Health Psychology: Where Psychology, Biology, and Social Factors Intersect

Powerful Links Between Psychology and Health

Health psychology, although relatively new compared with specialties such as clinical, developmental, and social psychology, is an established, vital, and growing field of central importance to the nation's health. The primary aims of the field are to identify the links between the way people think, feel, and behave and their physical well-being, and to improve health with psychosocial interventions. To do so promises to have an impact on the major diseases of modern life (Taylor, 1990).

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In 1991, the United States Department of Health and Human Services released *Healthy People 2000*. This report contained specific health objectives for the United States to be reached by the year 2000. To attain the objectives set out in the report, the nation must "depend heavily on changes in human behavior" (p. 8). The central role of behavior in health is clear when one examines the leading causes of death (Table 1). The role of individual behaviors such as diet, exercise, smoking, alcohol consumption, breast self-examination, and PAP testing, the use of sunscreens and seat belts, and psychological processes such as stress and coping contribute in significant ways to each of the top 10 causes of death.

The magnitude of benefit from behavior change is staggering. If every smoker in the United States quit, there would be a 25% reduction in cancer deaths and 350,000 fewer fatal heart attacks each year. A 10% weight loss in middle-aged men would lead to a 20% decrease in coronary heart disease and would have a significant impact on diabetes, stroke, and some cancers.

An abundant literature shows that human behavior is associated with the etiology of disease and recovery from disease. This itself is not novel or surprising, but consider the following research findings as examples of the strength of this association:

1. To test whether inhibiting thoughts, feelings, and behaviors is associated with disease, Pennebaker, Kiecolt-Glaser, and Glaser (1988) had 50 healthy subjects write for 4 consecutive days about either traumatic or superficial topics. Compared with subjects who wrote about superficial topics, subjects who wrote about traumatic events had improved cellular immune system function and fewer health center visits.

2. Whether a person is depressed after having a heart attack is as strong a predictor of mortality 6 months later as is a history of previous heart attacks and the extent of physical damage from the heart attack itself (Frasure-Smith, Lesperance, & Talajic, 1993).

3. Ornish et al. (1990) randomly assigned men with severe coronary artery disease to receive their usual medical care or an intensive lifestyle intervention program involving a low-fat vegetarian diet, moderate aerobic exercise, smoking cessation, and stress management. The men in the lifestyle intervention group showed greater drops in overall cholesterol and low density lipoprotein cholesterol and had a 91% reduction in the frequency of angina (compared with a 165% increase in a control group). Most impressive, however, are data on measures of blockage in the coronary arteries. The average diameter of blockages decreased in the lifestyle subjects and increased in the controls.

4. Friedman et al. (1986) reported a significant reduction in the recurrence of heart attacks in men who received a program designed to reduce Type A behavior.

5. Phillips, Ruth, and Wagner (1993) documented a profound effect of beliefs on health. They examined deaths in 28,169 Chinese-Americans compared with 412,632 randomly selected controls listed as "White" on death certificates. Chinese-Americans, but not Whites, died significantly earlier than usual when their disease and birth year combined in a way that Chinese astrology and medicine consider ill fated. The effect was particularly strong among individuals most strongly attached to Chinese traditions.

### Definition of Health Psychology

A number of terms have been used over the years to connote the association of psychology with health. One of the first was *psychosomatic medicine*. This term and the field with the same name were born from the supposition that people could make themselves sick, or more consistent with popular understanding of the term "psychosomatic," people could suffer from a number of maladies for which there are not
always discernable physical causes. Examples are headache, irritable bowel syndrome, and chronic pain.

Health psychology is a more recent term. Various definitions have been proposed, the core features of which are nearly identical. Two prominent definitions are those of Matarazzo and Taylor:

Health psychology is the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, the identification of etiological and diagnostic correlates of health, illness, and related dysfunction, and the improvement of the health care system and health policy formation. (Matarazzo, 1980, p. 815)

Health psychology is the field within psychology devoted to understanding psychological influences on how people stay healthy, why they become ill, and how they respond when they do get ill. (Taylor, 1995, p. 3)

Another term used to describe the study of health and behavior is behavioral medicine. As described below in our discussion of the history of the field, behavioral medicine predates health psychology:

Behavioral medicine is the interdisciplinary field concerned with the development and integration of behavioral and biomedical science knowledge and techniques relevant to health and illness and the application of this knowledge and these techniques to prevention, diagnosis, treatment, and rehabilitation. (Schwartz & Weiss, 1978)

For most purposes, the various definitions of health psychology, behavioral medicine, and psychosomatic medicine are indistinguishable. The same is true to some extent of professional organizations dedicated to the issue of health and behavior. These include the Division of Health Psychology of the American Psychological Association, the Society of Behavioral Medicine, and the American Psychosomatic Society. Each has a slightly different emphasis, but many professionals, including us, belong to more than one association. Although the potential for fragmentation exists because of different definitions and professional organizations, we interpret the growing number of groups and journals (e.g., Health Psychology, Psychology and Health, Journal of Behavioral Medicine, Annals of Behavioral Medicine, Psychosomatic Medicine) as signs of a field with considerable social importance and strong potential for career opportunities (Chesney, 1993; Stone, 1990). These opportunities will be discussed after a brief section on the history of the field.

The History of Health Psychology

Although formal training in health psychology is an invention of the last two decades, the recognition that psychological factors play a role in physical health is not. In ancient Greece, Hippocrates believed that imbalances in bodily fluids (what he called humors) caused both psychological and physical problems. Too much blood might make a person feel sanguine but could cause epilepsy; too much yellow bile would lead to angry feelings and the risk of malaria or genital rot. The particulars in this theory are certainly incorrect, but its importance lies in the idea that psychological states like anger and physical illnesses such as malaria might share common underlying mechanisms. Hippocrates is often thought of as the first physician; we would consider him the first health psychologist.

If we move ahead more than 2,000 years to the 19th century, we encounter significant writings about psychosomatic medicine (a term coined in 1818), based on the notion that internal mental conflicts might express themselves as physical diseases. These ideas were compatible with Freudian theory, and so their popularity increased in the early part of this century, particularly through the writings of Franz Alexander and Florence Dunbar in the 1930s.

Modern health psychology places much less emphasis on conflict as the root of all health problems but still emphasizes the role of attitudes, beliefs, emotions, and behavior in the development, course, and cure of physical illness. The first clear delineation of health psychology as a field—in this case, actually as a subfield of clinical psychology—was a paper by Schofield (1969) that motivated the American Psychological Association 4 years later to appoint a task force on health research chaired by Schofield. Schofield pointed out the many ways in which psychological variables could influence health but also noted that psychology as a field was preoccupied with mental illness and had largely ignored physical health. The task force noted that in the late 1960s and early 1970s, only 2% of the articles listed in Psychological Abstracts addressed physical health and illness. By 1976, the task force issued a report calling for greater attention to the problems of health and illness and noted the strong potential for important psychological work on improving the maintenance of health, the prevention of illness, and the delivery of health care (APA Task Force on Health Research, 1976). The report called for the development of graduate training programs in this emerging area. At about the same time, the faculty in psychology at the University of California, San Francisco,
established the first such program explicitly designed to train health psychologists.

Later in the 1970s, Gary Schwartz and Judith Rodin established the first significant graduate training program in health psychology on the east coast at Yale. A conference was held at Yale in 1977 concerning behavioral medicine, defined as the interdisciplinary field concerned with the integration of behavioral and biomedical sciences (Schwartz & Weiss, 1978). The Yale conference galvanized the field of behavioral medicine but also marked the beginning of a formal health psychology/behavioral medicine training program at Yale.

By 1978, the American Psychological Association became convinced that there was sufficient interest to justify the formation of a Division of Health Psychology. After intense discussions and negotiations, the founders of health psychology agreed that the new division should represent both basic research on psychological factors in physical health and the application of principles based on research to the prevention and treatment of disease itself. The division's journal, Health Psychology, appeared in 1982. By the next year, 2,000 psychologists had joined the division, and a formal conference concerning the education and training of health psychologists attempted to establish a set of guidelines that could be adopted by the growing number of departments of psychology that wished to establish formal training programs in health psychology.

In the ensuing dozen years, training programs in health psychology emerged at approximately 65 universities, numerous books further delineated the field, predoctoral internships for clinical students specializing in health psychology were developed, and membership in the Division of Health Psychology of the American Psychological Association grew to 3,161 individuals. Not surprisingly, training programs in health psychology have begun to emerge worldwide, especially in Sweden, Finland, Germany, the United Kingdom, Italy, and Spain (Richards, 1992). Health psychology has also been nurtured by our current political environment: Medical care costs have sky-rocketed, so there is a strong motivation to develop less expensive alternatives to traditional treatment (e.g., behavioral interventions) and to emphasize the prevention of disease.

A tension in the training of health psychologists is that although the field has developed as an enterprise concerned with basic research and the application of basic research, current training is being driven by the large numbers of clinical psychologists and clinical graduate students moving into health care settings (Richards, 1992; Stone, 1990). As a result, although there are programs in health psychology that do not emphasize clinical training—for example, the social psychology major/health minor at UCLA and the social psychology and health behavior group at Iowa State University—most now do. We say more about these issues in the section on training that follows.

Training in Health Psychology

UNDERGRADUATE PREPARATION

Psychology is one of the few fields in the arts and sciences in which increasing numbers of individuals are applying for graduate training. Not surprisingly, then, competition for admission to some doctoral programs in psychology is intense, and so adequate undergraduate preparation is important. Our experience at Yale is an extreme case of this competition. Students wishing to specialize in health psychology are admitted through the clinical or social psychology program. In a typical year, we can select three or four clinical students from a pool of about 350 applicants and three or four social students from a pool of about 100 applicants. It is safe to assume that the number and quality of applicants will increase with the stature and quality of the graduate program (and the host institution).

Successful applicants to most doctoral programs have majored in psychology or, if majoring in a different field, have taken psychology courses from across the discipline (e.g., abnormal, social, psychobiology). Courses in statistics and research methods are especially important. It is wise, of course, to take classes in health psychology or behavioral medicine if offered. Courses of study outside of psychology may include exposure to human biology, on the one hand, and the study of illness in other social sciences—such as medical sociology and medical anthropology—on the other.

At least as important as coursework, however, is gaining research experience as an undergraduate. This is one of the keys to success for admission to many graduate programs. Typically, research experience constitutes helping a professor or graduate student conduct an experiment. Some undergraduates also complete an independent "honors" thesis describing a study that they may have designed themselves. It is not necessary that research experience be in health psychology; it is more important simply to have some. Fretz and Stang (1980), in a very helpful guidebook for undergraduate psychology majors planning to apply to graduate school, suggested that one begin some kind of research collaboration no later than the junior year. Volunteer work with patients in hospitals or other medical settings can be helpful, as it shows commitment to the helping professions. It cannot, however, substitute for research experience for admission to most programs.
Even doctoral programs in clinical psychology rank undergraduate research experience as the most important component of undergraduate preparation (Eddy, Lloyd, & Lubin, 1987).

Many graduate programs emphasize research in collaboration with faculty more so than coursework, so the match between an applicant's interests and those of the faculty at potential graduate schools is critical. Students should examine carefully the rosters of faculty members to find the best fit.

GRADUATE TRAINING IN HEALTH PSYCHOLOGY

During the last 2 decades, individuals who identified themselves as health psychologists generally received their graduate training in clinical or social psychology and then applied their knowledge to problems in the health area (Taylor, 1987). In recent years, however, there has been a growing enthusiasm for more specialized training in health psychology at the graduate level. The reality is that doctoral training in health psychology can be found within traditional clinical psychology and social psychology programs, occasionally within other specialized programs such as psychobiology, and at times as a major field of specialization in its own right. More so than before, an applicant can look to the specific research.

Perhaps the most important decision that a prospective graduate student in health psychology needs to consider is whether he or she desires training that will lead to licensure as a clinical psychologist. Such a license permits the delivery of psychological services to clients. Many health psychologists do not desire such training; they are involved in university-based research and teaching, for example. But if a career that combines research and actual clinical practice is desired, it is best to consider health psychology programs embedded within doctoral programs in clinical psychology. Also, if you imagine a career as a professor in a medical school or as a researcher in a hospital setting, clinical training can be advantageous.

There is no standard doctoral program in health psychology. Rather, programs vary in their emphasis on coursework versus research and practical experiences, mentoring by a single faculty member versus opportunities to work with multiple faculty members, and an explicit structure versus a more self-designed format. There are excellent programs represented at both ends of these dimensions (e.g., our program at Yale emphasizes research, generally with multiple faculty members, in a self-designed sequence with few departmental requirements; other excellent programs can be much more structured). It is important to identify the learning environment that fits an individual's strengths. These differences may be clear from a department's application packet or can be learned through discussions with faculty or graduate students.

A central criterion in choosing a program is the availability of faculty members who can provide mentoring in an applicant's areas of interest. It is important to identify programs where, for instance, there is more than one professor engaging in research relevant to health psychology. This signals a commitment by the program to the area of health psychology, but also leaves a student with guidance when a faculty member moves, retires, or is otherwise not available. Moreover, if a student wishes to work with particular patient populations (e.g., women with breast cancer, people with AIDS, children with birth defects), it is important that treatment facilities for such individuals be located in the community. It is easier for a student to be engaged with such programs if a faculty member has already established collaborative ties.

Doctoral training in health psychology lasts from 4 to 6 years. Whether a student desires a career in academic research, research and practice combined, or practice only, it is advantageous to develop more than one area of specialization. As mentioned below in the section on career opportunities, either health psychologists specialize in particular psychological processes—social comparison, control, emotion—and then investigate how they are related to physical diseases, or they specialize in a particular disease or disease process—eating disorders, cancer, heart disease, chronic pain—and study the psychological variables that seem important to it. The first approach to specialization is more likely to characterize social psychologists working in health psychology, and the second approach is more typical of clinical psychologists.

A comprehensive listing of graduate programs in psychology is available in the book titled Graduate Study in Psychology published by the American Psychological Association (APA). Information on obtaining this book can be obtained by writing to the APA Order Department, 750 First Street NE, Washington, DC 20002-4242, or by calling 800-374-2721. This book describes all graduate programs in psychology, not just health psychology programs, but it does provide a great deal of information on applying to graduate schools, admissions criteria, and so forth.

An excellent guide titled Doctoral Programs in Health Psychology has been published by the Division of Health Psychology (Division 38) of the APA and can be obtained by contacting the Division Services Office at the APA address provided in the previous paragraph. This guide lists the program directors, the program title, and the areas of specialty within each program. This is a valuable resource for students interested in graduate training in health psychology.
SPECIALTY TRAINING

Internship

Individuals who desire licensure as clinical psychologists need to complete an internship prior to obtaining the degree. Clinical internships have developed special tracks for trainees in clinical health psychology. There are about 50 such specialized clinical internship sites in the United States and Canada. A list of these internship programs, complete with information on settings, addresses to send applications; the percent of time interns devote to child, adolescent, adult, and aging populations; and clinical orientations is available from the Division of Health Psychology of the APA (Division 38) (see address provided above). This is the most valuable resource available to potential interns.

Most internships in clinical health psychology emphasize the treatment of individuals whose primary reason for seeking care is a physical health problem. They may also have psychological disorders such as depression, sexual dysfunction, or anxiety problems. Not surprisingly, clinical health psychology interns often work as part of a medical team organized around patients' physical health problems (e.g., cardiac rehabilitation, chronic pain management, psychosocial adjustment to cancer). They are likely to devote less time than traditional clinical interns to placements in psychiatric inpatient wards or mental health centers. Interns in the health area may be involved in consultation-liaison work in which they are called on by physicians or other health care professional to provide assistance in understanding and treating psychological problems in a medical patient (e.g., adherence to a prescribed treatment regimen, substance abuse, coping with a disability). This often involves work with the family of the designated patient in order to deal with issues caused by the patient's illness and to facilitate the creation of a home environment more conducive to recovery. Finally, healthy psychology interns may administer programs, often to groups, concerning the modification of health-relevant behaviors like smoking, weight control, physical exercise, and the like.

Postdoctoral Training

The technical knowledge required to conduct research in health psychology has increased exponentially. Often, individuals who have obtained a PhD in one area of psychology (or even in a specialized health psychology program) find that continued specialized training would be helpful. Such individuals may apply for a postdoctoral training grant from the National Institutes of Health in order to work for 2 to 3 years with a designated mentor, usually at an institution other than the one where the PhD was completed. Postdoctoral positions sponsored by institutional training grants or individual research grants are also advertised. Because the market for academic jobs is competitive, recent PhDs may seek out these positions prior to applying for professorships. Some institutionally sponsored postdoctoral positions are designed especially for individuals whose training has not been in health psychology but who now desire this specialization.

Postdoctoral experience varies widely from program to program. Under the supervision of a professor, postdocs will work on research projects of their own design or participate in a program of research funded by a grant to the professor. Because the funding typically comes from a grant to the senior scientist, the postdoc will specialize in a designated area. There may be, or may not be clinical opportunities. A postdoctoral fellowship provides a person with advanced training, contacts in the field, and the opportunity to publish the results of the research.

A few institutions offer “respecialization” programs that are generally oriented toward psychologists who completed the PhD in non-clinical fields but now desire some clinical training, often sufficient for licensure. Unlike most postdoctoral positions, respecialization programs do not generally pay a salary (quite the contrary—they may require tuition) and are often oriented toward individuals hoping to work as practitioners rather than as academic researchers.

Career Tracks in Health Psychology

Individuals trained in health psychology have many potential career paths. We have grouped these into three broad categories: research careers, clinical/research careers, and careers as practitioners. However, two people in the same category may differ widely in the nature of their work, colleagues, and specific specialty areas.

Our own careers serve as examples of this diversity. Although we both teach in the same department of psychology (at Yale), we pursue different activities. One of us (KDB) is in clinical psychology and does research on body image, obesity, and eating disorders. Part of this work involves directing the Yale Center for Eating and Weight Disorders, a place where both basic and applied research are conducted, including controlled clinical trials testing approaches to treatment. Colleagues outside the department and the university include clinical psycholo-
gists and experts in metabolism, endocrinology, cardiology, and epidemiology.

The other of us (PS) is in social psychology and conducts research on the relationship between emotions and health and on the framing of public service announcements and educational programs to encourage preventive health behaviors. Although there is no "clinical intervention" involved in this research, there is intervention at the level of the individual, workplace, and community. Studies include tests of messages to promote mammograms and sunscreen to reduce the risk of breast cancer and skin cancer, respectively. Colleagues include other psychologists, especially those interested in attitude change and persuasion, and experts in oncology, dermatology, communications, and public health.

We underscore, therefore, that careers vary widely. This is a positive feature of health psychology as a field, as there are many options for partitioning duties among research, teaching, training, and practice, even within an institution.

RESEARCH CAREERS

Health psychologists have a wide array of research opportunities. In some cases, these are specific to a disease, as with research on cancer, heart disease, diabetes, alcoholism, eating disorders, obesity, diabetes, AIDS, and arthritis. Others focus on a general area of psychosocial functioning that may span many areas (e.g., social support, coping). Yet others emphasize some aspect of lifestyle (e.g., diet, smoking, exercise) or a specific population (e.g., the study of women's health or health in minority populations). The opportunities are as vast as health itself.

There are research opportunities in both basic and applied areas. At the basic end, some researchers study behavior genetics and even molecular biology. Other basic research might include studies with laboratory animals on issues such as the effect of stress or diet on the development of cancer or heart disease. Controlled clinical trials to test different interventions would be an example of more applied work. Research testing different messages to promote health behavior would have both basic and applied implications.

Although many individuals in the field of health psychology are engaged in research, relatively few do research exclusively. In university settings, research is combined with teaching and the training of graduate students. In a medical school, research may be the exclusive task, especially if a person entering the field is hired by a more senior investigator to work on specific research projects. More often, individuals in a medical school setting combine research with teaching or clinical activity. Some research opportunities are available in the corporate world or with government (e.g., as a scientist working with the National Institutes of Health or National Center for Health Statistics).

CAREERS AS PRACTITIONERS

Practice in the field of health psychology, as with research, can take many forms. Some clinical psychologists work in private practice or in mental health settings, but specialize in the treatment of people with health-related problems. Working with alcoholism, eating disorders, or individuals with chronic pain are possibilities.

Psychologists in practice may work in conjunction with other health professionals to deliver clinical services. Psychologists work with physicians in screening people for surgical procedures such as plastic surgery, gastric bypass surgery for obesity, or organ transplant surgery. Populations may need counseling as a result of a medical crisis (e.g., mastectomy, being the primary caregiver for a chronically ill person).

There is the burgeoning area of health care delivery and preventive services, where psychologists provide services in the form of consulting. With the advent of managed care, psychologists can be quite involved in decisions on the delivery of both mental health and physical health services. With preventive services becoming more important, psychologists will be central to the delivery of preventive programs and management issues such as recruitment and retention in programs, adherence to prescribed treatment regimens, and relapse prevention (Brownell, Marlatt, Lichtenstein, & Wilson, 1986).

Corporate health settings provide additional opportunities. Many businesses, both large and small, encourage employees to make use of health promotion services. Weight loss, stress management, exercise, and smoking cessation programs are among those offered. Larger businesses may have an on-site facility. A psychologist, especially one with additional training in an area such as nutrition or exercise science, is an attractive candidate to direct a corporate health program.

COMBINED RESEARCH AND CLINICAL CAREERS

Clinical psychologists trained in health psychology may combine clinical work and research. The most obvious example is a person who does work with a clinical population in which some means of assessment or intervention is the focus of the research. Many others work with individuals with clinical problems in research, but are not involved in intervention. For example, research on Type A behavior has examined whether measures of hostility are related to angiographic evidence of
blockage in the coronary arteries. A psychologist involved in this research may not be involved in the clinical management of heart disease, but is nonetheless working with a clinical population.

The variation in combined research and clinical careers is enormous. The nature of the clinical work varies greatly, depending on the target population and employment setting. The same is true for research. Adding even more to the flexibility in careers is that health psychologists vary in the proportion of time allotted to research and clinical work. As a result, the field of health psychology can accommodate many different interests and lifestyles.

COMPENSATION

Figures on salaries for health psychologists have not been assembled in a systematic way. The chapters in this book on clinical psychology and consulting psychology will be good guides for what an individual might earn with a background in one of these two areas. Salaries in university departments of psychology (or related areas) will not be affected by whether the person specializes in health psychology. Work in government settings is likely to pay about the same as in academic departments, and work in corporate settings might pay more. Salaries in medical schools are generally higher than in academic departments at the assistant professor and sometimes the associate professor levels, but at the level of professor, the gap closes considerably, and approximately equivalent pay is the rule. Compensation for private practice or consulting may be small or large, depending on the amount of work available, the reputation of the professional, and the amount of time devoted to work.

A Day in the Life of a Health Psychologist

What follows is a description of a typical day in the life of one of us (KDB), although the activities the two of us engage in are quite similar. As is clear from the preceding section, various combinations of research, clinical work, teaching, and administration are available to a person with a background in health psychology. Thus, it is difficult to define a “typical” day in the life of a health psychologist.

A day begins with a research meeting, known in our department as a “lab meeting.” Attended by 12 to 18 graduate students, undergraduate students, postdoctoral fellows, research assistants, and faculty members, individuals or groups of individuals present their work. The work can range from studies in the earliest stages of planning to papers nearly ready for publication. This format provides valuable opportunities to prepare and deliver scientific presentations and to acquire feedback on ideas. New and controversial work in the field may be discussed, and emerging trends in the field are identified.

Following the research meeting is a class. Graduate classes with 8 to 20 students take the form of seminars with lively class discussions, presentations, and critical review of a particular field. Research papers from the literature form the reading list. Undergraduate classes in health psychology may draw 70 to 120 students and involve lecture and some discussion. Teaching is important to the work of health psychologists employed in college and university settings.

The next activity involves the supervision of graduate students, postdoctoral fellows, and undergraduate students involved in research. Individual meetings are held to discuss both conceptual and practical aspects of specific research projects. The aim is to generate new knowledge and to communicate this through publication to other professionals. The joy of being a research mentor lies in working with trainees to nurture their scientific skills, sharing the wonder of discovery and watching new careers take shape.

Clinical supervision takes place in both individual and group meetings. Trainees present case studies of the clients they are seeing and receive feedback from both the professor and fellow students. Once each week the clinical forum is held in a group setting called the “team meeting.” Cases are presented, preceded by an analysis of existing literature on the clinical problem seen in the case, and followed by general discussion of the details of the case.

Another feature of a day’s work usually involves professional activities at the national or international rather than the local level. This might involve writing scholarly papers, editing books, reviewing articles for journals, working as editor of a journal, preparing a lecture for a professional meeting, discussing issues by telephone or computer with collaborators or colleagues in different cities or countries, or planning a national meeting.

Such a day is characterized by a diversity of activities and interaction with individuals at much different stages of their careers. Health psychologists in academic settings are likely to engage in each of these activities to a certain extent, with the exception of the clinical work that would be done by psychologists with training in clinical psychology. Because the field is developing rapidly and important discoveries occur frequently, being in a setting involving teaching, research, and training can be both stimulating and rewarding.
Advantages of the Career and Attributes Needed for Success

There are many advantages of a career in health psychology. Some professionals most treasure the new and growing stature of the field, as well as the fact that the necessary expertise to understand problems such as cancer, heart disease, AIDS, stress, and addiction lies at the intersection of several disciplines and areas of study. Others value the opportunity to help people with something as important as health and well-being. Still others find the scientific challenges to be most interesting, as there are many important unanswered questions in the field (e.g., is there a cancer-prone personality, or is there a single best means of coping with stress, or by what means does social support lead to increased longevity?). The field is large enough, is growing in so many directions, and has such a bright future that professionals with diverse interests can be accommodated.

Little is known from a scientific perspective about attributes needed for success in a career in health psychology. Because so many different career paths are available (teaching, research, clinical work, and consultation, among others), different personal attributes will be necessary, depending on the specific job demands.

What is common across all career paths is exposure to a field in which new information becomes available at a striking pace and where not only the information itself, but the sources of the information, are difficult to foresee. As an example, a decade ago few would have predicted that molecular biology and genetics research would have such a profound impact on our understanding of both wellness and disease. The AIDS epidemic drew a number of researchers and clinicians into an entirely new field and exposed those professionals to new information on epidemiology, public health models of disease control, and immunology. Therefore, being both open to and excited by rapid developments in the field, and being open minded about the contributions of many disciplines, is a prerequisite for competence in health psychology.

Summary

We began this chapter by claiming that health psychology is a field with considerable vitality and opportunities for professional growth. These opportunities exist across many topic areas and with many combinations of professional activities. With changes in the health care system, growing recognition that behavior is central to the nation’s health, and increased emphasis on prevention, the prominence of the field will only increase with time.

References


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