

Chapter 1--Introducing Health Psychology

Student: _____

1. People have far-ranging beliefs about health and illness. Which of these beliefs is true?
 - A. The United States ranks in the top five nations in terms of life expectancy.
 - B. The 30-year increase in life expectancy that occurred in the United States during the 20th century was due mostly to improved medical care.
 - C. Good health is the absence of disease.
 - D. All of the above are true.
 - E. None of the above is true.

2. 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.

3. The leading cause of deaths in the United States is
 - A. cancer.
 - B. AIDS.
 - C. cardiovascular disease.
 - D. pneumonia
 - E. accidents.

4. During the last few years of the 20th century, 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.

5. 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

6. The leading cause of deaths in the United States
- A. is due to acute, infectious disease.
 - B. is due to sexual behaviors.
 - C. has shifted from cardiovascular disease to cancer.
 - D. has shifted from acute to chronic diseases.
7. During the last years of the 20th century, Robert Sapolsky commented that "we are now living well enough and long enough to
- A. pay off our debts."
 - B. afford an unhealthy diet."
 - C. afford a healthy diet."
 - D. slowly fall apart."
8. In the United States during the early years of the 21st century,
- A. homicide decreased significantly.
 - B. deaths from accidents increased significantly.
 - C. deaths from heart disease increased significantly.
 - D. deaths only moderately related to lifestyle decreased significantly.
9. In the United States, young people ages 15 to 24 have a low mortality rate, but those who die are most likely to die from
- A. cancer.
 - B. unintentional injuries.
 - C. homicide.
 - D. HIV infection.
 - E. suicide.
10. In the United States, young people ages 15 to 24 have a low mortality rate, but those who die are most likely to die from ____ and ____.
- A. cancer.... heart disease
 - B. unintentional injuries homicide
 - C. homicide cancer
 - D. suicide HIV infection
11. In the United States, the three leading causes of death for adults ages 35 to 44 are
- A. unintentional injuries, cancer, and heart disease.
 - B. suicide, homicide, and HIV infection.
 - C. HIV infection, heart disease, and pneumonia.
 - D. cancer, HIV infection, and pneumonia.

12. 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, and Helen is a 32-year-old Asian American dentist. The woman most at risk for poor health is
- A. Rhona.
 - B. Gena.
 - C. Leah.
 - D. Helen.
13. In the United States, Hispanic Americans
- A. have about the same rate of poverty as European Americans.
 - B. have longer life expectancy than European Americans.
 - C. have longer life expectancy than African Americans.
 - D. have about the same life expectancy as Asian Americans.
14. In the United States, people living below the poverty level generally
- A. have low educational levels.
 - B. are more likely than other people to have health insurance.
 - C. are members of ethnic minority groups.
 - D. are more likely than other people to seek health care.
 - E. both a and c are correct.
15. Since 1900, life expectancy in the United States has
- A. decreased.
 - B. remained about the same.
 - C. increased by about 10 years.
 - D. increased by about 20 years.
 - E. increased by about 30 years.
16. The increase in life expectancy since 1900 is due mostly to
- A. the decrease in cancer deaths.
 - B. the conquest of influenza.
 - C. major changes in lifestyle.
 - D. a reduction in cardiovascular disease.
 - E. none of the above.
17. 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

18. 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.
19. 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.
20. During the past 30 years, death rate from heart disease in the United States has declined. At the same time,
- A. medical costs have increased.
 - B. smoking rates have increased.
 - C. life expectancy has decreased.
 - D. acceptance of the biomedical model has increased.
21. 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
22. A pathogen is
- A. a disease.
 - B. the pattern of illness in a population.
 - C. any agent, such as a microorganism or virus, that can cause a disease.
 - D. one of the healing forces of nature.
23. The biomedical model of disease
- A. was common during the 1800s but was replaced by the biopsychosocial model during the early 1900s.
 - B. views pathogens as the causes of disease.
 - C. is more common among the public than among health care professionals.
 - D. cannot explain infectious illness or the prevalence of viral illness.

24. Many medical advances during the 19th century were prompted by the biomedical model that
- A. emphasized emotional rather than physical factors in diseases.
 - B. replaced the Cartesian model.
 - C. led to a search for microscopic organisms that cause disease.
 - D. took a holistic view of health and disease.
25. Cade attributes catching a "cold" to not getting enough sleep or feelings of distress. Thus, Cade has an implicit acceptance of the ____ model of health.
- A. biochemical
 - B. biomedical
 - C. Cartesian
 - D. biopsychosocial
26. 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.
27. Which of the trends within psychology is most compatible with the biopsychosocial view?
- A. the trend for psychologists to cooperate with physicians in mental health treatment
 - B. increasing interest in positive psychology
 - C. the growing number of women in the field of psychology
 - D. the mapping of the human genome
28. Before 1950, psychologists were involved with physical health primarily in the area of
- A. changing lifestyles.
 - B. changing attitudes.
 - C. pain management.
 - D. teaching in medical schools.
29. Psychosomatic medicine sees physical illnesses as
- A. having emotional and psychological components.
 - B. having biological causes.
 - C. causing stress and subsequent organic illnesses.
 - D. all of the above.
30. 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. diseases linked to a complex of biological, psychological, and social factors.
 - D. flow from unconscious factors and are a means of reducing anxiety.

31. Behavioral medicine assumes
- A. a link between individual behaviors and health.
 - B. the existence of a specific pathogen in illness.
 - C. that disease can be controlled, but that health cannot be enhanced.
 - D. that the goals of medicine and psychology are incompatible.
32. The discipline that emphasizes the prevention of illness and the enhancement of health in currently healthy people is called
- A. behavioral health.
 - B. health psychology.
 - C. behavioral medicine.
 - D. medical psychology.
33. Behavioral medicine is most accurately seen as
- A. an interdisciplinary field.
 - B. a branch of medicine.
 - C. a division of the American Psychological Association that deals with psychosomatic disease.
 - D. the child of health psychology.
34. Health psychology is best defined as the scientific study of those behaviors related to
- A. the adoption of the sick role for persons who believe themselves to be ill.
 - B. health enhancement, disease prevention, and rehabilitation.
 - C. the development of psychosomatic illness.
 - D. the development of psychological and emotional illness.
35. 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.
36. 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.
 - D. all of the above.

37. During the last quarter of the 20th century, psychology became involved in the changing field of health primarily by
- A. treating physical diseases.
 - B. treating mental diseases.
 - C. studying behaviors that enhance health and prevent disease.
 - D. practicing psychosomatic medicine.
38. During the past 50 years, psychology departments in most major universities have trained doctoral level candidates to be both scientific investigators and practitioners. This model is called the
- A. Boulder model.
 - B. Omaha model.
 - C. Matarazzo model.
 - D. psychosomatic model.
39. Health is generally defined as an absence of disease.
- True False
40. Currently, the leading cause of death in the United States is cancer.
- True False
41. Most people in the United States die of chronic diseases.
- True False
42. Death rates in the United States from both heart disease and cancer are declining.
- True False
43. Stress is the leading cause of death in the United States.
- True False
44. African Americans have a higher death rate than European Americans.
- True False
45. Despite national media coverage to the contrary, poverty is not related to the mortality rate in the United States.
- True False
46. As the number of health maintenance organizations goes up, the cost of health in the United States has gone down.
- True False

47. The American Medical Association generally accepts the biopsychosocial model of health and treatment.

True False

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

True False

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

50. What roles do age and ethnicity play in mortality?

51. Discuss the implications of the acceptance of the biopsychosocial model over the biomedical model.

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

53. Trace the development of behavioral medicine and health psychology.

Chapter 1--Introducing Health Psychology **Key**

1. E
2. A
3. C
4. B
5. C
6. D
7. D
8. A
9. B
10. B
11. A
12. C
13. C
14. E
15. E
16. E
17. C
18. D
19. A
20. A
21. A
22. C
23. B
24. C
25. D
26. B
27. B
28. D
29. A
30. C

31. A

32. A

33. A

34. B

35. D

36. B

37. C

38. A

39. FALSE

40. FALSE

41. TRUE

42. TRUE

43. FALSE

44. TRUE

45. FALSE

46. FALSE

47. FALSE

48. FALSE

49.

- 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.
 2. As the century progressed, diseases with behavioral components such as heart disease, cancer, and stroke, became leading causes of death.
- B. Beginning in the mid-1990s, the death rate from diseases with behavioral components began to decrease, whereas some causes of death with small behavioral contributions increased.

50.

- 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.

51.

- 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; these factors do not fit into the model.
- C. Acceptance of the biopsychosocial model promotes:
1. A more complex view of health and illness, one that is multidimensional and contextual.
 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.

- 52.
- 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 then by health psychology.
- 53.
- A. Behavioral medicine:
1. Can be traced to the 1977 Yale conference but also has historical roots in psychosomatic medicine.
 2. Was founded by people working in the health care field, some of whom were physicians but others of whom were in nursing, rehabilitation, and psychology.
 3. Attempts to integrate biomedical and behavioral knowledge to enhance prevention, diagnosis, treatment, and rehabilitation.
 4. Has its own association, the Society for Behavioral Medicine, and its own journal, the *Journal of Behavioral Medicine*.
- B. Health psychology:
1. Can be traced to the APA taskforce that studied the role of psychology in health research.
 2. Was founded by psychologists, some of whom were working in health care settings but others of whom were involved in research in various content areas of psychology.
 3. Attempts to apply knowledge in psychology to the promotion of health, the prevention and treatment of disease, and the establishment of health policy.
 4. Has its own division of the American Psychological Association, Division 38 and its own journal, *Health Psychology*.