhood or adolescence**: mental retardation, and disorders of childhood or adolescence.

3.3 FACTORS INFLUENCING HEALTH AND ILLNESS BEHAVIOURS

There are:

1. Internal factors and
2. External factors

Internal factors

i. Biologic dimension genetic makeup, sex, age, and developmental level all significantly influence a person's health.
ii. Psychological dimension emotional factors influencing health include mind-body interactions and self-concept.
iii. Cognitive dimension includes lifestyle choices and spiritual and religious beliefs.

External factors

i. Environment.
ii. Standards of living. Reflecting occupation, income, and education.
iii. Family and cultural beliefs. Patterns of daily living and lifestyle to offspring(children).
iv. Social support networks. Family, friends, or confidant (best friend) and job satisfaction helps people avoid illness

3.4 HEALTH CONTINUUM AND HEALTH PSYCHOLOGY

Health as a Continuum: Health psychology emphasizes health and illness as being on a continuum and explores the ways in which psychological factors impact health at all stages. Therefore, psychology is involved in illness onset (e.g. beliefs and behaviours such as smoking, diet and stress), help-seeking (e.g. symptom perception, illness cognitions, doctor- patient communication), illness adaptation (e.g. coping, behaviour change, social support, pain perception), illness progression (e.g. stress, behaviour change) and health outcomes (e.g. quality of life, longevity).

Wellness further describes health status. It allows health to be placed on a continuum from one’s optimal level (“wellness”) to a maladaptive state (“illness”). Wellness is a

dynamic process that is ever changing. The well person usually has some degree of illness and the ill person usually has some degree of wellness.

3.4.1 Meaning of Health psychology; Health psychology is probably the most recent development in this process of including psychology in an understanding of healthy behaviour change. It was described by Matarazzo as 'the aggregate of the specific educational, scientific and professional contribution of the discipline of psychology to the promotion and maintenance of health; the promotion and treatment of illness and related dysfunction. Health psychology again challenges the mind–body split by suggesting a role for the mind in both the cause and treatment of illness. The importance of understanding individuals' ideas of health and illness for health behaviour, health care, health prevention and promotion has been emphasized. Health psychology is an important emerging field which can strongly contribute to help health professionals enlarge their own concepts of health, conceive man in its totality, and construct a culture of health promotion.

Another relevant task of health psychology is to uncover the major psychological correlates of one's adherence to health promoting and health-impairing lifestyles. Prevention of a great number of fatal diseases is within the human's control, desirable actions towards personal health are even given more emphases. Health psychology emphasizes the role of psychological factors in the cause, progression and consequences of health and illness.

Health Psychology concerns about behavioral and psychosocial factors that are significantly has influence on health and disease. Health psychology can be understood in terms of understanding the followings questions:

1. **What causes illness?** Health psychology suggests that human beings should be seen as complex systems and that illness is caused by a multitude of factors and not by a single causal factor. Health psychology therefore attempts to move away

from a simple linear model of health and claims that illness can be caused by a combination of biological (e.g. a virus), psychological (e.g. behaviours, beliefs), and social (e.g. employment) factors.

2. **Who is responsible for illness?** Because illness is regarded as a result of a combination of factors, the individual is no longer simply seen as a passive victim. For example, the recognition of a role for behaviour in the cause of illness means that the individual may be held responsible for their health and illness.
3. **How should illness be treated?** According to health psychology, the whole person should be treated, not just the physical changes that have taken place. This can take the form of behaviour change, encouraging changes in beliefs and coping strategies, and compliance with medical recommendations.
4. **Who is responsible for treatment?** Because the whole person is treated, not just their physical illness, the patient is therefore in part responsible for their treatment. This may take the form of responsibility to take medication and/or responsibility to change their beliefs and behaviour. They are not seen as a victim.
5. **What is the relationship between health and illness?** From this perspective, health and illness are not qualitatively different, but exist on a continuum. Rather than being either healthy or ill, individuals progress along this continuum from health to illness and back again.
6. **What is the relationship between the mind and the body?** The twentieth century saw a challenge to the traditional separation of mind and body suggested by a dualistic model of health and illness, with an increasing focus on an interaction between the mind and the body. This shift in perspective is reflected in the development of a holistic or a whole-person approach to health. Health psychology therefore maintains that the mind and body interact.
7. **What is the role of psychology in health and illness?** Health psychology regards psychological factors not only as possible consequences of illness but as contributing to it at all stages along the continuum from healthy through to being ill.

3.4.2 The Relationship between Psychology and Health

Health psychologists consider both a direct and indirect pathway between psychology and health. The direct pathway is reflected in the physiological literature and is illustrated by research exploring the impact of stress on illnesses such as coronary heart disease and cancer. From this perspective, the way a person experiences their life ('I am feeling stressed') has a direct impact upon their body which can change their health status. The indirect pathway is reflected more in the behavioural literature and is illustrated by research exploring smoking, diet, exercise and sexual behaviour. From this perspective, the way a person thinks ('I am feeling stressed') influences their behaviour ('I will have a cigarette') which in turn can impact upon their health. The direct and indirect pathways is shown:

Healthy behaviours involves a wide variety of activities that need the engagement of health psychologists in changing or modifying such activities. These activities are:

1. Stress reduction
2. Weight management
3. Smoking cessation
4. Improving daily nutrition
5. Reducing risky sexual behaviors
6. Hospice care and grief counseling for terminal patients
7. Preventing illness
8. Understanding the effects of illness
9. Improving recovery
10 Teaching coping skills

4.0 CONCLUSION

Health and illness are continuum in nature. Health is the absence of disease and illness is a deviation from health. Health and illness behaviours are influenced by both internal and

external factors and have impacts on the clients, families and society in general. Health psychology is a branch of psychology that uses psychological principles and theories in health related behaviours. Healthy behaviours involves a wide variety of activities that need the engagement of health psychologists in changing or modifying such activities.

5.0 SUMMARY

In this unit, we have leant:

1. What a health and illness behaviours mean;
2. What constituted health and illness behaviours
3. The factors influencing health and illness
4. The psychological impacts of illness on the individuals and families;
5. The meaning of health psychology and health continuum.
6. Psychological explanation on changing unhealthy behaviors

6.0 TUTOR-MARKED ASSIGNMENTS

1. Explain health and illness behaviour.
2. How can you understand health psychology?
3. Identify healthy behaviour activities that need the engagement of health psychologists in modifying such activities?
4. What are factors influencing health and illness behaviours?
5. Explain the psychological role in changing Unhealthy Behaviors?

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MODULE 2 PSYCHOLOGICAL FOUNDATION OF HEALTH AND

ILLNESS BEHAVIOUR

UNIT 2 BEHAVIOURAL CHANGE PROCESS AND THEORIES

CONTENTS

1.0 INTRODUCTION

Public health is a multi-disciplinary field that aims to Prevent disease and death; Promote a better quality of life, and Create environmental conditions in which people can be healthy by intervening at the institutional, community, and societal level.

Whether public health practitioners can achieve this mission depends upon their ability to accurately identify and define public health problems, assess the fundamental causes of these problems, determine populations most at-risk, develop and implement theory- and evidence-based interventions, and evaluate and refine those interventions to ensure that they are achieving their desired outcomes without unwanted negative consequences.

To be effective in these endeavors, public health practitioners must know how to dig and apply the basic concepts, principles, process, behavioural theories, research findings, and methods of the social and behavioral sciences and change to inform their efforts. A thorough understanding of theories used in public health, which are mainly derived from the social and behavioral sciences, allow practitioners to: Assess the fundamental causes of a public health problem, and develop interventions to address those problems.

2.0 OBJECTIVES

This unit will enable you to understand:

i. Concept and process of behaviour change
ii. Behavioural operation and choice and Some Behavioural change theories
iii. Recognize and explain the different theories of behavioural change
iv. Identify the strength or psychological importance of such theories of healthy behaviour change.

3.0 MAIN CONTENTS

Theories in health behavioural change provide analytical tools and broader light for possibilities in research, cause, understanding, prediction and promotion of health behaviours change. The theories behavioural change have both tried to explain how behaviour is form and operated as well the process of change in behaviours. It is argued that health, and illness can be analyzed and best understand from the change theories of behaviour.

3.1 CONCEPT OF BEHAVIOUR CHANGE

This content provides a simple introduction to behaviour change, health and unhealthy behaviour. Behaviour change occurs when someone is faced with a familiar situation but suddenly does something new or different. For example, if a particular family had always practiced open defecation but then one day build a toilet and begin using it, this would be an example of behaviour change. Behaviour change is often considered to be a hard, mysterious and time-consuming process. But it can be easy. Just think about how mobile phones have revolutionized the way we communicate and interact socially. Rapid technology adoption, as in that example, is often effective in changing our behaviour because the benefits are clear, immediate and there are relatively few barriers to learning the necessary skills. Our challenge then is to make it just as easy to adopt good hygiene behaviour as it is. In this case we will introduce some key concepts that underpin behaviour change; we will also explain a range of behaviour change theories.

Behaviour changes from normal to abnormal, healthy to unhealthy. The content begins by examining some models that think about why people behave the way they do and then goes on to introduce several key concepts and theories in behaviour change.

3.1.2 The Processes of Behavior Change

Once Prochaska and DiClemente identified the stages of change and their characteristics, the next challenge was to understand how one could move from one stage to the next. To

explain this complex movement, they identified ten different processes and the stages where they seem most relevant.

The ten processes (and some examples of how the different forms they could take in an intervention) are:

1. **Consciousness-raising** —finding and learning new facts and suggestions supporting the change (e.g., reading a book; watching a TV show; talking with a friend, teacher, or doctor)

2. **Dramatic Relief** — experiencing and expressing negative feelings about one's problems such as worry or fear (e.g., communicating with a friend, partner, partner, counselor; writing in a journal)

3. **Self-Re-evaluation** — realizing that the behavioral change is part of one's identity (e.g., seeing yourself as a non-smoker or a fit person)

4. **Environmental Re-evaluation** — assessing how one's problem affects the physical environment (e.g., realizing that second-hand smoke may affect non-smoking children and partners or even pets)

5. **Self-Liberation** — choosing and committing to act on a belief that change is possible (e.g., making a New Year's resolution); accepting responsibility for changing.

6. **Social Liberation** — societal support for healthier behaviors (e.g., smoke-free workplaces; discussions about safer sex in school and communities)

7. **Counter-conditioning** — substituting healthier alternatives for problem behaviors (e.g., using relaxation or meditation techniques instead of eating to deal with stress)

8. **Stimulus Control** — avoiding triggers and cues (e.g., avoiding bars, friends who still smoke, dessert parties)

9. **Contingency Management** — increasing the rewards of positive behavioral change and decreasing the rewards of the unhealthy behavior (e.g., buying new clothes after losing weight instead of eating dessert)

10 **Helping Relationships** — seeking and using a strong support system of family, friends, and co-workers.

In addition to the stages and processes, the model features several other unique insights:

a. **Decisional Balance: Weighing Pros and Cons.** Prochaska and DiClemente understood that at each stage, a person weighs the pros and cons of adopting a new behavior. For pre-contemplators and contemplators, the cons loom large. They may feel the change is too difficult or not worth the effort. Giving up pleasures — be they food, alcohol, tobacco, or just the pleasure of being a couch potato — is a lot to ask. For most behavior changes, the sacrifices are immediate but the benefits are not. Prochaska and DiClemente call this weighing of pros and cons "decisional balance." For counselors, health educators, and others who want to intervene in the change process and help people move along its continuum, the task is to tip the scales: to make the pros outweigh the cons.

b. **Self-efficacy.** Self-efficacy is the confidence that one will be able to take action. It is a feature of many health education and health promotion models. It is incorporated as a key element of the Stages of Change model since one of the pros that outweighs the many cons eventually takes the form of confidence that one can try the behavior change and sustain it. Confidence can be built in a variety of ways, such as role playing and preparing for situations that may be difficult, or

practicing specific skills (such as negotiation or refusal), or even giving oneself pep talks ("You've done this before and you can do it again!").

c. **Temptation.** As mentioned previously, relapse is built into the Stages of Change model as a realistic sense that change is difficult and that a combination of cravings, emotional stress, and social situations or prompts can lead us back to old habits. Instead of viewing these events as failures, however, the model asks us to learn from each relapse: to recognize the signs of craving for what they are, to remove ourselves from social situations that don't support our behavior change, and/or to deal with stress in other ways.

3.2 BEHAVIOURAL OPERATION AND CHOICE

Although we like to think of ourselves as fully in charge of all our decision making, most of our behavioural decisions happen at a sub-conscious level. In many ways our behaviour is a bit like a train running along railway tracks. The train will continue moving along the tracks as it always has done until someone pulls a lever to shift it onto a different track. Likewise, most of the behaviours we perform on a day-to-day basis are based on what we have always done before. These behaviours served us well in the past so unless anything changes (like someone pulling a lever) we stick to them.

This process of learning through experience is called **reinforcement learning**. Reinforcement learning typically results in an optimal policy for selecting behaviour. The process can be summarized in a relatively simple model. Imagine a rat in a cage. When a piece of cheese is placed in the cage, it generates cheesy smells which are picked up by the rat and interpreted by its brain as a source of food. The rat responds by nibbling the cheese. The rat is rewarded for his behavioural choice by its stomach filling up, reducing its hunger. This is the reward that the rat expected to get from an item of food. But in this case the rat is surprised to find that the cheese also tastes great, which is an additional reward. Next time when cheese is placed in his cage it is likely that he will rush to eat the cheese again because now he knows the rewards it will bring – it’s yummy and filling!

The same response will occur the time after that and the time after that, etc. Reinforcement learning is therefore the natural foundation for behaviour change as it tells us what is needed to get an old behaviour to become a new and different one. When there is a block preventing new learning from happening, public health problems can arise.

3.1.2 Behavioural choice

Automatic brain: Our brains were once much simpler than they are now and as a consequence the kinds of behavioural responses were simpler too. In fact, the responses tended to be automatic in what we call **reflexes**. Reflex behaviours include ducking when a stone is thrown in your direction or removing your hand from a flame as soon as you feel the heat. It's worth noting that we share these same basic responses with all animals. Even now, with our more complex brains, we can still learn to perform automatic responses through repeating regular, routine behaviour in what we call **habits**.

Motivated brain: After some time, our ancestors learned it was more useful to live in social groups. In order to survive, gain access to resources and develop beneficial relationships, their behaviour became more complex too. Behaviour became guided by our desire to achieve goals – this is what we call **motivated behaviour**. There are 15 human motives that drive almost all of human behaviour. They are things that we all share. For example, when we feel hungry it motivates us to find and prepare food to eat. we all share. Similarly, we all have the desire to be liked by those around us, this motive of affiliation, drives us to act in ways that will generate social approval and allow us to form relationships.

Executive control: The more we became accustomed to acting with long term goals in mind, the more humans found that it was useful to be able forecast the consequences of behavioural choices, before actually doing them. This is what we call **executive control**. The planning we do in our executive brain allows us to simulate people, including their characteristics, their motivations and their situations, just as if we are watching a film

where the ending can be changed. Watching these ‘mini films’ in our mind, in advance of making a behaviour decision, helps us to evaluate the worth of different courses of action.

3.3 SOME BEHAVIOURAL CHANGE THEORIES

3.3.1 HEALTH BELIEF MODEL

The Health Belief Model (HBM) was developed in the early 1950s by social scientists at the U.S. Public Health Service in order to understand the failure of people to adopt disease prevention strategies or screening tests for the early detection of disease. Later uses of HBM were for patients' responses to symptoms and compliance with medical treatments. The HBM suggests that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior.

The HBM derives from psychological and behavioral theory with the foundation that the two components of health-related behavior are 1: the desire to avoid illness, or conversely get well if already ill; and, 2: the belief that a specific health action will prevent, or cure, illness. Ultimately, an individual's course of action often depends on the person's perceptions of the benefits and barriers related to health behavior. There are six constructs of the HBM. The first four constructs were developed as the original tenets of the HBM. The last two were added as research about the HBM evolved.

1. Perceived susceptibility - This refers to a person's subjective perception of the risk of acquiring an illness or disease. There is wide variation in a person's feelings of personal vulnerability to an illness or disease.
2. Perceived severity - This refers to a person's feelings on the seriousness of contracting an illness or disease (or leaving the illness or disease untreated). There is wide variation in a person's feelings of severity, and often a person considers the medical consequences (e.g., death, disability) and social consequences (e.g., family life, social relationships) when evaluating the severity.

3. Perceived benefits - This refers to a person's perception of the effectiveness of various actions available to reduce the threat of illness or disease (or to cure illness or disease). The course of action a person takes in preventing (or curing) illness or disease relies on consideration and evaluation of both perceived susceptibility and perceived benefit, such that the person would accept the recommended health action if it was perceived as beneficial.
4. Perceived barriers - This refers to a person's feelings on the obstacles to performing a recommended health action. There is wide variation in a person's feelings of barriers, or impediments, which lead to a cost/benefit analysis. The person weighs the effectiveness of the actions against the perceptions that it may be expensive, dangerous (e.g., side effects), unpleasant (e.g., painful), time-consuming, or inconvenient.
5. Cue to action - This is the stimulus needed to trigger the decision-making process to accept a recommended health action. These cues can be internal (e.g., chest pains, wheezing, etc.) or external (e.g., advice from others, illness of family member, newspaper article, etc.).
6. Self-efficacy - This refers to the level of a person's confidence in his or her ability to successfully perform a behavior. This construct was added to the model most recently in mid-1980. Self-efficacy is a construct in many behavioral theories as it directly relates to whether a person performs the desired behavior.

3.3.2 Limitations of Health Belief Model

There are several limitations of the HBM which limit its utility in public health. Limitations of the model include the following:

1. It does not account for a person's attitudes, beliefs, or other individual determinants that dictate a person's acceptance of a health behavior.
2. It does not take into account behaviors that are habitual and thus may inform the decision-making process to accept a recommended action (e.g., smoking).

3. It does not take into account behaviors that are performed for non-health related reasons such as social acceptability.
4. It does not account for environmental or economic factors that may prohibit or promote the recommended action.
5. It assumes that everyone has access to equal amounts of information on the illness or disease.
6. It assumes that cues to action are widely prevalent in encouraging people to act and that "health" actions are the main goal in the decision-making process.

The HBM is more descriptive than explanatory, and does not suggest a strategy for changing health-related actions. In preventive health behaviors, early studies showed that perceived susceptibility, benefits, and barriers were consistently associated with the desired health behavior; perceived severity was less often associated with the desired health behavior. The individual constructs are useful, depending on the health outcome of interest, but for the most effective use of the model it should be integrated with other models that account for the environmental context and suggest strategies for change.

3.3.2 THEORY OF PLANNED BEHAVIOUR

The Theory of Planned Behaviour (TPB) started as the Theory of Reasoned Action in 1980 to predict an individual's intention to engage in a behavior at a specific time and place. The theory was intended to explain all behaviors over which people have the ability to exert self-control. The key component to this model is behavioral intent; behavioral intentions are influenced by the attitude about the likelihood that the behavior will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome.

The TPB has been used successfully to predict and explain a wide range of health behaviors and intentions including smoking, drinking, health services utilization,

breastfeeding, and substance use, among others. The TPB states that behavioral achievement depends on both motivation (intention) and ability (behavioral control). It distinguishes between three types of beliefs - behavioral, normative, and control. The TPB is comprised of six constructs that collectively represent a person's actual control over the behavior.

1. Attitudes - This refers to the degree to which a person has a favorable or unfavorable evaluation of the behavior of interest. It entails a consideration of the outcomes of performing the behavior.
2. Behavioral intention - This refers to the motivational factors that influence a given behavior where the stronger the intention to perform the behavior, the more likely the behavior will be performed.
3. Subjective norms - This refers to the belief about whether most people approve or disapprove of the behavior. It relates to a person's beliefs about whether peers and people of importance to the person think he or she should engage in the behavior.
4. Social norms - This refers to the customary codes of behavior in a group or people or larger cultural context. Social norms are considered normative, or standard, in a group of people.
5. Perceived power - This refers to the perceived presence of factors that may facilitate or impede performance of a behavior. Perceived power contributes to a person's perceived behavioral control over each of those factors.
6. Perceived behavioral control - This refers to a person's perception of the ease or difficulty of performing the behavior of interest. Perceived behavioral control varies across situations and actions, which results in a person having varying perceptions of behavioral control depending on the situation. This construct of the theory was added later, and created the shift from the Theory of Reasoned Action to the Theory of Planned Behavior.

There are several **limitations** of the TPB, which include the following:

1. It assumes the person has acquired the opportunities and resources to be successful in performing the desired behavior, regardless of the intention.
2. It does not account for other variables that factor into behavioral intention and motivation, such as fear, threat, mood, or past experience.
3. While it does consider normative influences, it still does not take into account environmental or economic factors that may influence a person's intention to perform a behavior.
4. It assumes that behavior is the result of a linear decision-making process, and does not consider that it can change over time.
5. While the added construct of perceived behavioral control was an important addition to the theory, it doesn't say anything about actual control over behavior.
6. The time frame between "intent" and "behavioral action" is not addressed by the theory.

The TPB has shown more utility in public health than the Health Belief Model, but it is still limiting in its inability to consider environmental and economic influences. Over the past several years, researchers have used some constructs of the TPB and added other components from behavioral theory to make it a more integrated model. This has been in response to some of the limitations of the TPB in addressing public health problems.

3.4 TRANS THEORETICAL MODEL (STAGES OF CHANGE)

The Trans theoretical Model (also called the Stages of Change Model), developed by Prochaska and DiClemente in the late 1970s, evolved through studies examining the experiences of smokers who quit on their own with those requiring further treatment to understand why some people were capable of quitting on their own. It was determined that people quit smoking if they were ready to do so. Thus, the Trans theoretical Model (TTM) focuses on the decision-making of the individual and is a model of intentional change. The TTM operates on the assumption that people do not change behaviors

quickly and decisively. Rather, change in behavior, especially habitual behavior, occurs continuously through a cyclical process. The TTM is not a theory but a model; different behavioral theories and constructs can be applied to various stages of the model where they may be most effective.

The TTM posits that individuals move through six stages of change: pre-contemplation, contemplation, preparation, action, maintenance, and termination. Termination was not part of the original model and is less often used in application of stages of change for health-related behaviors. For each stage of change, different intervention strategies are most effective at moving the person to the next stage of change and subsequently through the model to maintenance, the ideal stage of behavior.

1. Pre contemplation - In this stage, people do not intend to take action in the foreseeable future (defined as within the next 6 months). People are often unaware that their behavior is problematic or produces negative consequences. People in this stage often underestimate the pros of changing behavior and place too much emphasis on the cons of changing behavior.
2. Contemplation - In this stage, people are intending to start the healthy behavior in the foreseeable future (defined as within the next 6 months). People recognize that their behavior may be problematic, and a more thoughtful and practical consideration of the pros and cons of changing the behavior takes place, with equal emphasis placed on both. Even with this recognition, people may still feel ambivalent toward changing their behavior.
3. Preparation (Determination) - In this stage, people are ready to take action within the next 30 days. People start to take small steps toward the behavior change, and they believe changing their behavior can lead to a healthier life.
4. Action - In this stage, people have recently changed their behavior (defined as within the last 6 months) and intend to keep moving forward with that behavior

change. People may exhibit this by modifying their problem behavior or acquiring new healthy behaviors.

5. Maintenance - In this stage, people have sustained their behavior change for a while (defined as more than 6 months) and intend to maintain the behavior change going forward. People in this stage work to prevent relapse to earlier stages.

Termination - In this stage, people have no desire to return to their unhealthy behaviors and are sure they will not relapse. Since this is rarely reached, and people tend to stay in the maintenance stage, this stage is often not considered in health promotion programs.

To progress through the stages of change, people apply cognitive, affective, and evaluative processes. Ten processes of change have been identified with some processes being more relevant to a specific stage of change than other processes. These processes result in strategies that help people make and maintain change.

1. Consciousness Raising - Increasing awareness about the healthy behavior.
2. Dramatic Relief - Emotional arousal about the health behavior, whether positive or negative arousal.
3. Self-Reevaluation - Self reappraisal to realize the healthy behavior is part of who they want to be.
4. Environmental Reevaluation - Social reappraisal to realize how their unhealthy behavior affects others.
5. Social Liberation - Environmental opportunities that exist to show society is supportive of the healthy behavior.
6. Self-Liberation - Commitment to change behavior based on the belief that achievement of the healthy behavior is possible.
7. Helping Relationships - Finding supportive relationships that encourage the desired change.
8. Counter-Conditioning - Substituting healthy behaviors and thoughts for unhealthy behaviors and thoughts.

9. Reinforcement Management - Rewarding the positive behavior and reducing the rewards that come from negative behavior.
10. Stimulus Control - Re-engineering the environment to have reminders and cues that support and encourage the healthy behavior and remove those that encourage the unhealthy behavior.

3.4.1 Limitations of the Trans theoretical Model

There are several limitations of TTM, which should be considered when using this theory in public health. Limitations of the model include the following:

1. The theory ignores the social context in which change occurs, such as SES and income.
2. The lines between the stages can be arbitrary with no set criteria of how to determine a person's stage of change. The questionnaires that have been developed to assign a person to a stage of change are not always standardized or validated.
3. There is no clear sense for how much time is needed for each stage, or how long a person can remain in a stage.
4. The model assumes that individuals make coherent and logical plans in their decision-making process when this is not always true.

The Trans theoretical Model provides suggested strategies for public health interventions to address people at various stages of the decision-making process. This can result in interventions that are tailored (i.e., a message or program component has been specifically created for a target population's level of knowledge and motivation) and effective. The TTM encourages an assessment of an individual's current stage of change and accounts for relapse in people's decision-making process.

3.5 SOCIAL-COGNITIVE PROCESSES IN HEALTH

Social Cognitive Theory (SCT) started as the Social Learning Theory (SLT) in the 1960s by Albert Bandura. It developed into the SCT in 1986 and posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior. The unique feature of SCT is the emphasis on social influence and its emphasis on external and internal social reinforcement. SCT considers the unique way in which individuals acquire and maintain behavior, while also considering the social environment in which individuals perform the behavior. The theory takes into account a person's past experiences, which factor into whether behavioral action will occur. These past experiences influence reinforcements, expectations, and expectancies, all of which shape whether a person will engage in a specific behavior and the reasons why a person engages in that behavior.

Many theories of behavior used in health promotion do not consider maintenance of behavior, but rather focus on initiating behavior. This is unfortunate as maintenance of behavior, and not just initiation of behavior, is the true goal in public health. The goal of SCT is to explain how people regulate their behavior through control and reinforcement to achieve goal-directed behavior that can be maintained over time. The first five constructs were developed as part of the SLT; the construct of self-efficacy was added when the theory evolved into SCT.

1. Reciprocal Determinism - This is the central concept of SCT. This refers to the dynamic and reciprocal interaction of person (individual with a set of learned experiences), environment (external social context), and behavior (responses to stimuli to achieve goals).
2. **Behavioral Capability** - This refers to a person's actual ability to perform a behavior through essential knowledge and skills. In order to successfully perform

a behavior, a person must know what to do and how to do it. People learn from the consequences of their behavior, which also affects the environment in which they live.

3. **Observational Learning** - This asserts that people can witness and observe a behavior conducted by others, and then reproduce those actions. This is often exhibited through "modeling" of behaviors. If individuals see successful demonstration of a behavior, they can also complete the behavior successfully.
4. **Reinforcements** - This refers to the internal or external responses to a person's behavior that affect the likelihood of continuing or discontinuing the behavior. Reinforcements can be self-initiated or in the environment, and reinforcements can be positive or negative. This is the construct of SCT that most closely ties to the reciprocal relationship between behavior and environment.
5. **Expectations** - This refers to the anticipated consequences of a person's behavior. Outcome expectations can be health-related or not health-related. People anticipate the consequences of their actions before engaging in the behavior, and these anticipated consequences can influence successful completion of the behavior. Expectations derive largely from previous experience. While expectancies also derive from previous experience, expectancies focus on the value that is placed on the outcome and are subjective to the individual.
6. **Self-efficacy** - This refers to the level of a person's confidence in his or her ability to successfully perform a behavior. Self-efficacy is unique to SCT although other theories have added this construct at later dates, such as the Theory of Planned Behavior. Self-efficacy is influenced by a person's specific capabilities and other individual factors, as well as by environmental factors (barriers and facilitators).

3.5.1 Limitation of Social Cognitive Theory

There are several limitations of SCT, which should be considered when using this theory in public health. Limitations of the model include the following:

1. The theory assumes that changes in the environment will automatically lead to changes in the person, when this may not always be true.
2. The theory is loosely organized, based solely on the dynamic interplay between person, behavior, and environment. It is unclear the extent to which each of these factors into actual behavior and if one is more influential than another.
3. The theory heavily focuses on processes of learning and in doing so disregards biological and hormonal predispositions that may influence behaviors, regardless of past experience and expectations.
4. The theory does not focus on emotion or motivation, other than through reference to past experience. There is minimal attention on these factors.
5. The theory can be broad-reaching, so can be difficult to operationalize in entirety.

Social Cognitive Theory considers many levels of the social ecological model in addressing behavior change of individuals. SCT has been widely used in health promotion given the emphasis on the individual and the environment, the latter of which has become a major point of focus in recent years for health promotion activities. As with other theories, applicability of all the constructs of SCT to one public health problem may be difficult especially in developing focused public health programs.

3.6 DESCRIPTIONS OF COMMON BEHAVIOUR CHANGE THEORIES USED IN PUBLIC HEALTH

Table 3: Descriptions of common behaviour change theories used in public health

Name of theory	**Key element that define the approach**	**Key assumptions**
Single factor approach		
Social Norms Approach	Perceived social norms can be used to influence behaviour.	Individuals often incorrectly perceive that the attitudes or behaviours of others are different from their own, when in reality they are similar
Cognitive dissonance approach	Inconsistency between attitudes or behaviours forces us to either change our attitudes or change our behaviour so to avoid internal conflicts (or dissonance) around these ideas.	Our brains prefer when our beliefs, attitudes and behaviour are aligned and consistent.
Default option	Present the desired option as a default (what you get if you don't actively make a choice) and this will increase the chance it will be chosen.	Defaults work partly by creating a perception of ownership because the pleasure we derive from gains is less intense than the pain from an equivalent loss.
Choice architecture manipulation	Manipulate the number of options that are available and the kinds of options that are available, to influence which option most people will actually adopt.	1.Reducing the total number of choices ('choice overload') increases the likelihood of any option

		being chosen 2.Broadening the range of choices can influence which choice is made
Sense of control	Make people more responsible for their everyday choices	Increasing people's perception about their ability to influence events will increase their active involvement in their own life
Multi-factors Approaches		
Health Belief Model	Health-related behaviour is determined by the following factors: 1.Perceived susceptibility – a person's perception of how much they are at risk of a problem. 2.Perceived severity – a person's perception of how severe the problem is. 3.Perceived action efficacy – whether people believe that practicing the behaviour will reduce the problem. 4.Perceived social acceptability – whether a person feels the behaviour aligns with their social norms. 5.Perceived self-efficacy – a person's belief that they can do the behaviour given their knowledge and skills. 6.Cues for action – things that remind a	1.People engage in health behaviours for reasons linked to healthy outcomes, overlooking other potential motivations. 2.With the aid of a Barrier Analysis Tool these determinants can be quantified to understand which factors are most important in the design of an intervention.

	person to do a behaviour.	
Theory of Planned Behaviour	Self-efficacy (an individual's belief in their own ability to perform a behaviour) is important in determining the likelihood of the individual's intention to perform a behaviour. A person's sense of self-efficacy is understood to be informed by their attitudes and beliefs toward the behaviour, subjective norms (perceived social pressure to perform a behaviour), and their perceived behavioural control	1.Behaviour is predominantly influenced by conscious thought. 2.Self-efficacy is an important part of the process.
Health Action Process Approach	Behaviour change can be achieved through a structured process. Intervention design should follow two distinct phases; motivation and volition. The first stage involves identifying the behavioural motivation and establishing goals, the second involves planning and acting to achieve these goals.	1.Plans which are motivated by strong intentions are more likely to succeed. 2.People need to have plans to cope when unexpected barriers to change arise.
Stages of Change (Trans theoretical model)	Behaviour change occurs through a 5-step process: 1. Pre-contemplation (the individual has not even thought about changing their behaviour) 2. Contemplation (begins to think about changing behaviour) 3. Preparation for action (begins planning	Behaviour is influenced only though consciously contemplating change. Behaviour change is a linear and progressive process. People can be 'ready' for

	to change behaviour) 4. Action (begins practicing the behaviour) 5. Maintenance (the behaviour is performed regularly)	behaviour change to differing degrees, and so are more or less susceptible to particular change strategies. Multi-Factor Approaches targeting WASH-related be
Multi-Factor Approaches targeting WASH-related behaviour change		
IBM-WASH	Behaviour is influenced by 3 interacting 'dimensions': 1. The Contextual Dimension – includes determinants related to the individual, setting, and/or environment that can influence behaviour change and adoption of new technologies. 2. The Psychosocial Dimension – comprises the behavioural, social, or psychological determinants that influence behavioural outcomes and technology adoption. 3. The Technical dimension – specific attributes of a technology, product, or device that influence behavioural adoption. These operate at 5 levels: the society/structural level, the community level,	1.Behaviour can only be understood within larger societal and communal contexts. 2.An enabling technology is essential (but not sufficient) for achieving WASH-related behaviour change.

	the interpersonal/ community level, the individual level and the habitual level.	
Sani-FOAM	Suggests behaviour change can be understood by asking three key questions: 1. Opportunity: Does the individual have the chance to perform the behaviour? 2. Ability: Is the individual capable of performing it? 3. Motivation: Does the individual want to perform it? The F in Sani-FOAM stands for 'focus' – the need to be highly specific about the target population and the behaviour practitioners want to change.	1.Infrastructure is insufficient to achieve WASH-related behaviour change
Multi-Factor Approaches with Intervention Process Model		
COM-B	Behaviour comes about from an interaction of 'capability' to perform the behaviour and 'opportunity' and 'motivation' to carry out the behaviour. Interventions need to alter one or more of these three things in order to achieve behaviour change. The model uses a behaviour change wheel to describe the potential functions of a behaviour change intervention policy categories that could support behaviour change.	1.Self-efficacy is important. 2.Larger social structures (such as policies) contribute to individual behaviour change. 3.Some level of knowledge is essential (but not sufficient) for behaviour change.

Most of these approaches tend to assume that behaviour change is most effectively achieved by trying to alter how people plan their behaviour – that is to say that they target the brain's executive control. However, as we learned this is just one of three levels of control over behaviour. To date, many theories have overlooked other aspects which influence behaviour, in particular those associated with motivational drivers and habit formation.

4.0 CONCLUSION

There is hardly any aspect of health and illness behaviours today which cannot be explained by one theory or the other in health psychology. Theories provide clear frameworks and analytical tools for understanding several aspects of the desirable or undesirable health behaviours and the wellbeing of the human beings. This unit has brought to the fore some of these theories that are relevant to our understanding of health and illness behaviour generally. It must be appreciated however that no single theoretical framework fully explains the incidence of disease. Each of them simply explains some aspects of the etiology of disease better than others. Health and illness behaviour changed have been holistically viewed and explained

5.0 SUMMARY

In this unit, we have learnt:

1. Some important understanding of behavioural operation
2. Understanding the concept of behaviour change and some factors responsible for the choice of behaviour.
3. The major theories of behaviour change and
4. Appreciating the description of common behaviour change theories used in public health

6.0 TUTOR-MARKED ASSIGNMENTS

1. How relevant are the theories in behaviour change for the understanding of the health behaviours?
2. Explain the stages involves in behavioural by Trans Theoretical Model?
3. What are the limitations of social cognitive theory in behaviour change?

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MODULE 2 PSYCHOLOGICAL FOUNDATION OF HEALTH AND ILLNESS BEHAVIOUR

UNIT 3 ROLE OF BEHAVIOUR IN THE AETIOLOGY OF HEALTH AND ILLNESS

CONTENTS

1.0 INTRODUCTION

This unit attempts to explain the role of behaviour in the cause of unhealthy behaviour and reaction to such illness. The unit also examine the psychological roles or coping in the management of illness behaviour. Some psychological variable like stress and anxiety were also explained in their manner of changing behaviour.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

i. Understand and explain the role of behaviour in the aetiology of illness
ii. Evaluate the role of psychology in the treatment of illness
iii. describe the physio psychological response of stress and anxiety in health behaviour changes.

3.0 MAIN CONTENT

Some behaviours that are physical or biological can lead to psychological or social problem. Likewise, some behavioural problem also lead physical problems

3.1 EVALUATING THE ROLE OF BEHAVIOUR IN THE AETIOLOGY OF ILLNESS

3.1.1. Examples:

1. Coronary heart disease is related to behaviours such as smoking, food intake and lack of exercise.
2. Many cancers are related to behaviours such as diet, smoking, alcohol and failure to attend for screening or health check-ups.
3. A stroke is related to smoking, cholesterol and high blood pressure.
4. An often-overlooked cause of death is accidents. These may be related to alcohol consumption, drugs and careless driving.

3.2 ROLE OF PSYCHOLOGY IN THE TREATMENT OF ILLNESS

1. Evaluating the interaction between psychology and physiology. For example:
2. The experience of stress relates to appraisal, coping and social support.
3. Stress leads to physiological changes which can trigger or exacerbate illness.
4. Pain perception can be exacerbated by anxiety and reduced by distraction.

3.2.1 Coping - definition: It is the effort to control or to reduce the threats that lead to stress.

There are eight types of coping skills. These are: -

1. **Emotion focused coping:**

It is an attempt to reduce disturbing emotions, which accompany the experience of stress. The emotion focused coping strategies are:

a. Getting social support from the society and institutions.
b. Getting psychological assistance from friends and relatives.
c. Getting support from ones working place.

2. **Defense mechanisms coping**

These are mental strategies we use when we do not wish to face reality.

Example:

a. Avoidance
b. Denial
c. Repression

3. **Mal-adaptive coping methods**

Example:

a. Taking drugs
b. Heavy alcohol and other stimulants to cover the problem for only a limited period of time.

4. **Problem focused coping**:

Example

a. It is trying to think and understand the problem situation better.
b. Taking action to deal with the problem.

5. **Coping appraisal**

Example

a. Thinking about the stressful situation.
b. Trying to find out ways of solving the problem

6. **Time management**

Example

a. Planning.
b. Prioritizing activities

7. **Assertiveness**

Example

a. To say no when there is imposition
b. It counteracts low self-esteem

8. **Relaxation techniques**

Example

a. Focused attention
b. Physical exercise

3.3 PSYCHOPHYSIOLOGICAL REACTION TO ANXIETY AND STRESS IN HEALTH AND ILLNESS

3.3.1 STRESS AND HEALTH

Stress – Stress is physical and emotional response that occurs when people are exposed to stressors. **Stressors** are the events that produce stress.

Example of Stressors: -

a. Death of spouse
b. Marriage
c. Divorce
d. Injury or illness
e. Financial crisis
f. Pregnancy or fathered pregnancy

3.3.1.1 Physiological stress response

The human body passes through three stages when confronted by stressors. These are:

1. Alarm reaction stage (involuntary physiological changes)

Example:

a. Increased sweating
b. Increased muscle tension
c. Decreased salivation

2. Body's attempt to maintain balance or homeostasis

a. Specific organs and systems become focus of response.

3. Exhaustion stage

a. Long-term exposure to stress often results in an overload
b. Hormone level rises

c. If the individual is exposed to different kinds of stressors for a long period of time, it may cause illness even death.

3.3.1.2 Direct effect of stress on health

The immune system weakens and some illnesses may result in. Some common among these illnesses are as follows:

Psychosomatic disorders like;

a. Ulcers
b. Asthma
c. Arthritis
d. High blood pressure
e. Eczema

Cognitive impairments:

a. Stress prevents people from coping with life adequately.
b. People's understanding of their environment may be clouded (anxious or troubled).

Emotional level:

a. Minor criticisms made by a friend are blown out of proportion.
b. Anger and aggression
c. Apathy and depression

3.3.2 Anxiety

The nervousness or agitation that we sometimes experience, often about something that is going to happen, is a natural part of life. We all feel anxious at times, maybe when we think about our upcoming visit to the dentist or the presentation, we must give to our class next week. Anxiety is an important and useful human emotion; it is associated with the activation of the sympathetic nervous system and the physiological and behavioral responses that help protect us from danger. However, too much anxiety can be distressing and disabling, constructive or destructive and every year millions of people suffer from

anxiety disorders. **Anxiety disorder** is a psychological disturbance marked by irrational fears, often of everyday objects and situations.

3.3.2.1 Generalized anxiety disorder (GAD), is a psychological disorder diagnosed in situations in which a person has been excessively worrying about money, health, work, family life, or relationships for at least 6 months, even though he or she knows that the concerns are exaggerated, and when the anxiety causes significant distress and dysfunction (APA, 2013). In addition to their feelings of anxiety, people who have GAD may also experience a variety of physical symptoms, including irritability, sleep troubles, difficulty concentrating, muscle aches, trembling, perspiration, and hot flashes. The person cannot deal with what is causing the anxiety, nor avoid it, because there is no clear cause for anxiety. In fact, the person frequently knows, at least cognitively, that there is really nothing to worry about.

It is also a group of disorders characterized by a chronic, unrealistic/exaggerated anxiety often punctuated by acute attacks of anxiety or pain. It afflicts 5% of the population and is characteristically a disorder of young adults and affects women twice as often as men. The illness may take many forms. Acute anxiety attacks are characterized by sudden onset of tension, restlessness, tremors, breathlessness, tachycardia and palpitations. Chronic anxiety state presents with persistent diffuse anxiety, motor tension, autonomic hyperactivity, unpleasant anticipation and irritability.

General management

1. Medicines do not resolve the causes of the illness but may reduce anxiety.
2. Education about the nature of anxiety
3. Psychotherapy – Training in strategies for controlling anxiety and reducing stress

3.3.2.2 Panic disorder

Is a psychological disorder characterized by sudden attacks of anxiety and terror, known as panic attacks, that have led to significant behavioral changes in the person's

life. Symptoms of a panic attack include shortness of breath, heart palpitations, trembling, dizziness, choking sensations, nausea, and an intense feeling of dread or impending doom. Panic attacks can often be mistaken for heart attacks or other serious physical illnesses, and they may lead the person experiencing them to go to a hospital emergency room. Panic attacks may last as little as one or as much as 20 minutes, but they often peak and subside within about 10 minutes. Sufferers are often anxious because they fear that they will have another attack. They focus their attention on the thoughts and images of their fears, becoming excessively sensitive to cues that signal the possibility of threat. They may also become unsure of the source of their arousal, misattributing it to situations that are not actually the cause. As a result, they may begin to avoid places where attacks have occurred in the past, such as driving, using an elevator, or being in public places.

4.0 CONCLUSION

It is understood that some behaviour cause illness such as smoking behaviour, indiscriminating eating, lack of sleeping, while some behaviour that are positive increases positive health behaviour. The unit also examines the psychological roles or coping in the management of illness behaviour. Some psychological variable like stress and anxiety were also explained in their manner of changing behaviour ranging from aggressive to less or non-aggressive behaviour.

5.0 SUMMARY

In this unit, we have known the following:

1. That some behaviours causes illness and unhealthy condition, especially negative behaviours.
2. The role of psychological approaches and coping mechanisms in the management of illness.
3. The role of psychological variables like stress and anxiety in changing behaviour ranging from aggressive to less or non-aggressive behaviour.

6.0 TUTOR-MARKED ASSIGNMENTS

1. Explain the role of behaviour in the cause of illness?
2. What is the role of psychological variables like stress and anxiety in changing behaviour?

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MODULE 3 UNHEALTHY BEHAVIOURS AND BELIEFS

UNIT 1 SICK ROLE AND PSYCHOLOGICAL INTERVENTION FOR ILLNESS BEHAVIOR

CONTENTS

1.0 INTRODUCTION

This unit in module 3 examines the behaviour of an individual during sickness and his personal experience of the sickness from psychological perspective. The unit also

explains an individual approach in seeking care and psychological inventions, that is psychotherapy.

2.0 OBJECTIVE

At the end of this Unit, you will be able to:

i. understand and describe the behaviour of patient during sickness and approach to solution.
ii. understand the concept of the sick role and know the main aspects or attributes of the sick role

3.0 MAIN CONTENT

This study unit contains materials on the concept of the sick role, specific aspects and characteristics of the sick person as well as the relationship between the patient and the physician. This unit also contains relevant materials on the process of seeking medical care by the sick.

3.1 THE CONCEPT OF SICK ROLE BEHAVIOUR

Sick role is a behaviour exhibited by the patient when he is sick. The behaviour can be in form of psychological reaction, physiological approach, social adjustment or both reaction in order to gain attention. Some patient's behaviour comply and adhere to treatment or management instruction, while other behaviour may be abnormal not complied. The sick role is based in most cases on the cultural or psychological as well as beliefs interpretation of the patient.

One major expectation about the sick is that they are unable to take care of themselves. The sick has some unique behavioural characteristics in most societies. According to Talcott Parsons (1951), being sick is an undesirable state and the sick wants to get well. Getting well involves a process in which the sick is a major stakeholder.

3.1.1 The Specific Aspects or Attributes of the Sick Role

1. The specific aspects of the sick role include the following:
2. The sick person is exempt from "normal" social roles. The sick has an exemption from normal role performance and social responsibilities because of the state of his health. Usually, in many societies the more severe the illness, the greater the exemption.
3. The sick person is not responsible for his or her condition. A sick person's illness is assumed to be beyond his or her own control.
4. The sick person should try to get well. Since being sick is an undesirable condition, the sick individual must have the desire to regain normal health.
5. The sick person should seek medical advice and cooperate with medical experts. The desire to get well by the sick person must inevitably lead to his being desirous to cooperate with the physician and other health workers.

3.2 THE INDIVIDUAL'S EXPERIENCE OF HEALTH & SUFFERING WITHIN A CULTURAL CONTEXT

The individual's formation of beliefs and practices as a process of relating to his or her own culture in coping and illness adjustment. This helps health workers to offer interventions by relating to patient's evaluation of health and illness continuum and becomes as decision-making agents in reaching effecting solution to problem. Sick role behaviour encourages health care providers to elicit patients' individual experiences in order to better counsel and getting them out of their problems.

The role of a healthcare provider is to alleviate suffering. Yet, it is difficult to address suffering if one does not understand the many factors contributing to it. Suffering is a distressing psychological condition that may be caused by physical symptoms such as pain, shortness of breath, or hunger that may later constitute psychological symptoms. It

may also be caused by nonphysical sources such as how people define quality of life, the meanings they attach to relationships, and the anxiety that uncertainty can cause in an individual or family's life. Suffering may be mitigated by someone's religious explanation for why they are experiencing an illness or their hope for the future during and after treatment. Thus, illness may be perceived as a threat for physical reasons but also for social and personal reasons. We already mentioned the role of religion, which is a personal factor strongly influenced by culture. How suffering is expressed also differs greatly from culture to culture. Some peoples place a high value on suppressing expressions of pain, for example, while others actually encourage such expressions. Norms for men and women may also differ.

In order to change people's behavior to benefit their health, one must understand the way that people think about health. For example, is health the absence of pathology, or could health be defined by a specific measure that indicates wellness, such as body habitus. What are people's attitudes and practices? How would a change impact their lives? In order to fully address suffering, it is important to attend to the social, psychological, and cultural components of people's health in addition to their bodies.

3.3 HEALTH CARE SEEKING PROCESS

The use of both orthodox and traditional medicine in seeking healthcare services in Nigeria There is a hierarchy in the pathways to healthcare in Nigeria. Many patients utilize the services of assorted traditional healers before seeking care from western-style health workers and facilities. Other general and specialist practitioners come next as care agents. These are followed by patent medicine sellers and pharmacists. In most traditional societies like Nigeria, patients tend to have greater confidence in the therapeutic skills of traditional healers than those of the western-style medical doctors and other health workers because the latter are more accessible to the ordinary man as well as the wide-spread belief in witchcraft or sorcery which these healers are believed to possess to handle all kinds of problems. It is not yet fully known the exact processes involved in

making decision to obtain medical care, however, research findings have revealed some social factors which tend to encourage or discourage a person from seeking medical care. These factors include socio-demographic variables including age and sex, ethnicity, economic status and education.

3.3.1 Psychological interventions for Illness behaviour (psychotherapy)

Psychotherapy is the professional treatment of psychological disorders through techniques designed to encourage communication of conflicts and insight. The fundamental aspect of psychotherapy is that the patient directly confronts the disorder and works with the therapist to help reduce it. Therapy includes assessing the client's issues and problems, planning a course of treatment, setting goals for change, the treatment itself, and an evaluation of the patient's progress.

Psychotherapy can be defined as any kind of treatment intervention for psychological problems or mental illness for the purpose of removing or modifying symptoms of the illness, as well as promoting well-being, character growth, and development in order to strengthen the patient's coping ability with daily life problems (APA, 2013). Psychotherapy consists of relaxation exercise, behavior modification, conditioning, guidance, counselling, psychoanalysis, reassurance, group, individual therapy or any forms of intervention in which communication is the main technique, rather than somatic treatment or chemotherapy (APA, 2013).

Basically, psychotherapy is a kind of intervention that directs the patient to recognize his behavior, to conform to a present situation and to assist in enhancing the patient to adapt to alternative ways of life.

3.3.1.2 Types of psychotherapy

a. Psychodynamic therapy is a psychological treatment based on Freudian and Neo-Freudian theories in which the therapist helps the patient explore early childhood

relationships and the unconscious dynamics of the individual. The patient's personal concerns and anxieties are discussed, and through interpretation, the therapist tries to understand the underlying unconscious problems that are causing the symptoms. The analyst may try out some interpretations on the patient and observe how he or she responds to them.

According to Shedler (2010), the current psychodynamic approach to treatment has seven distinct features:

1. Encourages exploration and discussion of the full range of a patient's emotions
2. Explores resistance, or the attempts of the patient to avoid distressing thoughts and feelings
3. Identifies recurring themes and patterns in the patient's thoughts, feelings, self-concept, relationships, and life experiences
4. Discusses past experiences, especially early experiences with attachment figures
5. Focuses on patients' relationships and interpersonal experiences
6. Focuses on the therapeutic relationship, including transference
7. Explores the patient's desires, fears, fantasies, dreams, and daydreams to gain insight into how the patient views self, others, and experiences

The patient may be asked to verbalize his or her thoughts through **free association**, in which the therapist listens while the client talks about whatever comes to mind, without any censorship or filtering. The goal of psychoanalysis is to help the patient develop **insight**; that is, an understanding of the unconscious causes of the disorder (Epstein, Stern, & Silbersweig, 2001). Unfortunately, the patient may show **resistance,** or an unconscious refusal to accept these new understandings, to avoid the painful feelings in his or her unconscious.

b. Humanistic therapy is based on the idea that people develop psychological problems when they are burdened by limits and expectations placed on them by themselves and others. The treatment emphasizes the person's capacity for self-realization and fulfillment. Humanistic therapies attempt to promote growth and responsibility by helping clients consider their own situations and the world around them and how they can work to achieve their life goals.

Carl Rogers developed **person-centered therapy also known as client-centered therapy,** which is an approach to treatment in which the client is helped to grow and develop. The therapist provides a comfortable, nonjudgmental environment. Rogers (1980) argued that therapy was most productive when the therapist created a positive relationship with the client through a therapeutic alliance. The **therapeutic alliance** is a relationship between the client and the therapist that is facilitated by several techniques.

c. Behavioral therapy is psychological treatment that is based on principles of learning. The most direct approach is through operant conditioning, which uses rewards or punishments. Reinforcement may be used to teach new skills to people, for instance, those with autism or schizophrenia (Granholm et al., 2008; Herbert et al., 2005; Scattone, 2007). If the patient has trouble dressing or grooming, then reinforcement techniques, such as providing tokens that can be exchanged for snacks, are used to reinforce appropriate behaviors such as putting on one's clothes in the morning or taking a shower at night. If the patient has trouble interacting with others, reinforcement will be used to teach the client how to more appropriately respond in public, for instance, by maintaining eye contact, smiling when appropriate, and modulating tone of voice.

As the patient practices the different techniques, the appropriate behaviors are shaped through reinforcement to allow the client to manage more complex social situations. In some cases, observational learning may also be used. The client may be asked to observe the behavior of others who are more socially skilled to acquire appropriate behaviors.

People who learn to improve their interpersonal skills through skills training may be more accepted by others, and this social support may have substantial positive effects on their emotions.

When the disorder is anxiety or a phobia, then the goal of the therapy is to reduce the negative affective responses to the feared stimulus. **Exposure therapy** is a behavioral therapy based on the classical conditioning principle of extinction, in which people are confronted with a feared stimulus with the goal of decreasing their negative emotional responses to it (Wolpe, 1973). Exposure treatment can be carried out in real situations or through imagination, and it is used in the treatment of panic disorder, agoraphobia, social phobia, OCD, and posttraumatic stress
disorder (PTSD).

d. Cognitive Therapy: While behavioral approaches focus on the actions of the patient, **cognitive therapy** is a psychological treatment that helps clients identify incorrect or distorted beliefs that are contributing to disorders. In cognitive therapy, the therapist helps the patient develop new, healthier ways of thinking about themselves and about the others around them. The idea of cognitive therapy is that changing thoughts will change emotions, and that the new emotions will then influence behavior.
The goal of cognitive therapy is not necessarily to get people to think more positively, but rather to think more accurately. For instance, a person who thinks “no one cares about me” is likely to feel rejected, isolated, and lonely. If the therapist can remind the client that the client has a mother or daughter who does care, more positive feelings will likely follow. Similarly, it may be helpful to change beliefs from: “I have to be perfect” to “No one is always perfect”; from “I am a terrible student” to “I am doing well in some of my courses,”; and from “She did that on purpose to hurt me” to “Maybe she didn’t realize how important it was to me.”

The psychiatrist Aaron Beck and the psychologist Albert Ellis together provided the basic principles of cognitive therapy. Ellis (2004) called his approach rational emotive behavior therapy (REBT) or rational emotive therapy (RET).

e. Cognitive-behavior therapy (CBT) is a structured approach to treatment that attempts to reduce psychological disorders through systematic procedures based on cognitive and behavioral principles. CBT is based on the idea that there is a link among our thoughts, our feelings, and our behavior. For instance, if we are feeling depressed, our negative thoughts ("I am doing poorly in my chemistry class") lead to negative feelings ("I feel hopeless and sad"), which then contribute to negative behaviors (lethargy, disinterest, lack of studying). When we or other people look at the negative behavior, the negative thoughts are reinforced and the cycle repeats itself (Beck, 1976). Similarly, in panic disorder a patient may misinterpret his or her feelings of anxiety as a sign of an impending physical or mental catastrophe (such as a heart attack), leading to an avoidance of a particular place or social situation. The fact that the patient is avoiding the situation reinforces the negative thoughts. Again, the thoughts, feelings, and behavior amplify and distort each other.

3.3.1.3 Effectiveness of psychotherapy

Thousands of studies have been conducted to test the effectiveness of psychotherapy, and by and large they find evidence that it works. Some outcome studies compare a group that gets treatment with another (control) group that gets no treatment. For instance, Ruwaard, Broeksteeg, Schrieken, Emmelkamp, and Lange (2010) found that patients who interacted with a therapist over a website showed more reduction in symptoms of panic disorder than did a similar group of patients who were on a waiting list but did not get therapy. Although studies such as this one control for the possibility of natural improvement, they do not control for either nonspecific treatment effects or for placebo effects. The people in the treatment group might have improved simply by being in the

therapy (nonspecific effects), or they may have improved because they expected the treatment to help them (placebo effects).

Studies that use a control group that gets no treatment, or a group that gets only a placebo, are informative, but they raise ethical questions. If the researchers believe that their treatment is going to work, why would they deprive participants in need of help the possibility for improvement by putting them in a control group? Researchers do this because when there is no control group in which to compare the improvement, they cannot state that the changes are due to the treatment. The improvement could have been due to other factors, so without a control group, any improvements caused by the treatment are difficult to interpret (Kring, Johnson, Davison, & Neale, 2016).

Some studies have not used a control group (Crits-Christoph et al., 2004). These studies compared brief sessions of psychoanalysis with longer-term psychodynamic in the treatment of anxiety disorder, humanistic therapy with psychodynamic therapy in treating depression, and cognitive therapy with drug therapy in treating anxiety (Dalgleish, 2004; Hollon, Thase, & Markowitz, 2002). These studies are advantageous because they compare the specific effects of one type of treatment with another, while allowing all patients to get treatment

Herbert et al. (2005) tested whether social skills training could boost the results received for the treatment of social anxiety disorder with cognitive-behavioral therapy (CBT) alone. As you can see in Figure 11.7, they found that people in both groups improved, but CBT coupled with social skills training showed significantly greater gains than CBT alone.

4.0 CONCLUSION

The sick person has an obligation therefore to seek health care to get relief from the illness suffering from. Even though the patient's evaluation of his state of health may be

subjective, it nevertheless becomes accepted as one of the criteria for labeling disease if the patient's symptoms conform to a recognizable clinical or psychological manner.

5.0 SUMMARY

In this unit, we have learnt the:

1. Meaning and conceptualization of the sick role;
2. Attributes of the sick role and some sociopsychology-demographic variables that affect health-seeking behaviour
3. Process of seeking care and psychotherapies.

6.0 TUTOR-MARKED ASSIGNMENTS

1. Carefully explain the concept of sick role.
2. Explain the different types of psychological invention you know
3. Briefly explain the attribute of sick role behaviour?

Answer to Self-Assessment Exercise

The attributes of sick role include that: The sick person is not responsible for his or her condition. A sick person's illness is assumed to be beyond his or her own control. The sick person should try to get well. Since being sick is an undesirable condition, the sick individual must have the desire to regain normal health.

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MODULE 3 UNHEALTHY BEHAVIOURS AND BELIEFS

UNIT 2 THE ROLE OF PSYCHOLOGY IN PREDICTING UNHEALTHY BEHAVIOURS (MIND-BODY INTERACTION)

CONTENTS

1.0 INTRODUCTION

This unit explains how some behaviours can predict unhealthy situation or illness. It examines and explain how smoking, alcohol consumption and high fat diets are related to beliefs and how beliefs about health and illness can be used to predict behaviour. Many health psychologists work specifically in the area of prevention and focus on helping people prevent health problems before they begins. There is hardly any aspect of illness and disease today which cannot be explained by one theory or the other in psychological sociology.

2.0 OBJECTIVES

At the end of this unit, you will be able to:

i. Explain how some behaviour can predict unhealthy situation and how such behaviours are related to beliefs.

ii. Health beliefs/practices and role of psychology in healthy behaviours
iii. Psychophysiological relationship (Mind-body relationship) in health and illness

3.0 MAIN CONTENT

There is hardly any aspect of illness and disease today which cannot be explained by psychological principles and theories. Psychologists play a vital role in the predicting abnormal behaviour through many perspectives, such as mind-body and body-mind relationship.

3.1 PSYCHOLOGISTS AND THE HEALTH CARE.

The services of the health care psychologist would be required in the following areas. Health psychologists are specially trained to help people deal with the psychological and emotional aspects of health and illness as well as supporting people who are chronically ill. Theories are vital and helps us understand the pattern and causes of problems as well as allowing us to identify mechanisms of health behaviour change, determine why programs succeed or fail, and, perhaps most importantly, guide us to build better prevention programs. Psychologically, theories are crucial in explaining and understanding behaviour.

Primary care

To provide important diagnostic interventions, and preventive services for the psychological problems in primary health care, illness prevention, and behavioral health promotion.

Secondary care

To give psychological assessments and diagnoses, psychological treatments, and rehabilitation. These services are provided to a variety of age groups and special groups of patients. These would include children, adolescents, adults, the elderly, and people with special needs such as those with learning disabilities, the brain-damaged, and the mentally retarded.

Tertiary care

A psychologist is a member of the treatment team caring for the psychological aspects of patients suffering from acute and chronic life-threatening diseases such as cancer, respiratory and renal disease. In addition, the role of clinical neuropsychologist in the identification, assessment, patient care and cognitive rehabilitation of brain-damaged patients is increasing.

3.1.2 The role of psychologists in healthcare, hospitals and other health centers

Psychologists in hospitals and other health care facilities may work independently, or as a part of a team. First as clinical psychologists, they are mental health providers and usually render service through mental health units and psychiatric hospitals. Second, as health or medical psychologists, they are behavioral health providers and deal with the behavioral dimensions of the physical health and illness. They provide the clinical and health services to both inpatient and outpatient units as well as to patients who function independently and to those new patients who need evaluation. The American Board of Clinical Psychology as a training body states that the services provided by psychologists typically include: diagnosis and assessment, intervention and treatment, consultation with professionals and others, program development, supervision, administration, psychological services and evaluation and planning of these services and teaching and research and contributing to the knowledge of all of these areas.

1. Assessment

One of the core roles of psychologists in hospitals and primary health care is clinical assessment. They use psychological tests and measurements for specific purposes. For instance, to assess current functioning in order to make diagnoses (e.g., confirmation or refutation the clinical impression and differential diagnosis of the abnormal behavior such as depression, psychosis, personality disorders, dementia etc. and non-psychiatric issues e.g. relationship conflicts, compliance, learning differences, educational potential, career interest etc.); identify the treatment needs, assign appropriate treatment and give prognosis, monitor treatment over time, and ascertain risk management.

To achieve these purposes, psychologists use psychometric tests, which are standardized and validated tools to assess a wide range of functions including intelligence, personality, cognitive neuropsychology, motivations, aptitudes, health behavior, and intensity of mental health problems etc. The tests used include behavioral assessment and observation encompassing the rating scales; intellectual assessments, e.g., IQ tests; neuropsychological tests e.g., Halstead Reitan tests; personality scales (objective and projective tests); diagnostic interviews (structured and semi-structured); psychophysiological and bio-behavioral monitoring e.g. biofeedback; mental status examination; forensic assessments; psycho-educational measurements and vocational tests.

Professional psychologists are the only mental and physical health professionals who have the legal right to use, administer, and interpret the psychological assessments.

2. Treatment

A major activity engaged in by psychologists in delivering health care is intervention or treatment, providing a wide variety of clinical interventions for individuals, groups, couples, and families with physical and mental health problems. These interventions are directed at preventing, treating, and correcting emotional conflicts, personality disturbances, psychopathology, and the skill deficits underlying human distress and dysfunction. They provide a variety of psychological interventions such as cognitive

behavior therapy; behavioral modification; family and couple therapy; biofeedback; rehabilitation; group psychotherapy; psychoanalysis; client-centered therapy; pain management; neuropsychological rehabilitation; interpersonal psychotherapy etc.

Research has indicated that less than 25% of physical complaints presented to physicians have known or demonstrative organic or biological signs and that a substantial number of physical or medical symptoms presented by patients are unexplained medically (functional symptoms) that respond well to the psychological intervention. Therefore, psychological interventions are effective and cost-effective for the improvement of physical and mental health and the quality of life.

3. Consultations

Many psychologists provide psychological consultation for health care professionals, businesspersons, schools, organizations, communities etc. For example, a psychologist may help a physician to better manage noncompliance with unpleasant medical procedure. A businessman may consult a psychologist to help reduce conflicts among workers or provide stress management. Psychologists' consultation might include assessment, teaching, research, and therapy.

4. Administrative Privileges

As experts in human behavior, psychologists are considered as efficient and competent administrators. Because the understanding of human behavior in social contexts is considered the backbone of management, therefore psychologists find themselves in administrative positions in hospitals and other residential treatment settings. Clinicians from psychology serve as chairpersons of departments, units, or divisions in hospitals e.g. neuropsychology, mental health, rehabilitation, and occupational health. They could be directors of graduate training programs in mental health, student counseling-psychological centers, hospital outpatient departments, and directors of hospitals. Moreover, they participate in assigned committees and are active members of their

departments. In administration, psychologists manage budgets, lead multidisciplinary professional and support staff; they develop policies and procedures for planning and personnel issues etc. Finally, they participate and contribute to all quality management activities of hospitals and other care settings.

5. Teaching and Training

A considerable portion of the time of many psychologists who work in medical settings is spent in academic activities (teaching and training). They teach all courses of psychology, human behavior and behavioral sciences included in the curricula of undergraduate and postgraduate medical, dental, nursing and other allied health professionals as well as psychology students, interns and residents, and train health professionals.

6. Research and Supervision

With their training and qualifications, clinical and health psychologists are research-oriented. Examples of their research activities include; (a) the development and standardization of clinical tools for diagnostic assessment tests and examination of their reliability and validity; (b) adapting and testing the efficacy of both psychological and biological interventions to promote health and overcome disorders; (c) studies to reveal the cultural and cross-cultural aspects of psychological abnormalities; (d) ascertaining the impact of both positive and negative human behavior on the physical health; and (e) supervising projects, thesis and dissertations of candidates whose researches have psychological components.

3.2 HEALTH BELIEFS AND PRACTICES

The health of a community depends and predicted on people's ideas about illness and treatment. The cultural beliefs of a community shape healthcare practices and local ideas about illness. To some extent, any health intervention for community members must be made sensible in the context of local beliefs & practices. Understanding the beliefs &

customs of a community humanizes differences between groups of people and acknowledges psychological and cultural biases for patients, practitioners, and health officials in power. Aiming to reveal how social inequality limits health and predicts illness behaviour as well as delay in healthcare seeking worsened health condition.

Beliefs and culture are excessively important in the health problems of patients so as the important role of political and economic forces in maintaining a community's health practices. A "cultural belief" is often an oversimplification and overgeneralization. There is a great deal of variation in beliefs amongst members of a culture, but it can be misleading to condense this variability into the most commonly expressed ideas and call this a cultural norm. These overgeneralizations may perpetuate stereotypes and inequalities and may also be misrepresent the culture as "backward." This kind of focus can give weapon to political leaders and allow them to "blame the victims" and not assist underserved populations in overcoming health problems.

In addition, although culture is valued for itself, individuals within a culture are also capable of learning from new evidence. For example, a patient can be swayed to try a new medication or health care even though he has no cultural reference for that drug if a provider explains that the new drug has worked well for the majority of her patients or that research studies have convincingly demonstrated the drug's efficacy. Too much emphasis on psychological beliefs of the patient may cause a health worker to relate solely to a patient's beliefs and underestimate the effectiveness of discussing the medical and psychological care evidence.

3.2.1 Role of psychology in health behaviours

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

treatment of illness and related dysfunction. Health psychology again challenges the mind–body split by suggesting a role for the mind in both the cause and treatment of illness.

Health psychologists are specially trained to help people deal with the psychological and emotional aspects of health and illness as well as supporting people who are chronically ill. They promote healthier lifestyles and try to find ways to encourage people to improve their health. More also, the role of psychology toward health is mainly for research to identify the extent, causes, and solutions to low health literacy and poor health actions to aid in the development, implementation, and evaluation of school programs. Psychologists specializing in the psychosocial aspects of behaviour can provide insights into health behaviour change and development using theoretical evidence-based models designed to improve actions and prevent detrimental behaviours. Von Wagner et al. (2009) provide health psychologists with insight into how health literacy can improve wellness (e.g. health actions) by applying theoretical health behaviour frameworks into effective interventions. For example, the biopsychosocial process model is a comprehensive theory of health behaviour development (Lammle, Worth, & Bos, 2011)

The importance of understanding individuals' ideas of health and illness for health behaviour, health care, health prevention and promotion has been emphasized. Psychology of health is an important emerging field which can strongly contribute to help health professionals enlarge their own concepts of health, conceive man in its totality, and construct a culture of health promotion. In addition to individuals' health concepts, psychological variables and emotions have an impact on their engagement in healthy related behaviour.

Another relevant task of health psychology is to uncover the major psychological correlates of one's adherence to health promoting and health-impairing lifestyles. Prevention of a great number of fatal diseases is within the human's control, desirable

actions towards personal health are even given more emphases. Secondary prevention has limited benefits, primary prevention, through the promotion of healthy behaviours, shows promising results in improving the health of populations, and, therefore, should be the major goal of
health policies.

3.2.2 Disease theories

The concepts of health, disease and illness, generally speaking, are amplified by the belief of a people. The followings theories attempt to explain disease from different perspectives.

1. Psychodynamic theory

This theory is about an appraisal of the contribution of psychiatrists and psychologists in the understanding of the aetiology of mental disorder. Sigmund Freud (1914) was the psychoanalyst who propounded a theory to explain the role of psychology in the aetiology of mental diseases by analysing the unconscious drives in human-beings. Although the theory has generated a lot of controversies for many reasons, it has stimulated several other psychological explanations especially as it relates to mental illness.

2. Culture-Bound Theory of Disease

This theory highlights the interplay between culture and disease. Today it is known that many culture-bound syndromes and conditions can be managed more effectively through an informed knowledge of their cultural contexts and the patients' background. It is reported that Lambo (1955) of Nigeria and Yap (1951) of Hong Kong did some tremendous works among their peoples on the cultural dimension of health and ill-health. According to the scholar's health and disease are, to a great extent, determined by culture in Africa. The incidence of disease is therefore usually attributed to witch-craft, sorcery and mystical forces.

3. Socio-environmental Theory of Disease

The social factors such as income, education, occupation and environmental cushions within which man lives and functions can, to a large extent, account for the aetiology of health and disease. Behavioural patterns can also determine health and illness.

4. Medical Model of Disease

This model argues that disease is a function of biological discontinuity, and such a discontinuity can be linked to the malfunctioning of a part of the human organism. Disequilibrium in a human organism can occur if a part of an organism fails to perform its function effectively and efficiently. There are several biomedical techniques for ascertaining which parts of a human organism may not be functioning effectively. The medical model finds explanation for the etiology of many diseases like malaria, pneumonia and Guinea worm infection. Others include sickle cell anaemia, tuberculosis, cancer, organic mental disorder, etc.

3.2.3 Psychological importance of theories in health behaviour change

Theories are vital in understanding, explaining, describing and predicting health behaviour and change process. Below are some of the psychological importance of theories in health behaviour change:

1. Health psychology draws upon a range of psychological perspectives for its theories. For example, it uses learning theory with its emphasis on associations and modelling, social cognition theories with their emphasis on beliefs and attitudes, stage theories with their focus on change and progression, decision-making theory highlighting a cost–benefit analysis and the role of hypothesis testing and physiological theories with their interest in biological processes and their links with health.

2. Further, psychologists utilize many key psychological concepts such as stereotyping, self-identity, risk perception, self-efficacy and addiction. These

theories explain and explores how they have been used to explain health status and health-related behaviours. Some of these theories have been used across all aspects of health psychology such as social cognition models, stage theories and the self-regulation model. In contrast, other theories and constructs have tended to be used to study specific behaviours. However, as cross-fertilization is often the making of good research, many of these theories could also be applied to other areas.

3. The use of psychological basis and behavioral social sciences to achieve the goals of health promotion has had a long tradition in public health and a strong base in theory and practice. Health promotion, sickness or illness prevention can benefit from this legacy.

4. Translating health behavior theories and models into action programs is essential for sickness prevention. A health promotion approach is particularly useful for sickness prevention because it specifically facilitates both behavioral and environmental change. Health promotion includes "the combination of educational and environmental supports for actions and conditions of living conducive to health"

5. Theory as a set of interrelated propositions including concepts that describe, explain, or predict a phenomenon. of interest, in this case, is human behavior, specifically illness and injury-related behavior (e.g., risk behavior, safety practices), helps in promotion of health and prevention of illness

6. Theories are important not simply because they help us understand causes of problems but because they also allow us to identify mechanisms of change, determine why programs succeed or fail, and, perhaps most importantly, guide us to build better prevention programs.

7. Selection of the most appropriate theory is situation-specific and depends on the specific audience (health needs), the setting, and the characteristics of the behavior to be changed.

8. The complexity of health, illness and injury problems demands complementary rather than competitive prevention strategies. Integration of holistic theories and knowledge about behavioral science into the mainstream of sickness prevention research and practice will help health care givers to avoid the false contradiction between active strategies and passive strategies in health promotion and illness reduction

3.3 INFLUENCE OF PSYCHOSOCIAL FACTORS IN HEALTH AND DISEASE

The interaction between psychology and physiology factors in predicting unhealthy behaviour is obvious. For example: The experience of stress relates to appraisal, coping and social support. Stress leads to physiological changes which can trigger or exacerbate illness. Pain perception which is a physiological activity can be exacerbated by anxiety and reduced by distraction. Fear on the other hand, and lack of concentration may predispose depression.

3.4 Psychophysiological relationship (Mind-body relationship) in health and illness

1. Psychology studies human behaviour, which involves both the body and the mind. They are interrelated and interact upon each other.
2. Body and the mind are two aspect of living, dynamic and adjusting personality. Mind is regarded as the function of the body; it does not exist apart from the body; it is a sum total of the various mental processes, such as observing, reasoning, knowing, thinking, feeling, imagining, remembering, judging etc. Mind also grows as the body grows as well.

3. Body is represented by the physical state and bodily functions. Our nervous system and glands, which are important part of our body are responsible for our way of thinking, doing and feeling.
4. All behaviours have an anatomical and physiological basis. Physiological structures, body fluid, mechanical and chemical events, all influencing both our overt behaviour and our feelings and experiences. Our mental functions like strong like feeling, attitude, emotion, motives, thinking etc. influence our bodily activities responses.
5. Emotions are combination of the bodily responses and mental processes. Body provides energy to fight or cope; mind contributes to the understanding, to offer and explanation for ones owns actions of others. Just as the body produces epinephrine to fight danger, the mind helps to decide, whether it is needed or not.

3.4.1 Effects of bodily conditions on mental functioning

1. Increase blood pressure causes mental excitement.
2. Severe pain reduces the concentration level
3. Chronic illness causes depression
4. Malfunctioning of the endocrines glands mar exert full influence on one's personality, resulting in lethargy, nervous tension etc.
5. Physical fatigue affects our mood and reduces our concentration, motivation and interest
6. Brain injury affects many psychological functions. At the same time well, developed brain leads to the development of better intellectual function.

3.4.2 Effects of mental conditions on bodily functioning

1. Unpleasant emotions like fear, anger and worry cause irritability, insomnia, headache etc. Mental processes are intimately connected to brain or cortical processes, e.g. depression affects thinking and memory.
2. Emotional conflicts are responsible peptic ulcer, ulcerative colitis, etc.

3. Deep thinking and concentration can cause physical strain
4. Repressed feeling of hostility and aggression are expressed through the nervous system and cause hypertension and cardiac diseases. Repressed feelings of dependency, wish to receive live, affect parasympathetic nervous system resulting in gastro intestinal disorders or respiratory disorders.

We can see that relationship between body and the mind has an effect on health and illness. If the relationship is harmonious, it leads to health, while an adverse relationship leads to unhealthy condition or illness. If all the body and the mental processes are working within normal range, the individual will have good health. Disruption in any of the processes will lead to unhealthy or illness.

4.0 CONCLUSION

It is obvious that some behaviours like smoking, Fear, indiscriminating eating and lack of exercise can lead to unhealthy or illness. Beliefs, culture and practices also have influence on the state of health and illness of an individual.

5.0 SUMMARY

There is interaction between the psychological and physiological factors in the formation of unhealthy behaviours. Psychology as focuses on behaviour has a vital role in health and illness. The beliefs, culture and practices influence the health of the individual and the public. It is also understood that relationship between body and the mind has an effect on health and illness. If the relationship is harmonious, it leads to health, while an adverse relationship leads to unhealthy condition or illness.

6.0 TUTOR-MARKED ASSIGNMENTS

1. Explain the role of psychology, beliefs and practices in predicting unhealthy behaviour.

2. Identify and explain the psychological importance of theories in understanding behaviour change.
3. What are the effects of mental conditions on bodily functioning?

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MODULE 3 UNHEALTHY BEHAVIOURS AND BELIEFS

UNIT 3 CHANGING BELIEFS AND BEHAVIOUR IN PREVENTING ILLNESS ONSET

CONTENTS

1.0 INTRODUCTION

This unit explains the role of psychology in the promotion of healthy behaviour and prevention of illness. It examines the utilization of community and public health campaign in healthy behaviour and disease prevention. Behavioural changes are not easy to occur to some extent and several attempts and model to explain why behaviours change is difficult. Whereas models of behavior are more diagnostic and geared towards understanding the psychological factors that explain or predict a specific behavior, theories of change are more process-oriented and generally aimed at changing a given behavior.

2.0 OBJECTIVES

At the end of this unit, you will be able to:

i. Understanding the role of psychology in the experience of illness
ii. Behavioural interventions during illness
iii. Modifying the psychological consequences of illness in reducing illness
iv. Explaining the need for healthcare utilization
v. Knowing the different types of health services
vi. Understanding enabling factors in the utilization of health services.
vii. Explain behaviour change communication
viii. Understand why behaviour change is hard
ix. Identify some behaviour strategies

3.0 MAIN CONTENT

The use of psychological basis and behavioral social sciences to achieve the goals of health promotion has had a long tradition in public health and a strong base in theory and practice. A health promotion approach is particularly useful for illness prevention because it specifically facilitates both behavioral and environmental change. Health promotion includes "the combination of health educational and environmental supports for actions and conditions of living conducive to health. Behavior change researchers tend to emphasis on a little behavioural change models in the early 80s. These models share a major commonality in defining individual actions as the locus of change. Behavior change programs that are usually focused on activities that help a person or a community to reflect upon their risk behaviors and change them to reduce their risk and vulnerability are known as interventions

3.1 ROLE OF PSYCHOLOGY IN HEALTH PROMOTION AND PREVENTION OF ILLNESS

1. For example, understanding and utilization of the followings psychological vies or points promote health and prevent illness:
2. Understanding the role of psychology in the experience of illness
3. Understanding the psychological consequences of illness could help to alleviate symptoms such as pain, nausea and vomiting.
4. Understanding the psychological consequences of illness could help alleviate psychological symptoms such as anxiety and depression.
5. Changing beliefs and behaviour could prevent illness onset.
6. Modifying stress could reduce the risk of a heart attack.
7. Behavioural interventions during illness (e.g. stopping smoking after a heart attack) may prevent further illness.
8. Training health professionals to improve their communication skills and to carry out interventions may help to prevent illness.

3.2 UTILIZATION OF HEALTH CARE SERVICES

Several factors including cultural, social, gender, economic and geographic are predisposing factors in the utilization of health services. The need for utilizing health services is borne out of the assumption that only special institutions charged with the responsibility of providing healthcare can provide relevant therapeutic services to people who have health problems.

The decision to utilize health services depends on include the visibility and recognition of symptoms; the extent to which the symptoms are perceived as dangerous; the amount of tolerance for the symptoms; and the basic needs that lead to denial.

Health services can be categorized into two: preventive and curative. Preventive health services are services aimed at hindering or reducing the occurrence of disease or illness. This kind of health service falls under health behaviour. Curative health services on the

other hands, are services aimed at curing or healing or making the patient sound or healthy again. This can be both illness behaviour and sick role behaviour

Some factors are responsible for preventive Health Services like level of perceived need; orientation and motivation to medical treatment; attitudes toward the medical and health delivery system; and level of education.

3.3 COMMUNITY AND PUBLIC CAMPAIGN IN HEALTH PROMOTION

Public health advocates for improved population-based health. It is a discipline that utilizes biostatistics to describe disease trends and then looks at social and environmental factors to understand disease patterns, improve community health, manage communicable diseases, improve environmental conditions related to health, and create health policy. Public health emphasizes disease prevention.

The WHO designates four major categories of public health work:

1. Improve quality of life
2. Increase life expectancy
3. Decrease maternal and child mortality
4. Eliminate or control many communicable diseases such as polio and smallpox

3.4 DIFFICULTY IN BEHAVAVIOURAL CHANGE

3.4.1 Behaviour Change Communication (BCC)

Behaviour change communication, or BCC, is an approach to behavior change focused on communication. It is also known as social and behavior change communication, or SBCC. The assumptions are that through communication of some kind, individuals and communities can somehow be persuaded to behave in ways that will make their lives safer and healthier. BCC was first employed in HIV and TB prevention projects. More recently, its ambit has grown to encompass any communication activity whose goal is to help individuals and communities select and practice behavior that will positively impact

their health, such as immunization, cervical cancer checkup, employing single-use syringes, etc.

3.4.2 Why behaviour change is difficult

Research has produced several models that help account for success and failure and explain why making healthy changes can take so long. The one most widely applied and tested in health settings is the trans theoretical model (TTM). The model assumes that at any given time, a person is in one of five stages of change: pre-contemplation, contemplation, preparation, action, or maintenance.

The idea is that each stage is a preparation for the following one, so you mustn't hurry through or skip stages. Also, different approaches and strategies (called "processes of change" in the TTM model) are needed at different stages. For example, a smoker who's at the pre-contemplation stage — that is, not even thinking about quitting — probably isn't ready to make a list of alternatives to smoking.

Most of the evidence for this model comes from studies of alcohol use, drug abuse, and smoking cessation, but it's also been applied to other health-related behaviors, including exercise and dieting. Clinicians and health educators use TTM to counsel patients, but you don't need to be an expert; anyone motivated to change can use this model. Here is a description of the stages of change and some ideas about how people move through them:

1. Pre-contemplation. At this stage, you have no conscious intention of making a change, whether it's because you lack awareness or information ("Overweight in my family is genetic; it's just the way we are") or because you've failed in the past and feel demoralized ("I've tried so many times to lose weight; it's hopeless"). People in this stage tend to avoid reading, talking, or thinking about the unhealthy behavior, but their awareness and interest may be sparked by outside influences, such as public information campaigns, stories in the media, illnesses, or concern from a clinician, friend, or family

member. To move past precontemplation, you need to sense that the unhealthy behavior is blocking your access to important personal goals, such as being healthy enough to travel or enjoy children or grandchildren.

2. Contemplation. In some programs and studies that employ TTM, people who say they're considering a change in the next six months are classified as contemplators. In reality, people often vacillate for much longer than that. At this stage, you're aware that the behavior is a problem, but you still haven't made a commitment to take action. Ambivalence may lead you to weigh and re-weigh the benefits and costs: "If I stop smoking, I'll lose that hacking cough, but I know I'll gain weight," or "I know smoking could give me lung cancer, but it helps me relax; if I quit, the stress could kill me, too!"

Health educators have several ways of helping people move on to the next stage. One strategy is to make a list of the pros and cons, then examine the barriers (the cons) and think about how to overcome them. For example, many women find it difficult to get regular exercise because it's inconvenient or they have too little time. If finding a 30-minute block of time to exercise is a barrier, how about two 15-minute sessions? Could someone else cook dinner so you can take a walk after work? If you feel too self-conscious to take an exercise class, what about using an exercise video at home?

3. Preparation. At this stage, you know you must change, believe you can, and are making plans to do so soon. You've taken some initial steps may perhaps joined a health club, bought a supply of nicotine patches, or added a calorie-counting book to the kitchen shelf. At this stage, it's important to anticipate obstacles. If you're preparing to cut down on alcohol, for example, be aware of situations that provoke unhealthy drinking, and plan ways around them. If work stress triggers end-of-day drinking, plan to take a walk when you get home. If preparing dinner makes you want a drink, plan to have seltzer water instead of wine.

Meanwhile, create an action plan with realistic goals. If you've been sedentary and want to exercise more, you might start with a goal of avoiding the elevator for two-, three-, or

four-floor trips. Or plan to walk 15 minutes every day. Then you can work your way up to more ambitious goals.

4. Action. At this stage, you've changed — stopped smoking, for example (according to Prochaska, merely cutting down would not be "action" but preparation for action) — and you've begun to face the challenges of life without the old behavior. You'll need to practice the alternatives you identified during the preparation stage. For example, if stress tempts you to eat, you can use healthy coping strategies such as yoga, deep breathing, or exercise. At this stage, it's important to be clear about your motivation; if necessary, write down your reasons for making the change and read them every day. Engage in positive "self-talk" to bolster your resolve. Get support. Let others who care about you know that you're making a change.

5. Maintenance. Once you've practiced the new behavior for six months, you're in the maintenance stage. Now your focus shifts to integrating the change into your life and preventing relapse. That may require other changes, especially avoiding situations or triggers associated with the old habit. It can be tough, especially if it means steering clear of certain activities or friends.

Research has shown that you will rarely progress through the stages of change in a straightforward, linear way. Relapse and recycling are common, though you usually don't go back to square one. The spiral model suggests that relapses provide opportunities to learn what didn't work and make different plans for the next "round." It can take a few rounds

The path between stages is rarely straightforward. Most people relapse at some point and recycle through one or more stages for example, if you relapse during the maintenance stage, you may find yourself back at the contemplation or preparation stage. One study found that smokers cycled through the "action" stage three or four times, on average, before they succeeded in quitting.

Relapse is common, perhaps even inevitable. You should regard it as an integral part of the process. Think of it this way: you learn something about yourself each time you relapse. Maybe the strategy you adopted didn't fit into your life or suit your priorities. Next time, you can use what you learned, make adjustments, and be a little ahead of the game as you continue on the path to change.

3.4.3 List of behaviour strategies

1. Goal oriented technique for eliciting and strengthening intrinsic motivation for change.
2. Behavioral contract
3. Intent formation, making a commitment, being ready to change. (usually written)
4. Knowledge
5. Educational information through behavior, consequences and benefits, getting help, acquisition of skills.
6. Behavioral capabilities
7. Skill development through practice, modeling, imitation, reenacting, rehearsing.
8. Choices
9. Building autonomy and intrinsic motivation through relevance, interests and control
10. Graded tasks
11. Planning ahead
12. Anticipate barriers
13. Problem solving
14. Self-reporting
15. Self-adjustment
16. Rewards
17. Stimulus control
18. Social support

4.0 CONCLUSION

Several factors have been identified as major determinants of healthcare services utilization. Among these factors, it is instructive to note that the gender factors are very crucial to the subject under review. Women patients in most of the developing countries prefer to be examined only by female physicians when they are sick. Women with formal education are more likely to assume responsibility and seek medical help for themselves and their children during ill-health than those of them with little or no formal western education. Family income has also been identified as an important determinant of healthcare services utilization.

5.0 SUMMARY

In this unit, we have learnt of the:

1. Role of psychology in health promotion and prevention of illness
2. Need for healthcare utilization and types of health services
3. Gender, income and educational level as factors affecting utilization of health services.

6.0 TUTOR-MARKED ASSIGNMENTS

1. Describe health services known to you in your area
2. Explain why behavioural change is difficult?
3. Using trans theoretical model, describe the stages of change and how people move through the changes in behaviour

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