

Name /test-bank-health-psychology-an-introduction-to-behavior-and-health-9e-brannon : _____ : _____ Date _____

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1. As a health psychologist, Angela Bryan develops interventions to change health behaviors that are affected by _____ factors.

- a. psychological
- b. sociological
- c. biological
- d. all these

ANSWER:

d

2. Health psychologist Angela Bryan has begun to investigate genetic influences on

- a. people's responses to interventions with physical activity.
- b. people's tendencies to engage in risky sexual behaviors.
- c. people's likelihood to engage in safer sexual behaviors.
- d. people's responses to interventions with sexual activity.

ANSWER:

a

3. Based on the real-world profile of Angela Bryan, how should health psychologists evaluate how effective their interventions are in changing health behaviors?

- a. By anecdotal feedback from patients they have treated
- b. By patients' responses to self-reporting questionnaires
- c. By applying valid and reliable research methodologies
- d. By interdisciplinary partners' views of patient progress

ANSWER:

c

4. The field of health psychology developed

- a. to increase life expectancy, which was much shorter then.
- b. to address challenges in medical care, which was changing.
- c. to try to find cures for infectious diseases that caused deaths.
- d. to change medicine's focus from biological to psychosomatic.

ANSWER:

b

5. One hundred years ago, the majority of American deaths were due to

- a. behavioral factors.
- b. illness from viruses.
- c. disease from bacteria.
- d. injuries from accidents.

ANSWER:

c

6. Diseases that killed most people a century ago were more often from

- a. tainted foods than unhealthy habits.
- b. unsafe drinking water than bad foods.
- c. others who were ill than food or water.

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- d. not taking available medicine prescribed.

ANSWER:

a

7. What is true about the time frames of diseases 100 years ago in the United States?

- a. Illnesses lasted longer because fewer treatments existed then.
- b. Illnesses were shorter because sick people got well in weeks.
- c. Illnesses were shorter because sick people died within weeks.
- d. Illnesses lasted for shorter times as results of all these causes.

ANSWER:

d

8. People's beliefs about health and illness may be incorrect. Which of these common beliefs is true?

- a. The United States ranks in the top five nations in the world in terms of life expectancy.
- b. The 30-year increase in life expectancy in the United States during the 20th century was due primarily to improved medical care.
- c. Infectious and chronic diseases have both decreased in the United States today.
- d. None of these is true.

ANSWER:

d

9. How has life expectancy in the U.S. changed from a century ago to today?

- a. It has risen to be more than 65% longer.
- b. It has increased to almost 35% longer.
- c. It has increased, but not significantly.
- d. It has exceeded 100 years of age.

ANSWER:

a

10. Which of these most correctly describes changes in U.S. health and health care over the past century or so?

- a. Preventing and treating infectious diseases have decreased chronic diseases equally.
- b. Preventing and treating infectious diseases have reduced chronic disease, but not as much.
- c. Preventing and treating infectious diseases have enabled predomination of chronic diseases.
- d. Preventing and treating infectious diseases have had no effect at all upon chronic diseases.

ANSWER:

c

11. Chronic diseases

- a. develop and persist over a period of time.
- b. are due to infectious agents such as bacteria or viruses.
- c. are not as common today as during the 19th century.
- d. include influenza and pneumonia.

ANSWER:

a

12. _____ diseases are a class of diseases that include heart disease, cancer, and stroke.

- a. Infectious

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- b. Chronic
- c. Unintentional
- d. Cardiovascular

ANSWER: b

13. In 1900, most deaths in the United States were caused by _____, whereas today most are due to _____.
- a. pneumonia. . . cancer
 - b. chronic diseases. . . cancer
 - c. infectious diseases. . . chronic diseases
 - d. cancer. . . alcohol-related causes

ANSWER: c

14. During the first few years of the 21st century, deaths from some chronic diseases in the United States
- a. began to rise more rapidly than during the previous 50 years.
 - b. began to decrease while deaths not due to lifestyles began to increase.
 - c. began to increase while deaths not due to lifestyles began to decrease.
 - d. were replaced by acute diseases as the leading cause of death.

ANSWER: b

15. In America today, what is a fact about chronic diseases?
- a. They cause a comparable percentage of deaths now as infectious diseases caused in the past.
 - b. They cause the majority of deaths now, but a lower percentage than infectious diseases once did.
 - c. They cause a comparable percentage of deaths now to the percentage that infectious diseases cause now.
 - d. They cause a very low percentage of actual deaths, but many people are living with them now.

ANSWER: a

16. How do the numbers of Americans dying each year from chronic diseases compare to the numbers of Americans living with chronic diseases each year?
- a. About 65 times as many people die from them as live with them every year.
 - b. About 65 times as many people live with them as die from them every year.
 - c. About the same number of people live with them as die from them in a year.
 - d. About 10 times as many people live with them as die from them every year.

ANSWER: b

17. The leading cause of death in the United States
- a. is due to acute, infectious disease.
 - b. is due to risky sexual behaviors.
 - c. has shifted from cardiovascular disease to cancer.
 - d. has shifted from acute to chronic diseases.

ANSWER: d

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18. Compared to historically, Americans today have
- a. more control over their health, and most people exert that control.
 - b. less control over their health, but many people utilize more of it.
 - c. more control over their health, but many people do not utilize it.
 - d. less control over their health, and cannot apply what they have.

ANSWER:

c

19. Clara did not have any history of type 1 diabetes, but as an older adult she has developed type 2 diabetes. Related to this development, what is most likely about the contributions of lifestyle factors?
- a. Her condition likely developed because Clara had long been eating an unhealthy diet.
 - b. Her condition likely developed from unhealthy diet and smoking cigarettes for years.
 - c. Her condition likely developed because of unhealthy diet and never getting any exercise.
 - d. Her condition likely developed through contributions from each of these factors, plus stress.

ANSWER:

d

20. Which of the following is most correct about health care in the United States today?
- a. People historically had more control over their health than they have today.
 - b. Conditions that kill people today are more related to non-behavioral factors.
 - c. Contributions to rising health care costs today include unhealthy behaviors.
 - d. Increasing health care costs today are due to technology, and not behaviors.

ANSWER:

c

21. Of the following, which describes an acute disease?
- a. Alberto was so sick from pneumonia that he had to be hospitalized.
 - b. Brian had a heart attack; he now takes medication and is doing fine.
 - c. Claudia had a minor stroke, but did not lose any mobility or speech.
 - d. Donna was treated for a breast lump, and is pronounced cancer-free.

ANSWER:

a

22. Hypothetically, if you considered yourself plus your five nearest neighbors, all adults, how many of you would be likely to have one or more chronic diseases in a given year, based on current/recent statistics?
- a. Four out of the six
 - b. Nearly three of six
 - c. Almost two in six
 - d. Above three in six

ANSWER:

b

23. In the United States during the early years of the 21st century,
- a. deaths from Alzheimer's and Parkinson's diseases increased.
 - b. deaths from accidents increased significantly.
 - c. deaths from heart disease increased significantly.

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- d. deaths only moderately related to lifestyle decreased significantly.

ANSWER:

a

24. In the United States, young people have a low mortality rate; those who die are most likely to die from

- a. cancer.
- b. unintentional injuries.
- c. homicide.
- d. HIV infection.

ANSWER:

b

25. According to the National Center for Health Statistics (2016), the main causes of death for people aged 1-44 years are ranked in which order, from high to low?

- a. Homicide; suicide; unintentional injuries
- b. Suicide; unintentional injuries; homicide
- c. Homicide; unintentional injuries; suicide
- d. Unintentional injuries; suicide; homicide

ANSWER:

d

26. Cardiovascular disease and cancer account for _____ of all deaths in the US.

- a. the vast majority
- b. a small minority
- c. more than a half
- d. around one third

ANSWER:

c

27. All of the following are factors in life expectancy EXCEPT:

- a. age
- b. education
- c. ethnicity
- d. mother's personality

ANSWER:

d

28. In the United States, people ages 15 to 24 are most likely to die from _____ and _____.

- a. cancer . . . heart disease
- b. unintentional injuries . . . homicide
- c. homicide . . . cancer
- d. suicide . . . HIV infection

ANSWER:

b

29. In the United States, the three leading causes of death for adults ages 35 to 44 are

- a. unintentional injuries, cancer, and heart disease.

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- b. suicide, homicide, and HIV infection.
- c. HIV infection, heart disease, and pneumonia.
- d. cancer, HIV infection, and pneumonia.

ANSWER:

a

30. Older people have higher probabilities of dying than younger people. How does this affect the statistics for causes of death?

- a. This has no effect, since these two are not directly related.
- b. This skews causes of death toward causes for older people.
- c. This skews causes of death toward those for young people.
- d. This has no effect, as causes of death differ by age groups.

ANSWER:

b

31. In a 2013 interview, award-winning popular singer Linda Ronstadt told Dan Rather she could no longer sing, as she had lost that kind of control over her voice due to Parkinson's disease. Deaths caused by this diagnosis have been _____ in recent years.

- a. fewer
- b. more
- c. equal
- d. none

ANSWER:

b

32. What do current death rate statistics resulting from Alzheimer's and Parkinson's diseases reflect most about health and health care trends in the United States?

- a. A fall in healthy lifestyle behaviors
- b. A decrease in socioeconomic levels
- c. An increase in the aging population
- d. An increase in environmental toxins

ANSWER:

c

33. According to the National Center for Health Statistics (NCHS, 2016), what is true about the prevalence of these causes of death for Americans aged 1-44 years?

- a. Deaths from suicide and homicide combined are fewer than from accidents.
- b. Deaths from suicide and homicide combined are more than from accidents.
- c. Deaths from accidental injuries occur to more than one third of this group.
- d. Deaths from homicide exceed deaths from suicide, but not from accidents.

ANSWER:

a

34. Which of the following ethnic groups has the most statistical justification for concern about dying from accidental injury?

- a. European Americans
- b. Hispanic Americans

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- c. African Americans
- d. Asian Americans

ANSWER:

b

35. What two factors can help explain some of the ethnic differences in health and life expectancy?

- a. Poverty and age
- b. Poverty and low education level
- c. Low education level and age
- d. Low education level and drug use

ANSWER:

b

36. People who graduate from college show the following positive outcomes EXCEPT

- a. higher average incomes.
- b. more likely to exercise.
- c. better access to health care.
- d. more likely to eat a high-fat diet.

ANSWER:

d

37. Individuals who have gone to college have lower death rates from _____ than those who have not.

- a. infectious diseases, but higher from chronic diseases
- b. unintentional injuries than from any kinds of disease
- c. unintentional injuries, chronic and infectious diseases
- d. chronic and infectious diseases than accidental injury

ANSWER:

c

38. Better-educated individuals report experiencing less stress than those with less education. How does this relate to their health status?

- a. They report fewer symptoms because stress contributes to these.
- b. They report fewer symptoms because stress affects perceptions.
- c. They report no difference because stress has little health impact.
- d. They report more symptoms because stress raises the awareness.

ANSWER:

a

39. What is most accurate about recent statistics on death rates relative to education?

- a. People with high school educations die half as often as people with less education.
- b. People with college educations die less than half as often as high school graduates.
- c. People with college educations die half as often as those with less than high school.
- d. People with high school or college get the same benefit compared to those without.

ANSWER:

b

40. Researchers have found that having more education provides benefits

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- a. for people who live in the United States, primarily.
- b. for better health, but not for longer life expectancy.
- c. for longer life expectancy, but not for better health.
- d. for people who live in various nations of the world.

ANSWER:

d

41. Which statement is most accurate about education and health?

- a. Education predicts both longevity and health, whereas intelligence does not.
- b. Educated people use good health habits, rather than avoid bad health habits.
- c. Educated people have more access to health information, and to health care.
- d. Education predicts not whom one associates with, but attitudes about health.

ANSWER:

c

42. The single most important contributor to an increase in life expectancy is

- a. the decrease in the infant mortality rate.
- b. the increase in individuals' beliefs in the importance of exercise.
- c. advancement in medical technology.
- d. advancement in medical care.

ANSWER:

a

43. What best describes the relationship between ethnicity and mortality in America today?

- a. Ethnicity is related to life expectancy, but not to cause of death.
- b. Ethnicity is related to cause of death, but not to life expectancy.
- c. Ethnicity is related to both life expectancy and to cause of death.
- d. Ethnicity is related to neither life expectancy nor cause of death.

ANSWER:

c

44. In Table 1.1 of your textbook, why are some causes of death not listed for each ethnic group?

- a. No data are available for those causes in those groups.
- b. They are not leading causes of death for those groups.
- c. They do not cause any deaths for those ethnic groups.
- d. Cause-of-death profiles are the same for some groups.

ANSWER:

b

45. For which of the following ethnic groups is kidney disease a more common cause of death than for the others?

- a. African Americans
- b. European Americans
- c. Hispanic Americans
- d. Asian Americans

ANSWER:

a

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46. In which ethnic group(s) is septicemia among the 10 foremost causes of death?

- a. Hispanic Americans
- b. African Americans
- c. Asian Americans
- d. All three of these

ANSWER:

b

47. Which cause of death is within the top ten causes for Hispanic Americans, but not for European Americans, African Americans, or Asian Americans?

- a. Suicide
- b. Homicide
- c. Chronic liver disease
- d. Pneumonia & influenza

ANSWER:

c

48. Pneumonia and influenza (together) account for one of the 10 leading causes of death in which ethnic group(s)?

- a. European Americans
- b. European and African Americans
- c. European, Hispanic, and Asian Americans
- d. European, Hispanic, African, and Asian Americans

ANSWER:

c

49. African Americans are more likely to die from _____ than European, Hispanic, or Asian Americans.

- a. homicide or septicemia
- b. kidney or liver disease
- c. suicide and homicide
- d. diabetes and stroke

ANSWER:

a

50. How do life expectancies today compare between Americans of European descent and Americans of African descent, and with people in other countries?

- a. The life expectancies for both these groups are essentially comparable.
- b. The life expectancies are considerably longer with African Americans.
- c. The life expectancies of both groups are longer than in other countries.
- d. The life expectancies are significantly longer for European Americans.

ANSWER:

d

51. When comparing how two American ethnic groups rank in life expectancy with each other and with other world nations, which of these is true?

- a. African Americans rank half as high as European Americans, but higher than Israelis.
- b. African Americans and European Americans rank about the same, but lower than Canadians.
- c. African Americans rank half as high as European Americans, both lower than the Japanese.

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- d. African Americans rank twice as high as European Americans, both higher than Italians.

ANSWER:

c

52. Rhona is a 32-year-old African American college professor. Gena is a 32-year-old Hispanic American engineer. Leah is a 32-year-old European American who has been unemployed for most of the past 10 years and living below the poverty level. Helen is a 32

- a. Rhona.
- b. Gena.
- c. Leah.
- d. Helen.

ANSWER:

c

53. In the United States, people living below the poverty level generally

- a. are more likely to have lower levels of education.
- b. are more likely than others to have health insurance.
- c. are more likely members of ethnic minority groups.
- d. are more likely to correspond to choices a and c both.

ANSWER:

d

54. Carla is a teenager living in poverty who is pregnant. What is true about associated health risks to her and her baby?

- a. Her baby is more likely to have a low birth weight, but this is not a risk.
- b. She is equally as likely to be abused as poor teens who are not pregnant.
- c. Her baby is more likely to have low birth weight, raising mortality risk.
- d. She is more likely to be abused, but her baby cannot be abused in utero.

ANSWER:

c

55. Which of the following cultural views of health would be most compatible with that of ancient Roman physician Galen?

- a. That of late 19th-century German physician Rudolf Virchow
- b. That of late 19th-century Austrian physician Sigmund Freud
- c. That of the 17th-century philosopher/scientist René Descartes
- d. That of the ancient Babylonians and Assyrians and Hebrews

ANSWER:

a

56. Among historical and cultural perspectives about health, which one of the following is most different from the others?

- a. Ancient China's
- b. Early Christians'
- c. Native Americans'
- d. Western Africans'

ANSWER:

b

57. The increase in life expectancy since 1900 is due mostly to

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- a. decreases in cancer deaths.
- b. the conquest of influenza.
- c. major lifestyle changes.
- d. none of these factors.

ANSWER:

d

58. Which of these is correct about relationships between statistics for mortality rates and life expectancy?

- a. Infant mortality rates decrease average life expectancy for the population more than adult or elderly mortality rates.
- b. Mortality rates increase as adults become older, but causes of death for the elderly are not higher than overall causes.
- c. Elderly mortality rates decrease average life expectancy for the population more than infant or child mortality rates.
- d. Although mortality rates are higher for elderly than younger adults, causes of death are similar for both groups.

ANSWER:

a

59. Which of the following has been less influential than the others in raising our life expectancy?

- a. Better public sanitation
- b. Increased immunization
- c. New medical innovation
- d. More milk pasteurization

ANSWER:

c

60. How do income and education relate to health and life expectancy in America today?

- a. Income affects health problems; education affects life expectancy.
- b. Income affects life expectancy; education affects health problems.
- c. Income and education both affect both health and life expectancy.
- d. Income and education influence neither health nor life expectancy.

ANSWER:

c

61. Business owner Bill is financially very rich and enjoys better health than his rich, but not very rich, peers. Research has discovered that this difference is most affected by

- a. his social status as indicated by his level of income.
- b. his social status as indicated by his education level.
- c. his social status as indicated by his occupation level.
- d. his social status as indicated by his own perspective.

ANSWER:

d

62. Stefan is highly wealthy and attributes his good health largely to his positive living habits of adhering to a nutritious diet and regular exercise, avoiding harmful substances, and minimizing and managing stress. Stefan is most likely to

- a. be very highly educated.

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- b. have a certain occupation.
- c. be of a specific ethnicity.
- d. have no spouse/children.

ANSWER:

a

63. Sheldon Cohen's research on the common cold showcases that the _____ approach to understanding sickness and infection is inadequate.

- a. biopsychosocial
- b. biomedical
- c. psychological
- d. biochemical

ANSWER:

b

64. In Sheldon Cohen's research on the common cold, all participants received a cold virus injection and after a week,

- a. all of the participants in the study had developed a cold.
- b. only some of the participants in the study caught a cold.
- c. only the healthy participants in the study caught a cold.
- d. only those with recent stressful experiences got a cold.

ANSWER:

b

65. Based on research by Sheldon Cohen and colleagues, which of these people is more likely to catch a cold if they are all exposed to someone who has it?

- a. Wanda, who goes to bed and gets up at the same times each day
- b. Xavier, who is very friendly and regularly interacts with others
- c. Yolanda, who feels and expresses gratitude and joy in life daily
- d. Zvi, who has just succeeded in coping with divorce and custody

ANSWER:

d

66. Dorian comes down with a "bug," which has hardly ever happened before, so he wonders why. Which statement is most appropriate regarding this?

- a. His being exposed to a contagious microbe is the single most salient factor.
- b. Psychological more than biological factors determine if he gets sick or not.
- c. Biological and psychological factors combined outweigh any social factors.
- d. Biological, social, and psychological factors interacted to create this result.

ANSWER:

d

67. An inverse relationship exists between educational level and death rates, which means that

- a. people who graduate from high school have higher death rates than those who do not.
- b. people who attend college have higher death rates than those who drop out of high school.
- c. people who attend college live longer than those who have never attended college.
- d. both a and b are true.

ANSWER:

c

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68. College graduates generally live longer than people who drop out of high school. Which of these conditions is most likely to explain these differences?

- a. College graduates are more likely to smoke cigars.
- b. High school dropouts are more likely to seek health care.
- c. High school dropouts are less likely to use illicit drugs.
- d. College graduates are less likely to smoke cigarettes.

ANSWER:

d

69. Which of these has been a major health trend in the U.S. since 1900?

- a. Cost of medical care has risen faster than inflation.
- b. Health has been more frequently defined as the absence of illness.
- c. Acute illnesses have replaced chronic diseases as the leading causes of death.
- d. The biomedical model has been accepted by most psychologists.

ANSWER:

a

70. During the past 30 years, death rate from heart disease in the United States has declined. At the same time,

- a. medical care expenses have increased.
- b. rates of smoking tobacco have increased.
- c. Americans' life expectancy has decreased.
- d. biomedical model acceptance has increased.

ANSWER:

a

71. Which of the following has been the LEAST significant contributor to escalating medical costs?

- a. Increases in population
- b. The aging of the population
- c. More sophisticated medical technology
- d. Increases in the number of complex surgical procedures

ANSWER:

a

72. Research from outside your textbook finds the U.S. behind many other developed nations in achieving positive health care outcomes. How does this best relate to research cited in your textbook about current U.S. health care expenditures?

- a. U.S. health care spending is comparable to U.S. positive health care outcomes.
- b. U.S. health care spending far outweighs the U.S. positive health care outcomes.
- c. U.S. health care spending is even lower than U.S. positive health care outcomes.
- d. U.S. health care spending, as it rises, lowers U.S. positive health care outcomes.

ANSWER:

b

73. Which of these most accurately describes how medical costs interact with life expectancy in the United States today?

- a. People with chronic conditions incur more medical costs than older people.
- b. Older Americans today have poorer health than older Americans in the past.
- c. Older Americans today represent more of Americans with chronic diseases.

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- d. Medical costs are due to more people living longer, not to chronic diseases.

ANSWER:

c

74. How much has health care in America gone up in cost per person, per year, between 1970 and 2013?

- a. To more than seven times what it was
- b. To more than three times what it was
- c. To more than five times what it was
- d. To more than ten times what it was

ANSWER:

a

75. Chronic illnesses in the U.S. are responsible for the majority of health care spending. In which category do they account for the largest proportion of money spent?

- a. Overall health care spending
- b. Prescriptions that are written
- c. Hospitalizations for patients
- d. Patients' visiting physicians

ANSWER:

b

76. Among approaches that could rein in growing health care expenses, which is not only less expensive, but also more proactive?

- a. Screening people for disease and death risks
- b. Treating chronic disease most appropriately
- c. Detecting disease earlier, facilitating control
- d. Preventing disease through healthy lifestyles

ANSWER:

d

77. The biomedical model of disease

- a. existed in the 1800s until the biopsychosocial model in the early 1900s.
- b. conceives of disease as caused by being exposed to specific pathogens.
- c. is more common among the public than with health care professionals.
- d. cannot explain infectious illnesses or the prevalence of viral illnesses.

ANSWER:

b

78. Many medical advances during the 19th century were prompted by the biomedical model that

- a. emphasized emotional more than physical factors in disease.
- b. took the place of the Cartesian model for health and disease.
- c. led to a search for microscopic organisms that cause disease.
- d. promoted a holistic perspective regarding health and disease.

ANSWER:

c

79. Compared to the biomedical model of health, the biopsychosocial model promotes an approach to medical care that is more

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- a. reductive.
- b. aggressive.
- c. conservative.
- d. comprehensive.

ANSWER:

d

80. What best reflects an advantage of the biopsychosocial model of health?
- a. It treats health as a positive state rather than a negative of illness.
 - b. It regards illness as a negative factor rather than a positive factor.
 - c. It has aspects both superior and inferior to the biomedical model.
 - d. It covers more factors, but cannot explain individual differences.

ANSWER:

a

81. Cade attributes catching a "cold" to not getting enough sleep and feelings of distress. Thus, Cade has an implicit acceptance of the _____ model of health.
- a. biochemical
 - b. biomedical
 - c. Cartesian
 - d. biopsychosocial

ANSWER:

d

82. Health psychologists are most likely to see health
- a. from a biomedical viewpoint.
 - b. from a biopsychosocial viewpoint.
 - c. as the absence of illness.
 - d. as a single dimensional condition.

ANSWER:

b

83. From the late 1960s to the early 1990s, the role of psychologists in medicine changed most in which way?
- a. More psychologists began conducting health research.
 - b. More psychologists began teaching in medical schools.
 - c. More psychologists began working to change lifestyles.
 - d. More psychologists began working for managing pain.

ANSWER:

b

84. Psychosomatic medicine sees physical illnesses as
- a. including emotional and psychological factors.
 - b. being attributable only to physiological causes.
 - c. causing stress and subsequent organic illnesses.
 - d. not real but imagined in some specific diseases.

ANSWER:

a

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85. Presently, physicians and health psychologists are most likely to agree that psychosomatic illnesses are
- a. a primary means of coping with acute pain.
 - b. all in the head of the person with the illness.
 - c. linked to a complex of biological, psychological, and social factors.
 - d. flow from unconscious factors and are a means of reducing anxiety.

ANSWER:

c

86. Behavioral medicine assumes
- a. the combination of behavioral and medical sciences.
 - b. the existence of a particular pathogen in any illness.
 - c. disease can be controlled; health cannot be enhanced.
 - d. medicine's and psychology's goals are incompatible.

ANSWER:

a

87. The discipline that seeks to improve health and the prevention, diagnosis, treatment, and rehabilitation of illness through integrating psychology's behavioral knowledge with medicine's biological knowledge is called
- a. behavioral health.
 - b. health psychology.
 - c. behavioral medicine.
 - d. medical psychology.

ANSWER:

c

88. Health psychology is best defined as the scientific study of those behaviors related to
- a. adoption of the sick role for persons who believe they are ill.
 - b. health enhancement, disease prevention, and rehabilitation.
 - c. the courses of development in psychosomatic illnesses.
 - d. public health issues and public opinion on health only.

ANSWER:

b

89. Health psychology is
- a. a branch of medicine related to psychological health.
 - b. a discipline within psychology related to psychological health.
 - c. a new name for psychosomatic medicine.
 - d. a discipline within psychology related to health.

ANSWER:

d

90. In the biopsychosocial model proposed by the textbook's authors, health and disease outcomes flow DIRECTLY from
- a. psychological factors.
 - b. biological factors.
 - c. sociological factors.

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- d. all of these factors.

ANSWER:

b

91. In contrast to the biopsychosocial model, the biomedical model views health as

- a. a positive condition.
- b. an incorporation of psychological and social factors.
- c. a result of a combination of factors such as genetics, beliefs, and stress.
- d. the absence of disease.

ANSWER:

d

92. During the last quarter of the 20th century, psychology became involved in the field of health primarily by

- a. treating physical diseases by changing behaviors.
- b. treating only traditional mental health disorders.
- c. studying behaviors related to disease and health.
- d. practicing in the field of psychosomatic medicine.

ANSWER:

c

93. Most experts in health psychology recommend that

- a. health psychologists should procure credentials as medical physicians first.
- b. health psychologists should have at least two years of postdoctoral training.
- c. health psychology should be a separate discipline from generic psychology.
- d. health psychology should be a separate discipline from generic psychology.

ANSWER:

b

94. The work of health psychologists is similar to that of other psychologists because it includes

- a. counseling people regarding their personal problems.
- b. conducting research on personality and health habits.
- c. doing assessment, research, and providing services.
- d. delivering their services within health care settings.

ANSWER:

c

95. Janelle, a health psychologist, could do any of the following tasks EXCEPT

- a. offer alternatives to pharmacological treatments.
- b. provide behavioral interventions to treat physical disorders.
- c. design effective health communication to promote positive physical health.
- d. design drug trials to enable doctors to find a drug to treat breast cancer.

ANSWER:

d

96. Health psychologists are MOST likely to

- a. be part of an interdisciplinary team.
- b. work as solo practitioners in private practice.

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- c. go to medical school after getting doctoral degrees in psychology.
- d. do all of these.

ANSWER:

a

97. Among various services that clinical health psychologists can deliver, which is the best example of one that involves conducting behavioral interventions?

- a. Using biofeedback for pain management
- b. Increasing patient medication compliance
- c. Administering neuropsychological testing
- d. Therapy to help patients cope with illness

ANSWER:

b

98. A health psychologist who focuses on treating illness more than on preventing it or changing behaviors is more likely to work in which kind of setting?

- a. A school
- b. An HMO
- c. A hospital
- d. A worksite

ANSWER:

c

99. For health psychologists who work in the public health field, which activity they may engage in is most related to helping develop major public health decisions?

- a. Teaching health psychology and conducting research in the field
- b. Diagnosing health conditions and offering patients interventions
- c. Monitoring recent, current, and emergent trends related to health
- d. Working on placing nutrition facts on menus and food packaging

ANSWER:

d

100. Health is generally defined as an absence of disease.

- a. True
- b. False

ANSWER:

False

101. Currently, the leading cause of death in the United States is cancer.

- a. True
- b. False

ANSWER:

False

102. Most people in the United States die of chronic diseases.

- a. True
- b. False

ANSWER:

True

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103. Death rates in the United States from both heart disease and cancer are declining.

- a. True
- b. False

ANSWER: True

104. Stress is the leading cause of death in the United States.

- a. True
- b. False

ANSWER: False

105. African Americans have a higher death rate than European Americans.

- a. True
- b. False

ANSWER: True

106. Despite national media coverage to the contrary, poverty is not related to the mortality rate in the United States.

- a. True
- b. False

ANSWER: False

107. College graduates generally have a higher death rate than high school dropouts.

- a. True
- b. False

ANSWER: False

108. The training of health psychologists includes earning doctoral degrees.

- a. True
- b. False

ANSWER: True

109. Health psychologists rarely work in hospitals.

- a. True
- b. False

ANSWER: False

110. *Trace the changes in patterns of disease during the 20th century. Are there signs that those trends are changing? If so, how?*

A. Chronic diseases became more prevalent during the 20th century, overtaking acute diseases as leading causes of death.

1. In 1900, the leading causes of death were attributable to public or community health problems.

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2. As the century progressed, diseases with behavioral components, such as heart disease, cancer, and stroke, became leading causes of death.

B. In the early 21st century, the death rate from diseases with behavioral components began to decrease (such as heart disease), whereas some causes of death with minor behavioral contributions increased due to an aging population (such as Alzheimer's and Parkinson's diseases).

ANSWER: See outline below

111. *What roles do age and ethnicity play in mortality?*

A. Age is strongly related to illness and death.

1. The likelihood of chronic illness increases with age.
2. Children and young adults are much less likely to die than middle-aged and older adults, but younger people are more likely to die of unintentional injuries and violence.

B. Ethnicity also plays a role in health and mortality.

1. European Americans (including Whites and Hispanics) have substantially longer life expectancies than African Americans.
2. The role of ethnicity is not entirely clear because poverty and low socioeconomic status also relate to ethnicity in the United States, and income relates to health.
 - a. Poverty is related to ethnicity and is a negative factor in life expectancy.
 - b. Educational level is related to ethnicity, and low educational level is an important factor in poor health.

ANSWER: See outline below

112. *Discuss the implications of the acceptance of the biopsychosocial model over the biomedical model.*

A. Implications of the acceptance of one model over another are important because models guide research and practice in any area.

B. Acceptance of the biomedical model, the view that disease is a mechanistic response to pathogens, has promoted:

1. Acceptance of a mechanistic view of physiology as the source of both disease and the only route to cures.
2. Exclusion of psychological and social factors relating to illness and health because these factors do not fit into the model.

C. Acceptance of the biopsychosocial model promotes:

1. A more complex, multidimensional, and contextual view of health and illness.
2. A definition of health that includes optimal functioning.
3. A focus on the behaviors that underlie the development of many chronic diseases.
4. A holistic approach to health and to treatment.

ANSWER: See outline below

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113. *Before the development of health psychology, how was psychology involved in health?*

- A. Psychology's involvement in health traces back to the early years of the 20th century.
 - 1. Psychologists were involved in medical education.
 - 2. Despite long involvement, psychologists played a secondary role in medicine, restricted to mental health treatment and consultation.
- B. The development of psychosomatic medicine promoted the role of mental factors in physical health.
 - 1. The psychodynamic view holds that personality is a factor in the development of disease.
 - 2. The psychosomatic view began to lose popularity, replaced by behavioral medicine and health psychology.

ANSWER:

See outline below

114. *Trace the development of behavioral medicine and health psychology.*

- A. Behavioral medicine
 - 1. Has historical roots in psychosomatic medicine.
 - 2. Is an interdisciplinary field.
 - 3. Aims to integrate biomedical and behavioral knowledge to enhance prevention, diagnosis, treatment, and rehabilitation.
 - 4. Has dedicated journals, including *Annals of Behavioral Medicine*.
- B. Health psychology
 - 1. Can be traced to the APA taskforce (1976) that found few psychologists conducted health research, and envisioned psychologists would contribute to enhancing health and preventing disease in the future.
 - 2. Was founded by psychologists and made official when the APA established its Division 38 specifically for this field, a specialty within the psychology discipline.
 - 3. Applies knowledge in psychology to promoting health, preventing disease, treating disease, improving the health care system, influencing public opinion about health, and establishing health policy.
 - 4. Includes the branch of clinical health psychology.
 - 5. Has dedicated journals, including *Health Psychology*.

ANSWER:

See outline below

115. *Discuss how the preparation and work of health psychologists differ from and are similar to those of other psychologists.*

- A. The preparation of health psychologists is similar to other psychologists, following the scientist/practitioner model.
 - 1. Health psychologists receive doctoral degrees in psychology; many also obtain postdoctoral training. Some also pursue training in endocrinology, epidemiology, immunology, neurology, or other medical subspecialties.
 - 2. Clinical health psychologists must also learn clinical skills and how to practice as health care team members.
 - 3. Health psychologists often complete practicums and internships in hospitals, clinics, and other health care settings.
- B. Jobs of health psychologists may be similar to those of other psychologists or may vary considerably.
 - 1. Like other research psychologists, health psychologists who conduct research usually are employed in educational settings where they combine teaching and research.
 - 2. Unlike most research psychologists, health psychology researchers may be employed in medical

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centers, teaching medical students and participating in research as part of biomedical research teams.

3. Like other clinical or counseling psychologists, health psychologists who provide services may work in private practice, in hospitals or clinics, or in health maintenance organizations (HMOs), where they provide diagnosis and treatment.

4. Unlike most clinical or counseling psychologists, health psychologists who provide services may work as part of teams that provide services to people who are physically sick.

5. Unlike most psychologists, health psychologists are more likely to be involved in providing preventive services.

ANSWER:

See outline below

116. *Describe the general nature of health psychologists' contributions to promoting health. Give examples of services, fields, and settings included in the work of health psychologists, and explain how these are related.*

- A. Health psychologists contribute to promoting health in a wide variety of ways.
- B. Services provided by health psychologists include various categories:
 - 1. Providing biofeedback and other non-pharmacologic alternative treatments
 - 2. Providing behavioral interventions to treat chronic pain, some gastrointestinal conditions, and other physical health problems
 - 3. Providing behavioral interventions to increase patient adherence to medication regimens and other prescribed treatments
 - 4. Providing assessments by administering neuropsychological and psychological tests
 - 5. Providing psychological treatments for patients to help them cope with illnesses
- C. Some students of health psychology go to work in allied professions, e.g.:
 - 1. Public health
 - 2. Dietetics/Nutrition
 - 3. Occupational therapy
 - 4. Social work
- D. Health psychologists working in public health may:
 - 1. Work for government agencies.
 - 2. Work for academic institutions.
 - 3. Monitor trends developing related to health matters.
 - 4. Develop and/or evaluate health awareness campaigns.
 - 5. Develop and/or evaluate educational interventions.
 - 6. Help to develop and evaluate large-scale decisions in public health, e.g. taxing alcohol, cigarettes, and other products that damage health; placing warning labels on cigarette packs; and placing nutrition facts on restaurant menus and food packaging.

ANSWER:

See outline below

117. *Explain how disease prevention contributes to longer life expectancy, including several examples that have had major effects and a category that has had comparatively minor effects.*

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- A. Vaccination widely across the population has decreased infectious diseases and increased life expectancy.
- B. Purifying drinking water to remove contaminants has decreased infectious diseases and increased life expectancy.
- C. Pasteurizing milk supplies nationwide has decreased infectious diseases and increased life expectancy.
- D. Healthier lifestyles (e.g. physical activity, healthy diet, avoiding smoking and drug use) prevent many chronic diseases and increase life expectancy.
- E. Improved nutrition nationwide promotes health and has increased life expectancy.
- F. Improved sanitation (e.g. sewage disposal) has increased life expectancy.
- G. Surprisingly, medical care advances (e.g. new technologies in surgery, antibiotic drugs, more efficient EMS teams, more skilled staff in hospital ICUs) have had only minor effects in raising life expectancy compared to the prevention measures above.

ANSWER:

See below

118. *Discuss how medical care costs have risen in the United States from the 20th to 21st century. Give some examples of ways to control these costs.*

- A. American medical cost rates have risen faster than our economy's inflation rates.
- B. The United States currently spends more than any other country on health care.
- C. As of 2015, the USA's medical care costs were >16% of its gross domestic product (GDP).
- D. Per person, per year, total annual health care costs in America went up >700% from 1970 to 2013.
- E. Chronic health conditions, which increase as people age, now incur 86% of prescription costs; 76% of hospital stays; and 72% of doctors' office visits.
- F. Rather than limiting medical services, a preventive approach can lower medical expenses:
 - 1. Earlier detection of disease, and of conditions leading to disease (e.g. high cholesterol, high blood pressure, etc.) lower risks of death or serious illness.
 - 2. Screening for disease risk is preferred over treating existing disease, which is more difficult. Quality of life is reduced by living with chronic disease.
 - 3. Adopting healthier lifestyles can prevent many chronic diseases and is preferred over screening for disease risk or treating existing disease.
 - 4. It is typically less expensive to maintain health than to get well after getting sick.

ANSWER:

See below

119. SA: In addition to applying psychological principles to physical health care, identify some other functions of health psychology that involve interaction with biological and sociological factors. Explain briefly how biological, psychological, and sociological factors contribute to health outcomes, and how this relates to a health psychology goal.

- A. Functions of health psychology include:
 - 1. Helping to identify conditions that affect health

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2. Helping to diagnose some chronic diseases
 3. Helping to treat certain chronic diseases
 4. Helping to accomplish physiological and psychological rehabilitation by changing the behaviors these involve
- B. Health psychology interacts with biological and sociological aspects of health in fulfilling the above functions.
- C. Biological factors are the only factors directly contributing to physiological health and illness.
- D. Psychological and sociological factors contribute indirectly to physical health and illness.
1. For these factors to affect biological processes, they must “get under the skin,” i.e. exert some biological influence, or be manifested biologically.
- E. Identifying the pathways whereby psychological and sociological factors come to affect biological health and disease processes is a goal of health psychology.

ANSWER:

See below