

Health Psychology - Sem III - QP Code 54741

Q1

A) Give definition of health psychology. Explain how the field of psychosomatic medicine influenced our understanding of mind and body relationship (10)

Definition of HP (04)

HP concerned with all aspects of health and illness across the lifespan.

- Health Promotion and maintenance
- Prevention & treatment of illness
- Focus on etiology
- 4. Health care system & formulation of health policy

Psychosomatic Medicine (06)

- Dunbar and Alexander – personality and illness – conflicts produce anxiety which takes physiological toll on the body via ANS and continuous physiological changes eventually produce an actual organic disturbance.
- Field of Psychosomatic Medicine emerged – set of diseases caused by psychological factors – laid the groundwork for a profound change in beliefs about the relation of mind and body.

B) How did changing patterns of illness and advances in technology and research influenced health psychology (10)

- **Changing patterns of illness (05)** – from acute illnesses to chronic illnesses. Chronic illnesses –

psychological and social factors are implicated as causes, people live with chronic illnesses live for many years – so psychological issues arise, people seek unconventional therapies

- **Advances in technology and Research (05)** – genes contributing to many diseases uncovered, carrier of illness can be identified, certain treatments that prolong life may also severely compromise QOL– how do we use this knowledge. How to make decisions. Need for counseling - health psychologist can help - Eg gene for breast cancer. Fetus with life threatening illnesses can be tested.

C) Write a detailed note on socio-economic status (SES) and health disparities (10)

- Need for social change along with individual change.
- Case of USA
- Large number of people without health insurance – health care for most people is financed by for-profit, minimally regulated private insurance companies.
- Those born into lower SES – intense stressors
- Those with higher SES and educational attainment- many psychosocial resources
- Risk factors with low SES – alcohol consumption, high level of lipids, obesity, tobacco use, less psychosocial resources
- Majority of diseases show an SES gradient.
- Racial differences in health too.
- Enormous SES and ethnic differences in the delivery of medical treatment as well

Q2

A) Which are the various barriers to modifying poor health behaviors? (10)

1. Know less about how poor health habits develop
2. Little incentive for good health behaviors
3. Emotional factors
4. Instability of health behaviors

B) Explain Health Belief Model (10)

- The most influential attitude theory of why people practice health behavior.
- Hochbaum 1958; Rosenstock, 1966
- 2 factors imp - Perceived Health Threat and Perceived Threat Reduction
- Perceived health threat influenced by general health values, specific beliefs about vulnerability, beliefs about severity of the disorder.
- Perceived Threat Reduction is influenced by belief that specific measure can be effective and belief that benefits exceed the cost.

C) Discuss the role of classical conditioning, operant conditioning and modeling in health behavior modification (10)

- **Classical Conditioning** - treatment of alcoholism (03)
- **Operant Conditioning** - use of reinforcement - reinforcement schedule (3.5)

- **Modeling** – observation and subsequent modeling – principle of similarity imp – implicit in self-help programs – useful for reducing anxiety (3.5)

Q3

A) Explain how psychological appraisals are important determinants of experience of stress (10)

- **Primary appraisal (04)** – event –positive, negative or neutral. Harm, threat, challenge.
- **Secondary appraisal (04)**- assessment of coping abilities and resources.
- **Diagram (02)**

B) which are the dimensions of stressful events? (10)

- Negative events (2.5)
- Uncontrollable events (2.5)
- ambiguous events (2.5)
- overload (2.5)

C) Discuss overload and lack of control as important stressors at workplace (10)

- **Overload (04)** – too long and too hard and too many tasks, practice poor health habits, sustain more health risks – chronic neuroendocrine activation and cardiovascular activation contributes to cardiovascular disease – Mondays and weekday are more stressful – altered cortisol level is the risk – Japan and karoshi – overload is objective and subjective experience.

- **Lack of Control (04)** - linked with high catecholamine secretion, job dissatisfaction, absenteeism, development of CHD – Karasek et al (1981) – model of job strain – high demand, low decision latitude and low support – risk for CAD
- Broad array of **processes implicated as mechanism through which stress contribute to disease (02)**

Q4

A) What is the significance of pain? How is pain measured? (10)

- Pain hurts, critical for survival, minor adjustments, complicates illness, medically and psychologically significant, prevalence and cost (05)
- Measuring pain – verbal reports, methodological tools from neuroscience, pain behaviours (05)

B) Explain biofeedback and hypnosis as methods of pain control (10)

Biofeedback (05) – method of achieving control over a bodily process. Used to treat health problems and stress. Pain control technique too. Providing biophysiological feedback which is used by patient to change the bodily process. Through trial and error and feedback, the patient learns. Operant learning process. Used to treat headaches, Raynaud's disease, hypertension and pelvic pain

Hypnosis (05) - oldest technique, induces relaxation, trance state, distraction, suggestion and pain killers all work. Study on irritable bowel syndrome.

C) which are the various factors that influence placebo effect? (10)

- Provider behavior (02)
- patient's characteristics (02)
- Patient-provider communication (02)
- Situational determinants (02)
- Social norms (02)

Q5

A) Discuss management of serious illness as one of the challenges for the future for health psychology (10)

- **QOL Assessment (2.5)** – cost-effective interventions to improve QOL. Initial assessment in acute period imp. Then regular needs assessment. N to identify potential problems such as anx and depression. Important to improve psychological functioning.
- **Pain Management (2.5)** – shift in favor of CBT methods – shift in responsibility for pain control to co-management between patient and practitioner. Development of pain management programme. Health psychologists need to get

involved in ongoing controversies that surround alternative medicine

- **Terminal Care (2.5)**– changes in attitude towards terminal illness. More attention to needs of the terminally ill and gaps in psychological care – care of HIV and AIDS patients – ethical issues becoming important.
- **The Aging Population (2.5)** – challenge for health psychologists. Living situations, economic resources, ability to seek treatment, monitoring of care in residential settings. Higher incidence of chronic conditions – prevention should be the focus too.

B) write a detailed note on “Intervening with Children and Adolescence” (10)

- **Socialization (2.5)**
- **Using teachable moments (2.5)**
- **Closing the window of vulnerability (2.5)**
- **Adolescent health behavior and adult health (2.5)**

C) Explain anticipating stress and aftereffects of stress (10)

- **Anticipating stress (03)** - Anticipation of stressor – stressful. Study with medical students – anticipation of stressful event taxed cardiovascular system
- **Aftereffects of stress (07)**
- Impact on both social and cognitive aspects
- Study on helping behavior

- Prolonged activation of Physiological stress response, psychological worry process
- Football fans, PTSD

D) What are pain management progrms? How can they help control Pain? (10)

- **Introduction (01)** - coordinated form of treatment,, interdisciplinary efforts
- **Initial evaluation (02)** Qualitative and quantitative assessment. How patients coped so far. Formal evaluation of psychological distress, illness behaviour, and psychosocial impairment. Assessing stages of readiness.
- **Individualized treatment (01)** - structured and time limited. Specific goals. self-management approach.
- **Components (03)** -patient education, discussions of medications, assertiveness or social skills training, dealing with sleep disturbance, depression, relaxation skills and distraction, weight management and nutrition, exercises, group therapy
- **Involvement of Family (01)**
- **Relapse prevention (01)**
- **Evaluation (01)**