

Social Psychology and Health Behavior

The Problem

- *Healthy People 2010* (USDHHS, 2001)
 - most efficient route to reduce disease morbidity and premature mortality -- changes in behavior
 - 7 out of 10 leading causes of death are behavioral
 - smoking cessation: 25% drop in cancer deaths
 - heart disease reduced if people stopped smoking, lowered cholesterol, and exercised more
 - eliminate drunk driving: 50% drop in auto accident deaths

The Problem

- How can social psychology help?
 - How do people think about their behaviors?
 - Decide their risk?
 - Change their behaviors?
 - Cope with health problems?

Thinking about Health Behavior & Risk

- unrealistic optimism (Weinstein, 1980)
 - bad things are unlikely to happen
 - good things are likely to happen

 - self-schema includes the idea that one is healthy

Thinking about Health Behavior & Risk

- defensive processing
 - people are skeptical of info that is inconsistent with their attitudes or preferences

Thinking about Health Behavior & Risk

- defensive processing (Ditto & Lopez, 1992)
 - TAA enzyme: absence related to pancreatic disorders
 - IV: have or do not have the enzyme
 - DV: report beliefs about prevalence, seriousness, and accuracy of the test

Thinking about Health Behavior & Risk

- defensive processing (Ditto & Lopez, 1992)

	Diagnosis Condition	
	Deficiency	No Deficiency
Seriousness of TAA deficiency	31.7	49.8
Prevalence of TAA deficiency	39%	17%
Time to complete test	105 seconds	75 seconds
Multiple testing (%)	52%	18%

Thinking about Health Behavior & Risk

- social comparison
 - your cholesterol is 200 -- what does that mean?

Thinking about Health Behavior & Risk

- social comparison (Klein, 1997)
 - imagine TAA deficiency risk
 - IV: risk is 30% or 60% (absolute information)
 - IV: risk is 15% above or below avg. (soc. comp.)
 - DV: worry, perceptions of risk

Thinking about Health Behavior & Risk

- social comparison (Klein, 1997)
 - 30% risk but ABOVE average were more worried about TAA deficiency than 60% risk but BELOW average

Thinking about Health Behavior & Risk

- social comparison (Jemmott, Ditto, & Croyle, 1986)
 - people less worried about TAA deficiency when they think 4 out of 5 people are deficient than when they think 1 out of 5 are deficient

Deciding to Change Behaviors

- beliefs about current health
 - general health values
 - risk perception
 - vulnerability
 - self-efficacy (can I do it)
 - response efficacy (will it matter)

Deciding to Change Behaviors

- impression management
 - the “social” aspects of one’s behaviors can influence decisions (e.g., Leary et al., 1997)
 - Does having condoms make one look manipulative or too eager?
 - Do you sunbathe to get a tan?

Deciding to Change Behaviors

- intentions vs. willingness (Gibbons et al., 1998)
 - “How likely is it that you will drive drunk in the next year?” (intentions)
 - “How willing would you be to drive home after drinking, given the circumstances?” (willingness)
 - willingness is a better predictor of behavior than intentions

How Does Stress Affect Health?

- stress affects the immune system (Cohen et al., 1991)
 - IV: nasal drops w/ common cold virus or saline
 - people report the levels of stress
 - more stress, more likely they to develop a cold

Coping with Health Risks

- social comparison (Taylor, 1983)
 - What kinds of comparisons are associated with good coping?
 - women with breast cancer
 - upward comparisons (learn how to cope)
 - downward comparisons (feel better)

Conclusion

- social psychology is useful in that it speaks to
 - how people think about their behaviors
 - decide their risk
 - change their behaviors
 - cope with health problems