Health Psychology 2nd edition Frazier Test Bank

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Name:_____ Class:_____ Date:_____

Chapter 01: Multiple Choice

1. How do contemporary researchers conceptualize health?
   a. Health is the absence of disease.
   b. Health is a transitory self-perception.
   c. Health is a state of optimal well-being.
   d. Health is a state of physical fitness.

ANSWER: c

2. The center of the illness–wellness continuum defines a state of:
   a. optimal well-being.
   b. poor physical health.
   c. one's current health status.
   d. no discernable illness or wellness.

ANSWER: d

3. Dr. Gomez wants to better understand the health of her patients. If she discovers that a patient is on the left of the illness–wellness continuum, what does this most likely mean?
   a. The patient's health is constantly in flux.
   b. The patient's health is poor.
   c. The activities the patient has been participating in are promoting greater health outcomes.
   d. The patient is not responding well to the prescribed medical treatment.

ANSWER: b

4. What is the BEST definition of health psychology?
   a. the study of biological, psychological, and social influences on health and illness
   b. the study of individuals' nutrition and exercise behaviors
   c. the study of perceptions of one's health versus actual health
   d. the study of how patients and doctors work together to best improve health outcomes

ANSWER: a

5. Which outcome is NOT a mission of health psychology?
   a. to promote and maintain health
   b. to prevent and treat illness
   c. to generate new cures for disease
   d. to identify the causes of health and illness

ANSWER: c

6. _____ is defined as efforts to maintain well-being and offset disease.
   a. Preventive medicine
   b. Health psychology
   c. Epidemiology
   d. Etiology

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Chapter 01: Multiple Choice

ANSWER: a

7. When researchers supplied the residents of Karachi, Pakistan, with soap and information about proper hand washing, rates of diarrheal and respiratory illness in children:
   a. increased by 35%.
   b. decreased by about 50%.
   c. were unchanged.
   d. decreased by 20%.

ANSWER: b

8. Margo has a health condition that persists and worsens over time. She has had to change her lifestyle substantially to cope with her disorder. What kind of disorder is Margo experiencing?
   a. acute
   b. epidemiological
   c. chronic
   d. etiological

ANSWER: c

9. A patient who either dies soon or gets better quickly in response to disease is suffering from a(n) _____ disorder.
   a. biopsychosocial
   b. acute
   c. chronic
   d. developmental

ANSWER: b

10. Etiology refers to the:
   a. cause of a disease.
   b. study of disease prevention.
   c. treatment of illness.
   d. promotion and maintenance of health.

ANSWER: a

11. If a researcher wanted to identify patterns in the frequency and distribution of diseases within a population, she would be engaged in:
   a. epidemiological research.
   b. practicing preventive medicine.
   c. establishing etiology.
   d. constructing health policies.

ANSWER: a

12. Which statement about etiology and epidemiology is correct?

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Chapter 01: Multiple Choice

a. Etiology refers to the causes of a disease, whereas epidemiology considers the factors that are correlated with or occur most often with a disease.
b. Etiology and epidemiology are unrelated concepts.
c. Etiology establishes epidemiology.
d. Epidemiology refers to the causes of a disease, whereas etiology considers the factors that are correlated with or occur most often with a disease.

ANSWER: a

13. Why does epidemiology inform etiology?
a. Epidemiology (the theoretical basis of health psychology) allows investigators to practice etiology (the applied basis of health psychology).
b. Identifying factors that occur most often with a disease (the task of epidemiology) can help narrow the search for causes of the disease (the task of etiology).
c. Identifying the causes of a disease (the task of epidemiology) allows researchers to predict which factors should be correlated with a disease (the task of etiology).
d. Epidemiology establishes the physical components of illness and health, which then allows etiology to address the psychological components.

ANSWER: b

14. Cigarette smoking causes about _____ deaths in the United States each year, or roughly one of every _____ deaths overall.
a. 150,000; 10
b. 250,000; 5
c. 480,000; 5
d. 800,000; 10

ANSWER: c

15. Health results from the intersection of _____ processes.
a. societal, personal, and interpersonal
b. genetic, environmental, and historical
c. individual, situational, and medical
d. social, biological, and psychological

ANSWER: d

16. A biological contributor to the biopsychosocial model of health would be a person's:
a. degree of optimism.
b. familiarity with a disease.
c. genetic background.
d. level of formal education.

ANSWER: c

17. The biopsychosocial model is grounded in:

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a. systems theory.
b. globalization.
c. holism.
d. developmental perspectives theory.

ANSWER: a

18. Systems theory proposes that:
a. a change in any level of a multifactored system can influence many other levels in that system.
b. global health outcomes can best be understood by examining individual health practices.
c. a continuum of illness and wellness forms the basis for understanding a health system.
d. health is a result of biological, psychological, and social processes.

ANSWER: a

19. Infection, heart rate, reflexes, and blood pressure are examples of:
a. subjective health.
b. disease agents.
c. objective health.
d. the health continuum.

ANSWER: c

20. Conchita, a physician's assistant, always asks her patients how they are feeling at the moment so that she can obtain a measure of their:
a. objective health.
b. actual pain.
c. pain tolerance.
d. subjective health.

ANSWER: d

21. During his annual physical exam, Richie tells his doctor that he currently feels well-rested and energetic. Richie is providing an assessment of:
a. objective health.
b. subjective health.
c. interindividual stability
d. his pain tolerance.

ANSWER: b

22. Which statement regarding measures of objective and subjective health is TRUE?
a. Measures of subjective and objective health are equally important.
b. Patients are generally reliable in reporting their objective health status.
c. Subjective health measures are typically more accurate than objective health measures.
d. Subjective health measures are generally unimportant because they are based on how a person feels,

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Chapter 01: Multiple Choice

not on how healthy the person actually is.

ANSWER: a

23. Carlotta engages in limited physical activity and eats high-calorie and high-fat foods but reports feeling healthy and energetic. Phillipa exercises vigorously several days a week and maintains a balanced diet and also reports feeling healthy and energetic. This is an example of _____ in the context of subjective and objective health.

a. social factors
b. interindividual differences
c. epidemiology
d. systems theory

ANSWER: b

24. Why does globalization occur?

a. Public policies identify values that are in the best interests of all global citizens.
b. Travel, trade, media, and the Internet allow ideas, values, and goods to be shared worldwide.
c. Governmental cooperation establishes a limited set of goods and services to be accessed by people on a global scale.
d. All humans have the same biological systems, allowing health practices established in one group to be shared worldwide.

ANSWER: b

25. How does health care accessibility differ between global health and public health approaches?

a. Global health focuses on equal health care access for everyone among nations, whereas public health focuses on access within a country, city, or community.
b. Global health focuses on establishing health care access in neighboring countries, whereas public health focuses on worldwide populations.
c. Public health focuses on equal health care access for everyone among nations, whereas global health focuses on access within a country, city, or community.
d. Public health stresses international cooperation when establishing health care access, whereas global health stresses cooperation within a nation.

ANSWER: a

26. Global health is an approach that seeks to:

a. improve health and achieve more equal outcomes for all people.
b. understand health concerns of a specific community, city, or nation.
c. understand other countries' health concerns, particularly in underserved or poor populations.
d. assist those in other countries.

ANSWER: a

27. Ingo tends to focus on the beliefs and customs prevalent in his cultural background when considering plans for action or priorities in life. Ingo is demonstrating:

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Chapter 01: Multiple Choice

a. ethnocentrism.
b. globalization.
c. objective awareness.
d. interindividual differences.

ANSWER: a

28. Which continent tends to have the highest concentration of unhealthy countries, based on health-related sustainable development index scores?
a. South America
b. Africa
c. Europe
d. Asia

ANSWER: b

29. Which geographic location is generally considered to be a developed region?
a. Vanuatu
b. El Salvador
c. New Zealand
d. Afghanistan

ANSWER: c

30. Which statement is likely NOT true about a developing country?
a. There is a lack of good-quality medical service.
b. The economy is fully industrialized.
c. There is a less secure political structure.
d. Some individuals may suffer from poverty.

ANSWER: b

31. Differences in health disparities and the effects they produce tend to be most pronounced when comparing:
a. women and men.
b. northern geographic regions and southern geographic regions.
c. infants and adolescents.
d. developing and developed countries.

ANSWER: d

32. In some of the world's poorest countries, individuals are dying of acute infectious diseases that:
a. residents of more wealthy countries died of during the 1700s.
b. primarily target the brain.
c. will not be containable if they spread to wealthier countries.
d. have developed resistance to vaccines.

ANSWER: a

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Chapter 01: Multiple Choice

33. What are the three leading causes of death in low-income countries?
    a. ischemic heart disease, HIV/AIDS, and stroke
    b. lower respiratory infections, diarrheal diseases, and ischemic heart disease
    c. stroke, malaria, and tuberculosis
    d. heart attacks, Alzheimer's disease, and lung cancer

ANSWER: b

34. Compared to low-income and developing countries, deaths can often be attributed to _____ in developed and high-income countries.
    a. nutritional conditions
    b. noncommunicable diseases
    c. injuries
    d. communicable diseases

ANSWER: b

35. Ischemic heart disease and stroke are the two leading causes of death in every type of country EXCEPT:
    a. high-income countries.
    b. upper-middle-income countries.
    c. lower-middle-income countries.
    d. low-income countries.

ANSWER: d

36. Where does the United States rank in terms of efficiency, quality, access, and equity of health care among the 11 countries with the strongest economies?
    a. first
    b. fifth
    c. eighth
    d. eleventh

ANSWER: d

37. Which statement is TRUE regarding health insurance in the United States?
    a. Since 2016, the gains in health care coverage produced by the Affordable Care Act have begun to reverse.
    b. Most individuals who do not have health insurance still have access to preventive medicine.
    c. Approximately one-half of Americans do not seek necessary health care due to the expense.
    d. Since 2016, 4 million Americans have acquired health insurance.

ANSWER: a

38. Which of the following is an example of the health disparities that lead to increased diagnoses of breast cancer in black and Hispanic women who live in segregated urban areas?
    a. The Midwest is an inhospitable region for minority women.

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Chapter 01: Multiple Choice

b. Geographic regions lead to clusters of disease.
c. Social and economic disadvantages are linked to where people live.
d. Urban segregation is linked to crime and disease.

ANSWER: c

39. Which statement is TRUE regarding infant mortality in the United States?
a. Infant mortality rates in the United States are among the highest in industrialized nations.
b. Infant mortality rates in the United States are among the lowest in industrialized nations.
c. The U.S. infant mortality rate is approximately 1 in 100 births.
d. U.S. infant mortality is higher than in other industrialized nations because of poorly trained doctors and obsolete medical services.

ANSWER: a

40. How does the clustering of social determinants influence a person's overall health, especially during childhood?
a. Children's inability to provide for themselves through employment, insurance, or other social determinants means they are especially vulnerable to health risks.
b. Increased health risks are the cause of social determinants, such as employment or education, rather than the other way around.
c. No one factor may have a direct impact on health, but a combination of unfavorable economic, educational, and employment factors provides a platform for increased health risks.
d. Health is a direct outcome of proper nutrition, and nutritional knowledge comes from formal education.

ANSWER: c

41. Which factor has NOT been identified as a reason for the high chronic disease rates among Native Americans/Alaskan Natives?
a. distrust of medical research and systems
b. increased use of tobacco products
c. high prevalence of the APOE-e4 gene
d. low awareness of cancer screening and risk factors

ANSWER: c

42. According to the World Health Organization (WHO), what does it mean to say that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being?"
a. Governments should provide unlimited free health care to all of their citizens from birth to death.
b. Maintaining good health is primarily the responsibility of individual members of society, acting within the necessary constraints imposed by their government.
c. Nations must provide all of their citizens with the bare necessities to achieve and maintain good health.
d. A nation's health care options should be tiered so that higher levels of care are available to those with the means to pursue them.

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Chapter 01: Multiple Choice

ANSWER: c

43. The belief in the separation of the mind and body is known as:
    a. the humoral theory.
    b. the biopsychosocial model.
    c. the germ theory.
    d. dualism.

ANSWER: d

44. How do contemporary health psychologists view dualism?
    a. Dualism's main shortcoming is a lack of evidence for mental processes.
    b. Current health psychologists recognize the significant connections between the mind and body.
    c. Today's health psychologists understand that dualism is the separation of motivation and ability.
    d. Contemporary health psychologists endorse dualism, noting that mental and physical processes should be separated.

ANSWER: b

45. The proposal that four bodily fluids govern temperament and health is known as:
    a. the humoral theory of illness.
    b. the sanguine model.
    c. the Hippocratic oath.
    d. preventive medicine.

ANSWER: a

46. Which is NOT one of the four bodily fluids Hippocrates theorized to govern our health and temperament?
    a. black bile
    b. blood
    c. saliva
    d. phlegm

ANSWER: c

47. What is one tenet of the Hippocratic oath?
    a. "Too much treatment is better than too little."
    b. "There is no art to medicine or science."
    c. "Do no harm."
    d. "Above all else, find the cure."

ANSWER: c

48. A person living in the Middle Ages would likely believe that illness:
    a. was caused by an imbalance of four bodily fluids.
    b. could be cured by spells and potions.

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c. resulted from the separation of the mind and body.
d. resulted from sins of the soul.

ANSWER: d

49. During the Middle Ages, approximately 200 million people were killed by:
a. tuberculosis.
b. the Black Death.
c. hanging for suspected witchcraft.
d. pneumonia.

ANSWER: b

50. Which Renaissance theory attributed disease to microorganisms?
a. the germ theory of disease
b. the biopsychosocial model of illness
c. the humoral theory of illness
d. the bacterial theory of disease

ANSWER: a

51. Why was the ability to identify cells using a microscope a significant advance in understanding health?
a. The role of healer shifted from humble religious workers to the educated elite.
b. Physicians were able to more accurately apply cures proposed by religious leaders, such as using leeches to draw blood.
c. The understanding of disease shifted from superstition and the role of the mind to science and the role of the body.
d. The ability to observe blood and sperm cells laid the foundation for genetic theories of health and illness.

ANSWER: c

52. The first antibiotics were developed in:
a. 1977.
b. 1963.
c. 1946.
d. 1928.

ANSWER: d

53. _____ views the mind and body as separate entities, whereas _____ views the mind and body as a unified system.
a. Dualism; holism
b. Psychoanalysis; psychosomatic medicine
c. Humoral theory; germ theory
d. The biopsychosocial model; the illness–wellness continuum

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Chapter 01: Multiple Choice

ANSWER: a

54. Dr. Mannoni believes that internal emotional conflict is converted into observable physical symptoms, so he applies techniques that focus on revealing those hidden conflicts. Dr. Mannoni is MOST likely a:
a. health psychologist.
b. psychoanalyst.
c. physician.
d. sociologist.

ANSWER: b

55. The autonomic nervous system is responsible for controlling:
a. heart rate, blood pressure, and respiration.
b. the body's extremities.
c. voluntary muscle movements.
d. psychosomatic illnesses.

ANSWER: a

56. The interaction between feelings of anxiety and the actions of the autonomic nervous system lends credit to:
a. holism.
b. the developmental perspective.
c. dualism.
d. the germ theory of illness.

ANSWER: a

57. The history of humanity's understanding of illness and health illustrates that:
a. thinkers during ancient times generally held correct ideas about health, with later thinkers sorting out the details.
b. advances in health care have been made only since the early 1900s.
c. beliefs can be understood only within the context of a place and time.
d. a developmental perspective on wellness has been the only constant thread across time periods.

ANSWER: c

58. _____ considers how the factors that influence health and illness vary across the lifespan.
a. Systems theory
b. Globalization
c. Holism
d. A developmental perspective

ANSWER: d

59. Professor Sorenson studies how health is impacted by the aging process. Professor Sorenson MOST likely subscribes to which perspective?
a. systems theory

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b. globalization
c. holism
d. a developmental perspective

ANSWER: d

60. The life expectancy of a person born in the United States in 2018 is:
a. 63.5 years.
b. 66.9 years.
c. 78.7 years.
d. 85.2 years.

ANSWER: c

61. Which statement about infectious diseases is TRUE?
a. Infectious diseases were the leading cause of death in 1900.
b. Infectious diseases are examples of chronic illnesses.
c. Infectious diseases are the leading cause of death today.
d. Examples of infectious diseases include heart disease, cancer, and chronic lower respiratory disease.

ANSWER: a

62. As of 2018, what is the leading cause of death in the United States?
a. pneumonia
b. heart disease
c. bladder cancer
d. infectious diseases

ANSWER: b

63. The goal of treating chronic illnesses today is to try to _____ them rather than _____ them.
a. cure; manage
b. eliminate; cure
c. eliminate; manage
d. manage; cure

ANSWER: d

64. Infectious diseases are caused primarily by:
a. viruses or bacteria.
b. genetic disorders.
c. obesity.
d. unknown factors.

ANSWER: a

65. Esme has a body mass index (BMI) of 36. Based on this, Esme is:

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a. of normal weight.
b. overweight.
c. on the border of qualifying as obese.
d. obese.

ANSWER: d

66. At her most recent doctor's appointment, Jolene was advised to exercise more and lower her intake of fat and calories to reduce her elevated body mass index (BMI). If she doesn't follow this advice, which health problems will Jolene MOST likely encounter due to her obesity?
a. diarrheal diseases, HIV/AIDS, cirrhosis of the liver, and heart disease
b. chronic lower respiratory disease, pneumonia, and tuberculosis
c. heart disease, stroke, cancer, and type 2 diabetes
d. Alzheimer's disease, lung cancer, and liver disease

ANSWER: c

67. What is the main cause of excess body weight?
a. an energy imbalance
b. metabolism
c. genetic heredity
d. ingesting the same number of calories as burning

ANSWER: a

68. _____ is the single largest preventable cause of disease around the world.
a. Excessive alcohol consumption
b. A high-fat, high-calorie diet
c. Tobacco use
d. Unprotected sex

ANSWER: c

69. Which statement regarding e-cigarettes is correct?
a. Among high school students, use of e-cigarettes is on the rise.
b. Unlike traditional cigarettes, e-cigarettes are not packaged with a warning label.
c. E-cigarettes contain no tobacco.
d. E-cigarettes are less harmful to a person than traditional cigarettes.

ANSWER: a

70. Between 2011 and 2017, the use of e-cigarettes:
a. rose.
b. declined.
c. stayed the same.
d. rose at first and then declined.

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ANSWER: a

71. Risk genes:
    a. may increase the likelihood that a person will develop a disease but do not directly cause the disease.
    b. may increase the likelihood that a person will develop a disease and may directly cause the disease.
    c. are generally the direct cause of a disease.
    d. are unassociated with one's likelihood of getting a disease.

ANSWER: a

72. The primary difference between risk genes and deterministic genes is that:
    a. deterministic genes are the direct cause of a disease, whereas risk genes might increase the likelihood that a person develops a disease but do not directly cause the disease.
    b. risk genes are the direct cause of a disease, whereas deterministic genes might increase the likelihood that a person develops a disease but do not directly cause the disease.
    c. deterministic genes are related to the physical features that an individual will have, whereas risk genes are associated with the likelihood of that person developing a disease.
    d. deterministic genes are related to the physical features that an individual will have, whereas risk genes are the direct cause of a disease.

ANSWER: a

73. Which statement about APOE genes is correct?
    a. Every person inherits a copy of some form of APOE from each parent.
    b. APOE-e4 is a protective variant of the APOE gene that decreases the risk of developing Alzheimer's disease.
    c. A person with two copies of the APOE-e4 gene is at lower risk for developing Alzheimer's disease than a person with a single copy of the gene.
    d. APOE genes are an example of deterministic genes.

ANSWER: a

74. The APOE-e4 gene is related to the likelihood of developing which disease?
    a. tuberculosis
    b. Alzheimer's disease
    c. Parkinson's disease
    d. skin cancer

ANSWER: b

75. The APOE-e4 gene is an example of a(n) _____ gene.
    a. protective
    b. deterministic
    c. risk
    d. early-onset

ANSWER: c

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Chapter 01: Multiple Choice

76. _____ cause familial early-onset Alzheimer's disease.
a. Deterministic genes
b. Risk genes
c. APOE-e4 genes
d. Deterministic genes interacting with risk genes

ANSWER: a

77. Around what age does familial early-onset Alzheimer's disease most often cause an individual to develop symptoms?
a. late twenties to late thirties
b. early forties to mid-fifties
c. late fifties to early sixties
d. late sixties to early seventies

ANSWER: b

78. The incidence of major diseases, such as some cancers, dementia, and heart disease, are _____ in wealthy countries.
a. declining
b. increasing
c. staying constant
d. increasing but primarily only among individuals who are middle-class

ANSWER: a

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Name:_____ Class:_____ Date:_____

Chapter 01: Essay

1. Define the four missions of health psychology and explain how each applies to cancer as a significant health issue.

ANSWER: The American Psychological Association defined four missions for health psychology when it was recognized as an emerging discipline: (1) to promote and maintain health, (2) to prevent and treat illness, (3) to identify the causes of health and illness, and (4) to analyze and improve the health care system. A health psychologist would be likely to embrace the biopsychosocial model when addressing any of these missions, recognizing that biological, psychological, and sociological factors exert a joint influence on one another and on outcomes. In the context of cancer, promoting and maintaining health might take the form of a psychologist preparing effective attitude change messages to increase people's awareness of cancer screening. The mission of treating illness could be met by conducting empirical research on the benefits of different forms of post-operative cancer care. Identifying the causes of health and illness could be facilitated by large-scale questionnaires and surveys of a population's health habits. Finally, a psychologist might provide a physician with lessons in proper bedside manner and effective communication of medical care to help improve the overall health care system.

2. What are the differences between etiology and epidemiology? Give examples of each and explain why epidemiology informs etiology.

ANSWER: Etiology is the study of the causes of a disease. Epidemiology is the study of factors that are correlated with or occur most often with a disease. A scientist whose focus is on etiology might work in a laboratory investigating the viral basis for a disease (such as Ebola or dengue fever), whereas a scientist whose focus is on epidemiology might work in a field setting examining health habits and interaction patterns associated with the outbreak of a disease. In the case of Ebola or dengue fever, for example, an epidemiologist might establish that high rates of poverty, sustained civil unrest, and living in physically close communities are associated with increased rates of outbreak. Epidemiology informs etiology, as in these examples. By determining a reliable pattern (i.e., close quarters and poverty), the search for causes is facilitated (e.g., human-to-human transmission may be a more likely cause than consuming rancid food).

3. Consider the biopsychosocial model in explaining someone's risk for experiencing alcoholism. What are the three components of the model, and how might they work together to explain the maintenance of alcoholism?

ANSWER: The three components of the biopsychosocial model are biological, psychological, and social influences on a person's health. The biological aspect of alcoholism might invoke a family history and a genetic predisposition for the disease. Psychological components might include feeling a need to drink alcohol in order to cope with everyday stressors or past trauma. The social aspect would be revealed if peer pressure or social customs made drinking alcohol appear commonplace, desired, or acceptable. All three components may interact to explain an individual's alcohol intake: Genetics primes the person biologically, stress reduction goals contribute psychologically, and a social setting provides a context for drinking.

4. Define subjective and objective health. Give examples of each and explain how subjective and objective health interact for an individual experiencing illness anxiety disorder.

ANSWER: Subjective health refers to a person's self-reported evaluation of their own health. For example, a person may reply that they feel listless, distracted, or tense in response to a doctor's query. Objective health is an assessment of a person's health based on empirical measures. These include the presence of infection, measures of heart rate or blood pressure, or visual appearance (e.g., jaundiced skin,

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bloodshot eyes, rash). People with illness anxiety disorder tend to have an exaggerated concern for their health when they have no medical ailments. They have a heightened awareness of bodily changes and anxiety about possible undiagnosed conditions. Therefore, their reports of subjective health may be poor, although measures of their objective health may be favorable.

5. Compare the general perspectives of global health, international health, and public health and discuss how they apply to any one dimension of health concerns (i.e., physical scope, cooperation, group versus individual care, health care accessibility).

ANSWER: Global, international, and public health perspectives interact with one another, but each addresses a different level of analysis. Global health tends to focus on issues that affect all people, whereas international health tends to focus on cross-national issues, and public health tends to focus on local and specific populations. The physical scope of these perspectives would be general health concerns (global), other countries' health concerns (international), and health concerns of a given community, city, or nation (public). Cooperation takes the form of either global resolutions, binational cooperation, or local involvement. Global health targets both individuals and populations for illness prevention (as does the international perspective), whereas public health primarily targets broad populations. Health care accessibility is a concern of all three perspectives, emphasizing either equal access for all people in all nations, assistance to people in other countries, or access in a specific community.

6. Discuss the health disparities between developed and developing countries and the consequences these disparities have for illness and death.

ANSWER: People living in developing (or less developed) countries are more likely to suffer from lack of good-quality medical or health services compared to people living in developed countries. As a consequence, the leading causes of death in some of the world's poorest countries are acute infectious diseases that have not afflicted the world's wealthiest countries since the 1700s. Additionally, malaria and influenza are prevalent in developing countries due to the lack of access to vaccines and proper medical treatment. Diarrheal diseases, HIV/AIDS, tuberculosis, preterm birth complications, birth asphyxia, and birth trauma are among the leading causes of death in low-income countries. By comparison, some of the leading causes of death in high-income countries are chronic diseases such as Alzheimer's disease, diabetes mellitus, and cancers of the trachea, bronchus, and lung.

7. Provide historical examples of supernatural explanations for health and illness and scientific explanations for those same outcomes. What developments facilitated moving from one explanatory system to the other?

ANSWER: Despite making some inroads into the physical basis of health, explanations for illness and wellness from ancient times through the Middle Ages tended to focus on supernatural causes. For example, the ancient Egyptians attributed illness to spiritual beings, Hippocrates advanced an unfounded theory based on four humors, and people in the Middle Ages thought sickness was equated with sin. The Renaissance brought an interest in anatomy, pharmacology, and empiricism and with these the development of the germ theory of disease. This approach was bolstered by the invention of the microscope, which enabled physicians to see different types of cells. Greater reliance on scientific approaches from then to current times brought the development of antibiotics and vaccines to combat diseases. The shift from supernatural to scientific explanations was facilitated by invention and discovery and a general approach of looking for physical causes of illness rather than intangible ones.

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Chapter 01: Essay

8. How did the ideas of Sigmund Freud contribute to the development of health psychology?

ANSWER: Sigmund Freud's work on psychoanalysis contributed to the development of health psychology by theorizing that physical illness could be caused by unresolved internal emotional conflicts. This viewpoint served to reinforce the importance of psychological factors in health and illness and also made holism palatable to a formerly dualistic medical establishment. Freud pointed to psychosomatic illnesses (such as numbness, paralysis, or loss of consciousness with no identifiable physical origin) as evidence of the conversion of emotional conflict into bodily symptoms. Although Freud's theories have become less influential in both medicine and psychology over time, he nevertheless demonstrated that the mind can have a pronounced effect on the body, health, and illness.

9. What were the leading causes of death in 1900 and in 2018? Why have these causes changed?

ANSWER: The leading causes of death in 1900 were pneumonia, tuberculosis, and diarrhea, each of which is an acute disorder of an infectious nature. The leading causes of death in 2018 were heart disease, cancer, accidents, and chronic lower respiratory disease, many of which (along with stroke, Alzheimer's disease, and diabetes) are chronic disorders. Infectious diseases that were common in 1900 have declined due to improved personal hygiene, better nutrition, and innovative public health measures. There also have been advances in medical treatment (e.g., antibiotics, vaccines) and in how the environment is maintained (e.g., landfills and garbage dumps have been restructured). Chronic causes of death, such as heart disease or cancer, remain common and in fact occupy higher positions in 2018 death causes than in 1900. In part, this is due to behavioral choices, such as consuming high-calorie diets, not getting proper exercise, and practicing poor stress management.

10. Compare risk genes and deterministic genes and discuss the implications each have for health and illness. Describe how each type of gene might play a role in Alzheimer's disease.

ANSWER: Risk genes and deterministic genes each play a role in health and illness. Risk genes can increase the likelihood that an individual will develop a disease but do not directly cause the disease itself. Deterministic genes, by comparison, can actually cause a disease to develop. Having a risk gene, then, confers just that—a higher risk for developing a disease—whereas having a deterministic gene determines whether a disease will develop. As an example, all people have some form of the APOE gene. Those people who inherit a single copy of the APOE-e4 variant have an increased risk of developing Alzheimer's disease, and those people with two copies of the gene have an even higher risk. These outcomes make APOE-e4 a risk gene. The small percentage of people who have the gene for familial early-onset Alzheimer's disease carry a deterministic gene, as this variant directly causes the disease to develop.

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