Current issues and new directions in *Psychology and Health*: Increasing the quantity and quality of health psychology research

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EDITORIAL

Current issues and new directions in *Psychology and Health*: Increasing the quantity *and* quality of health psychology research

Health psychology is clearly an expanding field of research. In last year’s New Year editorial (Moss-Morris & Yardley, 2008), we announced that *Psychology and Health* was increasing the number of issues from six to eight in response to the growing number of submissions. The number of high-quality submissions has continued to grow (with almost a doubling of submissions from North America), and so this year the number of issues will be increased again, to 10 a year – nearly twice the output of just 2 years ago! *Psychology and Health* has now been approved for indexing on Medline, and we anticipate that as a result its popularity will increase further.

This increase in the quantity of published research has certainly not been achieved at the expense of quality. In our first editorial (Yardley & Moss-Morris, 2007) we highlighted some of the features of good research that we hoped to see in this journal: for example, designs that permit investigation of causal mechanisms, such as longitudinal and experimental studies and mediation analyses, and attention to the physical and biological dimensions of health behaviour. Taylor (2008) in a later editorial expanded on this theme proposing that for health psychology research to make an impact we need to ask two interrelated questions: ‘How can we make a difference in prevention or patient care, and if we do, what mechanisms might underlie these effects’ (p. 133)? It is encouraging to note from inspection of recently accepted papers, available pre-publication on the *Psychology and Health* website, that these features of research excellence are characteristic of successful submissions over the past year. This editorial illustrates this trend by reviewing some of the papers published over the past year and in this issue.

A carefully designed pilot study of a psychological intervention can make a substantial contribution to psychological theory and practice by providing the first indications of whether theory-based intervention components have the predicted effects on health-related variables (Michie, Rothman, & Sheeran, 2007). In an exemplary pilot study, Waltman and colleagues provided a ground-breaking demonstration that health may be improved by an intervention that helps people to forgive someone who has caused them ongoing stress and grief (Waltman et al., 2009). They used myocardial perfusion imaging to show that vividly recalling a time when the patient was hurt by someone resulted in less disruption of their cardiac blood-flow after 10 sessions of the forgiveness intervention, whereas 10 sessions of learning positive coping strategies did not improve blood-flow.

Theory would predict that the effect of the forgiveness intervention should be mediated by increased forgiveness and decreased anger, and these were indeed observed in the intervention group to a greater extent than the control group. With just nine people in the intervention group, statistical analysis of mediation would have been underpowered.
In contrast, a cluster randomised controlled trial in 10 schools provided an opportunity to test whether training teachers in communication styles that should increase pupils’ sense of autonomy with regard to exercise would result in greater reported leisure time physical activity (Chatzisarantis & Hagger, 2009). Using path analysis, the authors were able to show that the success of their intervention was mediated, as predicted, by an increased sense of autonomy.

Mediation analysis was also performed by Arbour and Ginis (2009) in their test of a simple intervention requiring women to formulate implementation intentions for where, when and for how long they would walk each week. As predicted, the intervention increased reported self-efficacy and pedometer step counts at 6 weeks relative to the control group, who simply monitored their step count. However, multilevel linear modelling did not confirm the expected mediation of these effects by increases in the strength of the intention–behaviour relationship. Interestingly, two studies of moderators of the intention–behaviour link suggest a possible explanation as to why the expected intention–behaviour relationship sometimes may not be observed. A recent editorial contributed by Schwarzer (2008) explained why it can be useful to treat variables that are normally considered to be mediators as moderators. In their study of ‘moderated mediation’, Wiedemann, Schüz, Sniehotta, Scholz, and Schwarzer (2009) illustrate this point by showing that intention can act as a moderator. Their analysis revealed that action planning for physical activity only increased the link between intention and behaviour in those with positive intentions to increase their activity. Another potential moderator of the intention–behaviour relationship was identified by Hall, Fong, Epp, and Elias (2008), who showed that better performance on a computer task of executive function was associated with a much stronger link between intentions to engage in vigorous physical activity over the next week and reported hours of physical activity at the end of the week.

These studies demonstrate a number of valuable trends within health psychology research as do many others recently accepted for *Psychology and Health*. On the one hand, intensive studies in small samples can shed light on potentially important biopsychosocial processes in interventions. On the other hand, sophisticated statistical analysis of longitudinal studies in large samples can not only confirm predicted mediational processes, but can also examine individual differences that moderate these processes.

A further enhancement of the quantity and quality of psychological research published by *Psychology and Health* is that during the past year a policy was introduced of encouraging authors to publish supplemental material on the journal website that could assist readers who wish to understand, analyse or replicate their published work. Materials that authors can usefully publish on the website include (but are not limited to) questionnaires, stimulus materials used in experiments, supplementary analyses, or additional details of interventions. In the following editorial, Schaalma (2009) explains the value of publishing comprehensive descriptions of complex behavioural interventions.

But what of areas where a deficit of research persists? Our 2007 editorial called for more papers looking at socio-cultural issues in health psychology (Yardley & Moss-Morris, 2007). Similarly, Rüdell and Diefenbach (2008) argued in a later editorial that many theoretical frameworks in health psychology fail to take into account cultural variation and that culture needs to be incorporated more centrally into both theory and intervention research. Few recent submissions to *Psychology and Health* have investigated these variables but we have included three good examples in the current issue. Two of these looked at smoking cross-culturally. Helweg-Larsen and Neilsen (2009) compared risk perceptions in two individualistic cultures. Those in a smoking-lenient culture showed greater risk minimisation with regards to lung cancer than those in
a smoking-prohibitive culture. Hosking et al. (2009) used the Theory of Planned Behaviour to look at cross-cultural differences in the relationship of smoking norms and attitudes to intentions to quit smoking. They found that norms and attitudes seemed to play different roles in different cultures. Personal attitudes toward smoking were most closely associated with quit intentions in Western (more individualistic) countries, while norms from significant others about the negative effects of smoking were the best predictors of intentions in a Malaysian cohort. These findings suggest that aspects of our current theories may be less applicable in certain cultures (e.g. personal beliefs may be less important than collective beliefs in some cultures). Smoking interventions should be tailored to take into account different social or cultural patterns of influence.

The final study looked at the relationship between social and economic variables and health status in Black and White racial groups in the United States of America (USA) (Beaudion, 2009). Auxiliary friendship was found to be one of the key indicators of positive health status. However, low income Black people benefited less from auxiliary friendship than high-income black people and both low and high-income white people. These data suggest that there may be complex relationships between psychosocial variables and socio economic factors within different racial or ethnic groups.

Of note, is the fact that all three studies looking at socio-cultural issues were conducted by authors in the USA. Europe has a rich diversity of culture, ethnicity and race both within and between countries. While it heartening to see authors address these issues in large cohort studies we would like to encourage our European authors to consider these issues when designing research studies, particularly in relation to testing health psychology models and theories.

Overall, it has been a rewarding year for Psychology and Health. Thank you to our readers for your ongoing support of the journal. We would also like to acknowledge all of those who submitted papers to our journal with a special thanks to our hard working team of associate editors and our editorial board.

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References