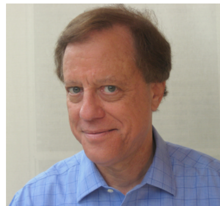
EHPS 2015

29th Conference of the EHPS - Cyprus 2015

Principles of Behaviour Change in Health and Illness

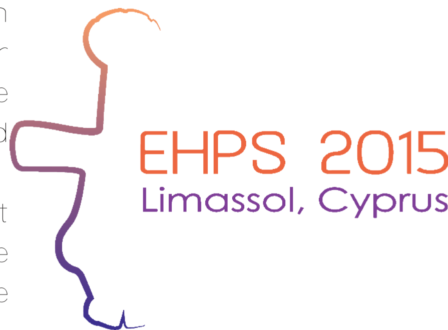
Interviews with the keynotes speakers



Howard S. Friedman

1. Please identify a moment that changed the course of your career.

The most exciting aspect of research is discovering something new—or seeing an old phenomenon in a new light. For me, this happened in a dramatic way about three decades ago when I discovered that multiple aspects of personality are associated with multiple diseases, in similar ways—what I called the "disease-prone personality" and the "self-healing personality." We then soon discovered that conscientiousness earlier in life was a core component of the relevant processes and pathways. I have been following up on these fascinating discoveries ever since.



2. Identify one challenge that health psychology should be addressing, but is not.

We need to develop a better understanding of what it means to be healthy. That is, what is health? Many puzzles and problems in health promotion and the health care system derive from conceptual ambiguity and narrowness about health. I will be talking a little about this during my keynote address. I also welcome hearing ideas from EHPS readers and members.

3. Please identify one journal article that all psychologists should read.

I believe I cover many important matters in my recent review article:

Friedman, H. S. & Kern, M. L. (2014). Personality, well-being and health. Annual Review of Psychology, 65, 719-742.

4. What first got you interested in health psychology?

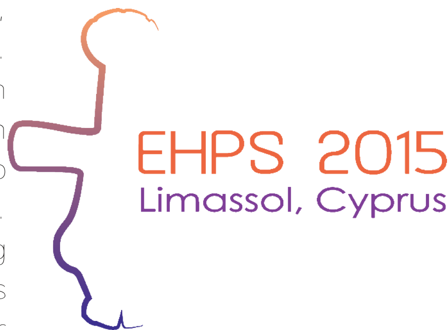
When I started my career, there was no formal field of health psychology. There were medical sociologists studying the sick role and doctor-patient relations. There were medical anthropologists studying cross-cultural differences in medical concepts and treatments. There were psychiatrists and Freudians studying repression and ulcers. And there were small numbers of psychologists working in hospitals and health clinics, helping those with serious chronic illness: this was called "medical psychology." (Europe was a leader in this.) But psychologists were mostly missing from the health field. Psychology was focused on mental health and mental illness and strife, and on basic principles of experimental psychology with behavioral outcomes. It was shocking for a psychologist to think of using physical health as a core outcome. I started meeting with like-minded young psychologists, including Nancy Adler, Robert Kaplan, Shelley Taylor, and a dozen others, and we were amazed to see the possibilities for the study and promotion of

health. A lesson is: hang out with and value your colleagues.

When I published my first two meta-analyses on health psychology in 1987, they fortunately received a lot of puzzled attention but also a lot of skepticism. When in 1993 I published my first longitudinal study in JPSP on "Does childhood personality predict longevity?" it was likewise met with lots of surprise and even doubt as to whether this was "psychology." But by then, I knew we were onto something important. Now, there are many excellent research programs all around the world studying personality and health in this manner.

5. What is the most important lesson that you have learnt?

I have been amazed to discover the extent to which healthy (or unhealthy) behaviors, patterns, and events cluster together. Disease is sometimes random ("bad luck"), but less often than we imagine. Instead, most individuals are on what I call "pathways to health and longevity" or "pathways to disease" (disease proneness). This is a new way of thinking about health. The good news is that people can change their pathways, although most do not.



6. What advice would you offer to young psychologists?

It is important to remember why we work in this field—to develop psychological science and apply it to improving health in society. The ultimate goal is not how many titles or publications you have. For example, the real pleasure in giving a keynote address comes from the opportunity to present and discuss your ideas with smart colleagues and students, not from fame or prestige. I'd encourage young health psychologists to persevere and to remain idealistic. Health psychology is a wonderful field, with rich concepts, great research methods, and huge importance for individuals and for society. And fascinating and fun as well!

7. What is your hope for the future of health psychology?

I love teaching and so I know from students and junior colleagues that health psychology is in good hands. For half a century, psychologists have talked fruitfully about a "biopsychosocial approach." But there is always pressure towards fragmentation. Some focus on health at the genetic, cellular, or even molecular level. Some focus uniquely on cognitive and behavioral psychological processes. Still others focus on social, societal and cultural matters. All of this is important, but my hope is that more of us do not forget the bigger, integrative picture. If you think that the secret of health and thriving can be found solely in telomeres, or mitochondria, or cognitive-behavioral therapy, or meditation, or patient adherence, or SES, you are missing a core part of the story. The glory of health psychology is its ability to draw from many relevant disciplines and discoveries.

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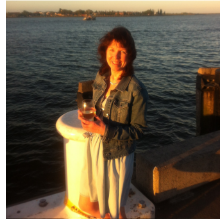
Susan Michie



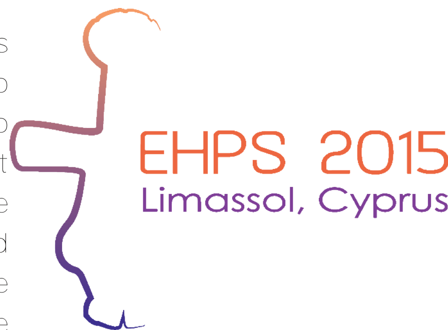
1. Please identify a moment that changed the course of your career.

The moment is in the 1970's when I was a jobbing clinical psychologist at the Royal Free Hospital, London, working with children and adults. One Marie Johnston, who headed an integrated department of clinical and health psychology, knocked on my door, sat down and said "What research are you going to do?" Unusually for me, I was stuck for words … but it got me thinking ….and then doing research….

2. Identify one challenge that health psychology should be addressing, but is not.

One of health psychology's strengths is its use of theory to summarise what we know to guide intervention development and evaluations and evidence syntheses. However, we could make much greater and more rapid advances if we specified the constructs and relations within theories more precisely and were more explicit about how we applied them. A systematic review of 190 behavioural interventions found that, of 56% interventions that applied theory, behaviour change techniques were not linked to theoretical constructs and/or constructs were not linked to behaviour change techniques in more than 90% of these (Prestwich et al, 2013, Health Psychology). A multidisciplinary review of theories of behaviour change identified 83: many were overlapping and most were poorly described, as were the constructs and relationships within them, for example, a lack of correspondence between labels and definitions (www.behaviourchangetheories.com; Michie et al, 2014, Health Psychology Review).

Health psychology has risen to the challenge of developing methods of specifying interventions more precisely; I would like us to do similar for theory. Work has begun by Michie and West to analyse, for these 83 theories, the relationships between and within them (the latter in terms of four semantic relationships and 13 structural or functional relationships). The scale of this job and the quest to identify 'prototype' theories from across this data set require collaboration with computer science. My prediction is that such collaborations will bring huge dividends to our field, including the application of natural language processing and machine learning to the analysis of 'big data' such as large evidence syntheses, building smartphone apps and analysing the vast quantities generated of 'real-time' data about behaviour, cognition and emotion in everyday life and situations.



3. Please identify one journal article that all psychologists should read.

The journal article that made the most impression on me as an undergraduate was: Nisbett, R. E., & Wilson, T. D. (1977). Telling more than we can know: Verbal reports on mental processes. Psychological Review, 84, 231-259.

It provided evidence for an argument that I adhered to, that mental processes leading to decisions, emotions and behaviour are inaccessible to conscious awareness. Self-report can therefore only provide an account of "what people think about how they think," but not "how they really think".

Fortunately, technological developments allow us to move beyond self-report in understanding,

for example, influences on behaviour. Sensors in mobile phones, clothes and the environment along with sophisticated indicators e.g. of voice and physiological markers, allow the synthesis of "big data" in real time in everyday lives.

4. What first got you interested in health psychology?

A visit to the psychiatric hospital in Havana, Cuba in the late 1970's opened my eyes to a different way of conceptualising mental health and of working than I had been used to: preventive, many disciplines working together not dominated by medicine, seeing mental and physical health intertwined and both important, and integrating all individuals within society as broadly and deeply as possible. These ideas made a deep impression on me and I published two articles as a result of this visit. When I later came across health psychology as an emerging science and practice, it seemed to embody many of these principles which I thought key to maximising the mental and physical health of the population.

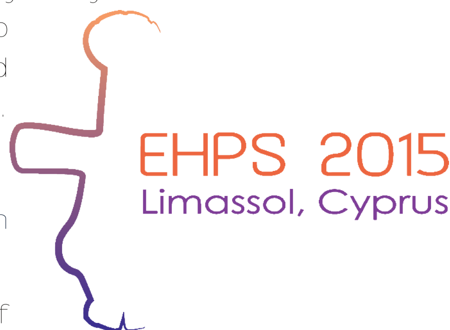
5. What is the most important lesson that you have learnt?

To be humble about oneself and one's discipline, and to respect the contribution of all disciplines to the thinking about and conduct of science, and research more generally, and to the understanding of human behaviour in the broadest sense. And to hold this alongside a strong sense of one's own discipline and contribution. The first I have slowly learnt over many years; the latter I learnt early on when I spent two years as a clinical psychologist in a social service project with next to no contact with other psychologists – I ended up being quite confused about who I was and what I had to offer.

6. What advice would you offer to young psychologists?

Be curious, follow your interests and do what you believe to be important. Increasingly, researchers are being pushed into certain types of research in order to achieve certain types of "metric" that bring fame and fortune to Universities. Whilst it is strategic to 'play the game' to some extent, it is also important to do what you feel is going to add value to one's area (and to you) and to think long-term and big. The other thing is to combine being open to new ideas and methods, whilst retaining focus. And for researchers to be engaged with practice and policy will enhance their research, just as engagement with research enhances practice and policy.

In my inaugural professorial lecture, I said three things had influenced my career and who I had worked with: intellectual interest, social usefulness and the capacity for fun. I think these have served me well.



7. What is your hope for the future of health psychology?

That it will embrace the Open Science movement (https://en.wikipedia.org/wiki/Open_science). Our discipline, and science more generally, has been dogged by not working in a fully transparent and collaborative fashion which means slow accumulation of evidence and advance in thinking and huge waste of investment and potential good for society. For example, this year Nature published the preliminary results of testing the reproducibility of 100 research findings: only 39 were reproduced. Whilst many explanations can be put forward for this, there is no doubt that our science could be vastly improved by being open about every aspect of our practice, including data sets, lab notes and details

of computational syntax and qualitative methods. I hope that a year from now, many of us will be embracing it in our own work by using Open Science Framework (https://osf.io/)

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JoAnne Dahl

1. Please identify a moment that changed the course of your career.

Moving to Sweden from the US as a 20 year old student was definitely a significant change that greatly impacted my life course. Immersing myself in a new culture, language and perspective taught me the value of psychological flexibility.

2. Identify one challenge that health psychology should be addressing, but is not.

The dichotomy between psycho and somatic is still more the rule than the exception. There are still discussions about 'real' pain and psychogenic pain, real seizures and psychogenic seizures. Until we see all of these phenomena as one and as a whole we are not likely to move forward. I have found the best developments to happen when we from the medical and psychological traditions to get into a shared perspectives and help each other to a synthesis of a new perspective. I find we are still locked into territorial thinking with what is right and wrong in an atmosphere of competition and self promoting. I think cooperation and shared perspective should be encouraged by journals, conferences and research funding.

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3. What first got you interested in health psychology?

I was interested am still am fascinated by understanding the behaviour of human beings and in particular how we relate to our bodily symptoms. Why some people exaggerate and others ignore physical symptoms and why some perceived themselves as handicapped with little or no pathology while others with clear organic degeneration see no handicap. And that it is these difference in how symptoms are perceived that predicts dysfunction rather than the actual tissue damage is for me fascinating.

4. What is the most important lesson that you have learnt?

Behaviour or functional analyst has always been my life line I hold on to.

5. What advice would you offer to young psychologists?

Learn functional analysis properly.

6. What is your hope for the future of health psychology?

I hope for a true cooperation between medical and psychological professions and perspectives.

JoAnne Dahl
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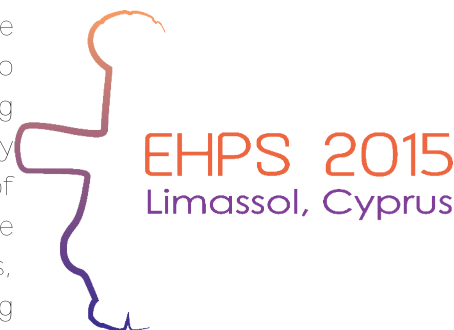
Ronan O'Carroll

1. Please identify a moment that changed the course of your career.

I had planned a career in Clinical Psychology. It was (and still is) pretty competitive to get a place on a Clinical Psychology training programme in the UK. I therefore applied to study for a PhD to enhance my chances of obtaining a Clinical Psychology training place. Fortuitously, at that exact time, a PhD studentship was advertised funded by the MRC and based in my home city of Edinburgh, entitled "The behavioural effects of androgens in man", supervised by John Bancroft (he went on to become Director of the Kinsey Institute in the US). My aim was purely to use the PhD as a stepping stone to Clinical Psychology training (which it did). However, I really enjoyed the experience of conducting research on the relationship between hormones, mood and behaviour, and testing hypotheses in small RCTs during the PhD. After working as a Clinical Psychologist in the National Health Service for a couple of years, I realised that the mix of research, teaching and some clinical work suited me better, and I gradually drifted towards Health Psychology. Another important change point was in 1990 when I returned from working in Canada. Ralph McGuire, (who was Director of Clinical Psychology training in Edinburgh for many years) asked me to join him doing some clinical work in general medicine, in the Dept. of Psychological Medicine in Edinburgh Royal Infirmary. I accepted his invitation and 25 years later am still doing a session there every Tuesday afternoon. I find this regular patient contact vital as a "real world" testing ground for some our ivory tower academic theories and models. For example, this regular direct patient contact has helped cement my view that our idiosyncratic illness and treatment beliefs are hugely important in determining health outcomes, and that these should be elicited and addressed regularly in routine patient contact.

2. Identify one challenge that health psychology should be addressing, but is not.

There is now widespread acceptance that behaviour plays a key role in the development of many long-term conditions and that behaviour change is essential for both prevention and treatment. Our challenge is to demonstrate to policy makers that health psychology interventions can make a significant and lasting change to health behaviours that lead to improved health outcomes.



Our discipline has taken important strides forward in theory development and in extending our understanding of the factors that guide intention formation and behavioural enaction. Significant advances are also being made in developing a reliable taxonomy of behaviour and behaviour change techniques.

As a discipline however, we need to collaborate more and conduct larger, multi-centre, collaborative, intervention studies, where behaviour is measured objectively. We need to test whether the behaviour change is maintained, if so then the study should be replicated. If we find robust treatment effects in relation to sustained behaviour change, we should promote

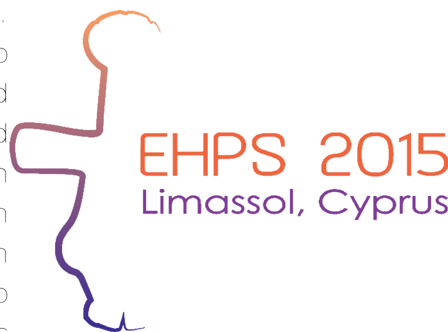
and implement them.

3. Please identify one journal article that all psychologists should read.

Well the previous answer was largely lifted from O'Carroll, R. E. (2014). Health Psychology interventions. British Journal of Health Psychology, 19(2), 235–239..... but I would recommend Leventhal, H., Diefenbach, M., & Leventhal, E. (1992). Illness cognition: Using common sense to understand treatment adherence and affect cognition interactions. Cognitive Therapy and Research, 16(2), 143–163.

4. What first got you interested in health psychology?

I have outlined some of the answer in 1 (above). By 1999 I was conducting more research in the area of psychology in a general medical setting and I joined Marie and Derek Johnston at the University of St Andrews. They really introduced me to Health Psychology and pointed out that a lot of my work had been in the domain of Health Psychology, I just hadn't been aware of it. I learned a lot from both of them, and continue to do so. Marie in particular has educated me on the limitations of cross-sectional designs, relying on self reports, and the need for rigorous intervention studies and the importance of measuring actual behavior.



5. What is the most important lesson that you have learned?

Work with good people. Not just clever and competent people, but good people too. Forming trusting relationships where you can comfortably, honestly and safely criticize each others work is essential. I have been very fortunate throughout my career to have great colleagues. I also firmly believe that one should try and have a healthy work/life balance. I certainly don't work all the time and believe that having a laugh on a regular basis is crucial.

6. What advice would you offer to young psychologists?

See answer to 5 above.

7. What is your hope for the future of health psychology?

I hope that as a discipline, we can produce the evidence to convince Governments that behavior and behavior change should be a key target for large scale research projects, with commensurate funding. I genuinely believe that if we could target behavior more effectively, world-wide health outcomes could be dramatically improved. I am not at all anti-medicine, but if a fraction of the funding allocated to bio-medical research was directed towards health behavior research, I think the returns could be remarkable.

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