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### Current issues and new directions in **Psychology and Health**: Contributions to translational research

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## ***Editorial***

# **Current issues and new directions in *Psychology and Health*: Contributions to translational research**

Looking back over the past year of submissions to *Psychology and Health*, it is clear that health psychology research continues to thrive and grow – indeed, it looks at the time of going to press as if another record will be set this year for the numbers of papers submitted to the journal. Fortunately, the increase from six to eight issues a year means that we can continue to accept all the high quality papers that are sent to us. As anticipated, the electronic submission system has enabled us to cope more efficiently with this volume of submissions; the average time for giving authors a decision on their paper is now just 35 days.

In our first editorial (Yardley & Moss-Morris, 2007) we highlighted the need for use of interventions to experimentally test theory – for example, by identifying precisely which elements of a behavioural intervention mediate which outcomes. The need to understand which constructs and techniques are most important across a range of different contexts is increasingly recognised as a key priority for health psychology, and several of the editorial contributions this year have addressed this theme, offering suggestions for how to embed tests of theory within applied evaluations of interventions. Michie, Rothman and Sheeran (2007) call for more detailed and precise descriptions of theory-based behaviour change techniques, to facilitate accumulation of knowledge across a range of different intervention contexts. Reflecting on their recent experience of systematically reviewing trials of behavioural interventions for adults at high risk of cardiovascular disease, Dombroski, Sniehotta, Avenell and Coyne (2007) also note that a full description of the components and process of behavioural interventions is required to enable the research community to share and integrate knowledge about what works, why and when.

Empirical analyses of the theoretical content and process of interventions indicate that more needs to be done to ensure that components that theory predicts are central to behaviour change are actually delivered by the intervention. In this issue, detailed process analyses of a behavioural intervention reveal that less than half the techniques specified in the intervention protocol were actually

delivered (Hardeman et al., 2008). Moreover, the components given most prominence by those delivering the intervention were not the components that those receiving the intervention seemed to pay most attention to (Michie et al., 2008). Similarly, an analysis of the content of widely used alcohol education leaflets from across Europe indicated that most of the leaflets failed to address key motivations that theory and empirical research would identify as predictors of behaviour (Abraham, Southby, Quandte, Krahe, & van der Sluijs, 2007).

These studies provide evidence of a gap between theory and practice that needs to be bridged. However, there are also encouraging recent examples of the value of basing interventions on experimental tests of theoretical predictions. In this volume, Hill and Abrahams (2008) demonstrate, in a randomised controlled trial, that an evidence based condom-promotion leaflet is effective in increasing pro-condom attitudes and preparatory behaviours. Bersellini and Berry (2007) noted that the current European regulations require patient information leaflets to provide details of medication side effects, but do not require them to provide information about the benefits of the medication. However, in a series of experiments they demonstrated that, as predicted by social cognition models, adding information about the positive outcomes to be expected from taking medication enhances intentions to adhere to medication-taking. In the field of health promotion, Brown and Smith (2007) tested the theory-based hypothesis that messages that seek to arouse negative emotions may provoke defensive reactions. They showed that when smokers were presented with very distressing imagery they defended themselves against distress by reducing their estimates of personal risk from smoking, adding to the empirical literature suggesting that health campaigns that focus primarily on fear-arousal can be counter-productive.

In their discussion of how theory can be translated into practice, Leventhal, Musumeci and Contrada (2007) consider how descriptive psychological models can be used to identify important associations between psychological variables and health, while content-specific process models are then required to analyse the behavioural and psychophysiological mechanisms underlying these associations, in order to develop interventions. Sultan and colleagues (2008) in this edition use a process orientated personality/coping framework to look at adaptation to type 1 diabetes over a five year period. They found that lower levels of emotional coping, particularly emotional expression, predicted clinically significant increases in HbA<sub>1C</sub>, a marker of poor glycaemic control, but only in those with high baseline trait anxiety. Task-orientated coping predicted decreases in state anxiety over time. This study provides definite indicators for interventions. First, those high in trait anxiety may be more at risk and therefore should be screened for possible psychosocial intervention. Second, the intervention itself could focus on increasing the coping strategies that were shown to promote greater physical and psychological well-being.

Wimberly, Carver and Antoni (2008) also looked at inter-relationships between personality, process variables and outcome in women with early stage breast cancer. At all time points in the study, women who were more optimistic reported feeling more attractive and sexually desirable. This relationship was explained to a

large extent by the fact that optimistic women perceived themselves to have greater social support. Once again this study highlights the importance of process variables. Whereas it may be difficult to intervene on stable personality traits it is possible to challenge appraisals, in this instance appraisal of social support. Eiser and Eiser (2007) also looked at optimism in a longitudinal study. They observed that a mother's level of optimism soon after diagnosis of her child's cancer predicted (independently of medical status) the extent to which the child's quality of life improved over the next two years. The authors note that this association may be mediated by differences in parenting between those who are or who are not optimistic; analysis of these parenting processes would therefore be the next step to designing an intervention to help families adjust to childhood cancer.

Another model which has guided research on adaptation to illness and response to health threats is Leventhal's Common Sense Model (CSM) (Leventhal & Nerenz 1980). The central tenet of the model is that people's personal schemata, or representations of their illness or health threat, determine how they respond to their condition. In their editorial in this issue, French and Weinman (2008) argue that in order to further research in this area, we need to develop disease or condition specific measurements of illness representations. Also in this edition, Linda Cameron (2008) provides a good example of this. She demonstrated that the CSM can be used as a framework for measuring risk representations as well as illness representations. She used her new risk representations measure to show that students' representations of skin cancer risk are related to their detection and prevention behaviours, including skin examination and sun protective behaviours. A further study in this issue based on the CSM illustrated that while people's personal models are important in terms of how they respond and adapt to illness, so are beliefs of those close to them. Olsen, Berg and Wiebe (2008) showed that adolescents with type 1 diabetes viewed their condition somewhat differently to their mothers. Greater dissimilarity in the beliefs of mother's and their children was associated with poorer adjustment on behalf of the adolescents, independent of the adolescents' personal representations of their illness. Similar findings have been reported in studies of couples, where one partner has a chronic illness. Future research should explore how to help dyads come to shared understanding of the illness.

In summary, the papers we have highlighted that were published in *Psychology and Health* in 2007 and in this edition make a valuable contribution to translational research. There are a number of well designed longitudinal studies that explore relationships between psychological variables such as illness representations, behavioural coping styles and outcome over time, which provide clear guidelines for future interventions. Other studies have highlighted current short comings in existing treatment trials and the need for researchers to focus on issues of treatment fidelity and description. We hope in the years to come to see more theory based studies of interventions appearing in the journal that incorporate the necessary rigour to develop a convincing evidence base for the practice of health psychology. In order to enhance our credibility within the field of health and medicine we need to show that our theories can be translated into

practice and that theory based practice has the potential both to prevent health problems and to improve the lives of those who are ill.

*Rona Moss-Morris and Lucy Yardley*  
Editors-in-Chief

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