

# Health Psychology in family practice: Fulfilling a vital need

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## Abstract

In the context of a busy family practice, medical practitioners often have little time to attend to the psychosocial concerns of patients. Nevertheless, psychological and behavioural factors play an important role in the trajectory of health problems. Health Psychology, a relatively new profession in South Africa, addresses the relationship between behaviour and health. This emerging field is concerned with the emotional problems associated with poor health, behavioural risk factors that contribute to the onset, exacerbation and maintenance of health problems, and comorbid psychiatric conditions commonly seen in primary care settings. Among the various interventions dispensed by health psychologists are psychological interventions to manage chronic pain, counselling to help cancer patients manage distress or mood disturbance, self-care regimens for adolescents diagnosed with diabetes, and interventions to help AIDS patients manage stress. The role of the health psychologist is becoming increasingly important as part of a holistic approach to meeting the needs of patients in family practice settings.. (*SA Fam Pract* 2003;45(8):7-10)

## INTRODUCTION

Family practitioners who work in a busy medical practice face several competing demands that are both time consuming and labour intensive. These include having several patients in the waiting room, consulting with other professionals and making complex and serious decisions regarding the medical management of their patients. As a result many doctors are unable to extend their consultation time in order to talk to their patients about the relationship between their medical condition and their lifestyle, mood, well-being, relationships with family and friends and other quality-of-life issues. Nevertheless, such psychosocial factors play an important role in the patients' experience of their illness.<sup>1</sup> Psychological and behavioural concerns may be expressed in the form of somatic complaints<sup>2</sup> overlooked by a medical practitioner because of time constraints or because his or her medical training has not emphasised the

psychological and social aspects of health status.<sup>3</sup>

Effective management of the psychological and social issues may play an important role in the illness trajectory, affecting coping with the illness, compliance with treatment regimens, recovery time and the relationships between the patient and his or her social support system. The fact that the management of psychosocial factors is generally excluded from routine medical care represents an important gap in the health care system in South Africa. However, a relatively new profession, Health Psychology, has shown promise in addressing the discrepancy between what medical practitioners can offer and the psychological and social needs of their patients.

## WHAT IS HEALTH PSYCHOLOGY?

Health Psychology is the contribution of psychology to the advancement,

maintenance and promotion of health, and to the prevention and treatment of disease and illness. The practice of medicine has traditionally been based on the biomedical paradigm, which dominated most of the 20<sup>th</sup> century. In terms of traditional biomedicine, human beings are seen as biological organisms. Disease is generally defined as an objective biological event that involves disruptions in body structures or organ systems.<sup>4</sup> Pathogens are seen as the cause of disease, and the biomedical paradigm conceptualises the relationship between pathogen and health outcome as direct and linear.<sup>5</sup> Intervention in or treatment of the disease involves the practitioner applying a corrective physical or chemical agent to repair the body and restore biological normality.

Despite its many successes in improving public health over the past several decades, the biomedical model has an important limitation. As its focus is chiefly on the overtly observable physiological aspects of disease, it does

not always adequately consider the complex factors that impact on poor health outcomes. Thus, the psychological, sociological and cultural influences on the health-disease relationship often do not receive adequate attention in a typical medical consultation.<sup>6</sup>

The biopsychosocial model of health and disease was developed in response to the limitations inherent in the medical model.<sup>7</sup> This broader model was intended to address the complexity of health and illness outcomes by taking person-environment interactions, the role of stress and coping on the trajectory of illness conditions, and the importance of behavioural and psychological interventions into account as part of a holistic approach to health care.<sup>8</sup> The biopsychosocial model therefore brings into focus a multiplicity of risk factors associated with ill health and a synergistic relationship between lifestyle, behaviour and health status. The patient is conceptualised as an active organism living in and acting on the environment. This approach acknowledges the psychological, behavioural, biological and physical factors that interact to influence health. It is systemic to the extent that it considers the human being as a synergy of its component organs and parts, constantly operating in a biological, social, cultural and political environment. Rather than focusing primarily on disease, the concern of the biopsychosocial paradigm is with illness, which is the patient's subjective experience or self-attribution that a disease is present.<sup>9</sup> Illness refers to the manner in which the sick individual lives with and responds to symptoms and disability. The expression of symptoms is often only loosely related to objectively observable pathophysiology<sup>10,11</sup>.

### THE RELATIONSHIP BETWEEN BEHAVIOUR AND HEALTH

The relationship between behaviour and health is complex. Many behaviour patterns and factors relating to lifestyle are important determinants of health outcomes<sup>12,13</sup>. At the same time, illness conditions can have a major impact on

behaviour and psychological wellness, especially on the patient's mood and quality of life<sup>14,15</sup>. From a biopsychosocial perspective the imperative is therefore to incorporate an understanding of the psychological and social factors that relate to health and illness in order to enhance the patients' return to optimal health. The following examples illustrate some of these bio-behavioural relationships:

1. Prolonged unprotected exposure to the sun may enhance the risk of skin cancer.
2. Tobacco smoking increases the risk of lung, oesophageal and mouth cancer, as well as the risk of heart disease.
3. Unprotected casual sexual contact increases the risk of contracting the HI virus, which leads to AIDS.
4. Hostility and time urgency are behavioural patterns that are commonly associated with heart disease later in life.

Health conditions may also have important behavioural correlates, of which the following are examples:

1. Chronic pain has been associated with depression and long-term psychological distress.
2. Living with a chronic illness often results in poor quality of life marked by pain, poor functional status and decreased psychological well-being. In addition, the patients' relationships with colleagues, family members and friends are often disrupted.
3. Many persons living with AIDS often develop serious neuropsychological deficits that significantly impair their perceptual and psychomotor functioning.
4. End-stage renal failure has also been associated with cognitive impairment, resulting in psychological distress, poor quality of life and disruptions in terms of family relationships.

Thus, psychosocial factors are intimately tied to various illness conditions, yet often go undetected and untreated in primary care. One consequence of a paradigm that ignores the behavioural, affective and cognitive correlates of illness is that many patients

may fail to attain a satisfactory health status despite receiving prolonged and sustained medical care.<sup>16</sup> As an emerging profession, Health Psychology in South Africa is poised to address the broader psychosocial factors that are not typically considered part of traditional medical care. This field addresses three main sets of concerns with medical patients:

1. Psychological and emotional problems that are associated with ill health;
2. Behavioural factors that contribute to the onset, exacerbation or prevention of ill health; and
3. Co-morbid psychiatric conditions that are prevalent among primary health care patients.

### PSYCHOLOGICAL AND EMOTIONAL PROBLEMS ASSOCIATED WITH HEALTH PROBLEMS

After visiting their family practitioner, many patients have further concerns and questions that often extend beyond what a medical practitioner may offer. Thus, for example, cancer patients may experience anxiety in various stages of their disease about their impending mortality,<sup>17</sup> concerns about self-image and sexuality due to disfigurement caused by surgery,<sup>18</sup> or worries about the genetic transmission of the disease to their offspring.<sup>19</sup> Persons diagnosed with the HI virus often experience this revelation as a traumatic event and may be psychologically impaired, albeit temporarily, by this crisis.<sup>20</sup> HIV and AIDS bring into focus concerns about mortality, adequate health care in the context of prohibitively expensive anti-retroviral drugs, and the welfare of dependants that may survive the patient.<sup>17</sup> Moreover, high levels of stress have been shown to affect the immune system, resulting in people living with AIDS having increased vulnerability to opportunistic infections.<sup>21</sup> Cardiac patients recovering from myocardial infarction often experience clinically significant depression.<sup>22</sup> They are further challenged by rehabilitation regimens that involve the need to manage their stress, maintain a healthy diet and engage in regular exercise, all

of which have motivational components that are affected by personality, emotional; and behavioural variables.<sup>23</sup> For many patients, various personality and contextual factors, such as cultural beliefs about the nature of medication and competing demands on their time and energy, impair their ability to adhere to treatment regimens.<sup>24</sup> There is therefore considerable potential for health psychologists and medical practitioners to work collaboratively to enhance treatment outcomes and, consequently, increase the quality of life of patients.

### **BEHAVIOURAL FACTORS THAT CONTRIBUTE TO THE ONSET, EXACERBATION, MAINTENANCE AND PREVENTION OF HEALTH PROBLEMS**

Many diseases commonly managed by family practitioners are preventable. The onset and exacerbation of diseases such as emphysema, Type II diabetes, hypertension, and heart disease are often affected by factors that have strong behavioural components, such as diet, smoking; and exercise.<sup>25</sup> The 2002 World Health Report<sup>40</sup> identifies the top ten health risks, globally and regionally, in terms of the burden of disease they cause. The report notes that among the leading health risk factors globally are: unsafe sex, high blood pressure, tobacco consumption, alcohol consumption, high cholesterol and obesity. A relatively small number of risk factors are associated with a huge number of premature deaths and account for a very large share of the global burden of disease. More than 75% of cases of coronary heart disease (CHD), which is the world's leading cause of death, result from smoking, hypertension, high cholesterol, or a combination of these factors. In addition to contributing to CHD, tobacco smoking is considered a serious risk factor for various cancers.<sup>26</sup> Yet, despite widespread knowledge of the health risks of smoking, it remains a serious behavioural risk factor affecting public health in South Africa and other developing countries.<sup>27</sup> Social circumstances such as poverty, poor resources and cultural marginalisation, combined

with psychological factors such as motivation, self-esteem, hardiness and other personality variables, often determine health risk behaviour patterns.<sup>28</sup> As the disease burden also has major economic implications, efforts directed at preventing ill health are likely to reduce the financial costs associated with health care.

### **CO-MORBID PSYCHIATRIC CONDITIONS IN PRIMARY HEALTH CARE PATIENTS**

Undetected major depressive disorder is a serious public health problem and the prevalence of depressive disorders in primary care ranges between 10.4%<sup>29</sup> to 22.6%.<sup>30</sup> Other psychological disorders have been shown to be highly prevalent in community samples, such as posttraumatic stress disorder,<sup>31</sup> generalised anxiety disorder<sup>32</sup> and substance abuse.<sup>33</sup> The first and most important recommendation of the 2001 World Health Report, which focused primarily on mental health, was to provide treatment for mental disorders in primary care. The report's rationale for targeting primary care as the arena for the delivery of mental health services is that this will enable the largest number of people to get easier and faster access to services. Health Psychology may assist in this regard by contributing to efforts directed at the detection and treatment of co-morbid psychiatric illnesses in primary care.

### **THE ROLE OF HEALTH PSYCHOLOGISTS**

Psychologists who provide services to medical patients are usually trained in clinical or counselling psychology. They therefore possess the necessary skills in psychological assessment and diagnostics, family dynamics, individual and group psychotherapy, and consultation with medical professionals. Most psychologists have traditionally worked in psychiatric hospitals and in clinics specialising in mental or behavioural disorders. Health psychologists, however, work individually or with groups of patients who need help in managing problems associated with poor health. Thus, for example, a health

psychologist may provide cognitive behavioural psychotherapy to help a patient control chronic pain,<sup>34</sup> initiate individual counselling to assist cancer patients to recover from depression related to their diagnosis,<sup>35</sup> or work with family members to institute a self-care treatment regimen for an adolescent diagnosed with diabetes.<sup>36</sup> Cardiac patients may be assisted with problems relating to mood, and in adjusting to an appropriate pace in their lifestyle to reduce the risk for further cardiac events.<sup>37</sup> Persons living with AIDS may benefit from interventions aimed at managing their stress.<sup>38</sup> The field of psychoneuroimmunology, which is directed at understanding the relationship between stress and the immune system, has made important gains in recent years in developing empirically supported interventions aimed at fortifying the immune system.<sup>39</sup> Since health psychologists are skilled in understanding the relationship between behaviour and health, their contributions may potentially play an important role in addressing those aspects of ill health that lie beyond the expertise of many medical practitioners.

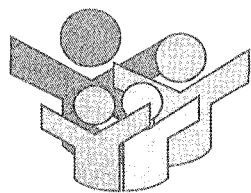
### **CONCLUSION**

The development and establishment of Health Psychology as a specialised component of health care is a potentially valuable addition to South African primary health care. Treatment dispensed within a broader biopsychosocial paradigm that addresses psychological, behavioural and lifestyle factors associated with health and illness is holistic rather than reductionist. Thus, collaboration between medical practitioners and health psychologists will most likely enhance the standard of care that is received by patients. A multi-disciplinary approach to managing a patient's health will ensure that the biological, psychological and social aspects of health status are addressed; simultaneously. Closer cooperation between medical doctors and health psychologists is likely to yield important benefits to patients, the medical profession, and to the South African health care system in general. □

## References

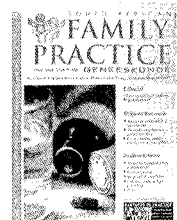
- Lehman AM, Lehman DR, Hemphill KJ, Mandel DR, Cooper LM. Illness experience, depression, and anxiety in chronic fatigue syndrome. *J Psychosom Res* 2002;52:461-465.
- Hansen MS, Fink P, Frydenberg M, Oxhøj ML. Use of health services, mental illness, and self-rated disability and health in medical inpatients. *Psychosom Med* 2002;64:668-75.
- Russell G, Potter L. Mental health issues in primary care. *J Clin Nurs* 2002 Jan; 11(1):118-25.
- Mechanic D. Illness behavior: An overview. In: McHugh S, Vallis TM, editors. *Illness behavior: A multidisciplinary model*. New York: Plenum Press; 1986.
- Shipman M, Newman SP. Psychological aspects of rheumatic diseases. *Baillière's Clin Rheum* 1993;-7(2):215-19.
- Kleinman A. The social course of chronic illness. Delegitimation, resistance and transformation in North American and Chinese societies. In: Toombs SK, Barnard D, Carson RA, editors. *Chronic Illness*. USA: Indiana University Press; 1995.
- Engel G. The need for a new medical model. A challenge for biomedicine. *Science* 1977;196:129-36.
- Patterson JE, Peek CJ, Heinrich RL, Bischoff RJ, Scherger J. *Mental Health Professions in Medical Settings: A primer*. New York: Norton; 2002. viii:232.
- Friedman HS. *Health Psych*. New Jersey: Prentice Hall
- Magora A, Scharz A. Relation between the low back pain syndrome and X-ray findings. *Scand J of Rehab Med* 1980;12: 9-15.
- Waddell G, Main CJ. Assessment of severity in low back disorders. *Spine* 1984;204-8.
- Steptoe A, Kerry S, Rink E, Hilton S. The impact of behavioral counseling on stage of change in fat intake, physical activity, and cigarette smoking in adults at increased risk of coronary heart disease. *Amer J of Public Health* 2001;91(2):265-9.
- French DP, Senior V, Weinman J, Marteau TM. Causal attributions for heart disease: A systematic review. *Psychology and Health* 2001;16(1):77-98.
- Constantino J. The impact of hormonal treatments on quality of life of patients with metastatic breast cancer. *Clin Therapeutics: Internat Peer Reviewed J Drug Therapy* 2002;24(Suppl C):C26-C42.
- Duffy SA, Duffy SA, Terrell JE, et al. Effect of smoking, alcohol and depression on the quality of life of head and neck cancer patients. *Gen Hospital Psych* 2002;24(3): 140-47.
- Hugo FJ, Hemp F. Malingering in clinical practice with specific reference to psychiatry and psychology. *S Afr Med J* 2002;92(5): 354.
- Chibnall JT, Videen SD, Duckro PN, Miller DK. Psychosocial-spiritual correlates of death distress in patients with life-threatening medical conditions. *Palliative Med* 2002;16(4):331-8.
- Burbie GE, Polinsky ML. Intimacy and sexuality after cancer treatment: Restoring a sense of wholeness. *J Psychosocial Oncol* 1992;10(1):19-33.
- Foster C, Watson M, Moynihan C, Arden-Jones A, Eeles R. Genetic testing for breast and ovarian cancer predisposition: Cancer burden and responsibility. *J Health Psych* 2002;7(4): 469-484.
- Martinez A, Israelski D, Walker C, Koopman C. Posttraumatic stress disorder in women attending human immunodeficiency virus outpatient clinics. *AIDS Patient Care and STDs* 2002;16(6):283-329.
- Leserman J, Pettito JM, Golden RN, et al. Impact of stressful life events, depression, social support, coping, and cortisol on progression to AIDS. *Amer J Psychiatry* 2000;157(8):1221-8.
- Grace SL, Abbey SE, Shnek ZM, Irvine J, Franche RL, Stewart DE. Cardiac rehabilitation I: Review of psychosocial factors. *Gen Hosp Psych* 2002;24(3):121-6.
- Norlander T, Bood SA, Archer T. Performance during stress: Affective personality, age, and regularity of physical exercise. *Social Behav and Personality* 2002;30(5): 495-508.
- Van Servellen G, Johiro AK, Ticaheck MJ. Detection and documentation of actual and potential adherence problems in patients receiving combination therapies. *JANAC: J Assoc Nurses in AIDS Care* 2002;13(4):64-7.
- Searight HR. *Beh Med: A primary care approach*. USA: Taylor Francis; 1999.
- Wetter DW, McClure JB, De Moor C. Concomitant use of cigarettes and smokeless tobacco: prevalence, correlates, and predictors of tobacco cessation. *Preventative Med* 2002;34(6):638-48.
- Peltzer K. Tobacco smoking in Black and White South Africans. *East Afr Med J* 2001;78(3):115-8.
- Mehrotra S, Jarrett SW. Improving basic health service delivery in low-income countries: 'voice' to the poor. *Soc Sci Med* 2002;54(11):1685-90.
- World Health Organization. *World Health Report: New understanding: New hope*; 2001.
- Coyne JC, Fechner-Bates S, Schwenk TL. Prevalence, nature, and comorbidity of depressive disorder in primary care. *Gen Hosp Psych* 1994;16: 267-76.
- Peltzer K. Risk for traumatization among violent crime victims in an urban community sample in South Africa. *Curatationis* 2000;23(4):22-7.
- Leclercq Y. The burden of depression and anxiety in general medicine. *J Clin Psych* 2001;62 Suppl 8:4-9;discussion 10-1.
- Serebro B. Total alcohol consumption as an index of anxiety among urbanised Africans. *Br J Addict Alcohol Other Drugs* 1972;67(4):251-4.
- King BJ, Nash M, Spiegel D, Jobson K. Hypnosis as an intervention in pain management: A brief review. *Internat J Psychiatry Clin Practice* 2001;5(2):97-101.
- Nezu CM, Nezu AM, Friedman SH, et al. Cancer and psychological distress: Two investigations regarding the role of social problem-solving. *J Psychosocial Oncol* 1999;16(3-4):27-40.
- Soren N. Eating disorders in females with type1 diabetes: An update of a meta-analysis. *European Eating Disord Review* 2002;10(4):241-254.
- Blanchard CM, Courney KS, Rodgers WM, Daub B, Knapiak G. Determinants of exercise intention and behavior during and after phase 2 cardiac rehabilitation: An application of the theory of planned behavior. *Rehab Psychology* 2002;47(3):308-23.
- Goodkin K, Fuchs I, Feaster D, Leeka J. Life stressors and coping style are associated with immune measures in HIV-1 infection: A preliminary report. *Inter J Psych Med* 1992;22(2):155-72.
- Coe CJ. Neuroendocrine and behavioral influences on the immune system. In: Becker JB, Breedlove SM, editors. *Behavioral endocrinology*. 2nd ed. Cambridge, MA: MIT Press; 2002. p. 373-407.
- World Health Organization. *World Health Report. Reducing risks, promoting healthy life*; 2002.

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