

Evolution and future of health psychology

Adela Garzón*, and Isabel Caro

University of Valencia (Spain)

Título: Evolución y futuro de la Psicología de la Salud.

Resumen: Se realiza una visión crítica de la Psicología de la Salud para plantear el desarrollo de nuevos planes de integración. La Psicología de la Salud superó la fase de crecimiento en la que pudo estancarse, perdiendo sentido y proyección social. En la fase de profesionalización se produjo la dispersión y proliferación de enfoques que se cerró más por razones externas que por la reflexión interna del campo. Hoy la cuestión central es integrar las políticas sanitarias de la mayoría de los países por medio de actuaciones colectivas y globales. Estas actuaciones intentan poner orden y homogeneizar los servicios sanitarios. Los nuevos profesionales de la psicología de la salud tendrán que alejarse de la tradición académica y científica tradicional y acercarse a las realidades sanitarias de cada momento y los planes internacionales exigidos por la globalización.

Palabras clave: Psicología de la Salud; Profesionalización; Planes de actuación; Estudio teórico.

Abstract: This paper addresses the development of new plans of integration, with the aim of undertaking a critical review of the present status of health psychology. We emphasize that health psychology has overcome its growing stage when the risk of stagnation and a consequent loss of relevance and social projection existed. During its period of professionalization there was a spreading and proliferation of approaches due more to external reasons than to reflection within the field. Today the central issue, in many countries relates to the integration of health policies through collective and global actions. Health psychology professionals should move away from the traditional academic and scientific traditions and be closer to the current health realities and to the international plans that globalization demands.

Key words: Health Psychology; Professionalization; Action plans; Theoretical study.

Introduction

When a knowledge domain has experienced a formal process of institutionalization (definitions, dates, foundational events, working areas and research lines) there comes an appropriate time for a new perspective. Psychology, as a discipline, is not an exception. Fourteen years after its origins in the 70's it has become necessary to begin a process of re-evaluation. Examples of these new approaches can be seen in the contributions of Crossley, Nicolson and Owens (2001), Leventhal (2008) Suls and Rothman (2004).

Crossley, Nicolson and Owens defend a more moderate stance regarding the fact that health psychologists have been obliged to overestimate the measurement and quantification of the illness experience and health perception due to their necessity to agree on the bio-psycho-social model. These authors criticize the acceptance of the dominant psychology perspective due to the acquaintance of medical professionals with research, technical orientation and the standardized protocols. They defend the necessity of rethinking psychological development which means disregarding more specific contributions dealing with people's subjective and social perspectives relating to health and illness. Leventhal points out the limitations health psychologists experience due to pressures arising from the success of an evidence-based medical practice. Although it has a positive efficacy, the real mechanisms embedded in health and illness processes are not revealed. He emphasizes how important it is to develop interventions based on theoretical models, integrating evidence-based practice with the development of more specific models. These models will give us a better account of the health contributing factors. Leventhal attempts, therefore, to com-

bine an evidence-based practice sustained on standardized data with another based on theoretical models that help to explain how people maintain health behaviours. Finally, Suls and Rothman evaluate the bio-psycho-social approach pointing out prospective action lines that facilitate a clear relationship between biological, psychological, social and cultural issues: an updating of research, training, practice and application of these models is required. They defend a greater collaboration between disciplines, the development of theoretical models and integrative research, and the development of training policies for prospective professionals.

There are more interesting data regarding the current state of psychology. Research methodology is under development defending other strategies and methodologies, alongside traditional models. Suls and Swain (1993) point out the meta-analysis advantages for researchers, theoreticians and professionals. One implication will be the possibility of integrating quantitative data from different empirical studies in order to overcome the limitations of a more traditional research.

Even more relevant is the fact that various 21st century studies are addressing the future of psychology in relation to specific issues, although they are mainly emphasizing the training of prospective health psychologists. Sheridan (1999) and Keefe and Blumenthal (2004), for instance, focus on the hypothesized future of psychology and its professionals. These authors describe and integrate a series of papers that appeared in a Special Section of *Health Psychology*, commemorating 25 years of the funding of the APA Division 38. They evaluate what has been accomplished and review required changes for a greater success, such as: changes in education, research and practice; increasing the empirical evidence showing the efficacy of health psychologists' intervention; the relevance of including this field in the primary healthcare services; the need for a careful evaluation of ethical and legal issues of telematic assistance in health services. They also defend the development of APA guidelines and the possibil-

* Dirección para correspondencia [Correspondence address]: Adela Garzón Pérez. University of Valencia. Department of Social Psychology. Avda. Blasco Ibáñez, 21.46010 Valencia (Spain).
E-mail: Adela.Garzon@uv.es

ity that health psychologists “develop and utilize new skills” (pp. 157).

Nowadays the field is experiencing a self-reflection process such as that emphasized in papers from Rodin and Salovey (1989), in *Annual Review of Psychology*, or Taylor (1990) in *American Psychologist*, and Wallston (1993). Finally, in the *Handbook of Social Problems* (Ritzer, 2004), Cockerman emphasizes the relevance of understanding health problems in relation to the interrelationship between people’s lifestyles and behaviours, factors pertaining to a country’s social structure and its services of medical assistance. Cockerman (2005; 2013) refers to the binomial *agency-structure* as a theoretical analysis framework that facilitates overcoming individual health perspectives maintaining a dynamic play between behaviours and health lifestyles and their socio-structural dimensions. Similar ideas are defended in the paper from Phelan, Link and Tehranifar (2010), under the heading of *Social conditions as fundamental causes of health inequalities: Theory, evidence, and policy implications*.

These examples, among others, show that health psychology has already overcome the beginnings of a new area with its reliance on the dominant perspective, i.e., the biological and medical model, as well as the bio-psycho-social: Its developmental stage is fully established, and is completely integrated into professional practice. It is now possible with the passage of time to undergo self-reflection and develop new perspectives.

Engel’s 1977 bio-psycho-social model, that implied the superseding of the traditional 20th century classical medical model, can now be addressed differently in the 21st century. The central issue is related to the perspective and in the sense in which it could be overcome. One possibility is assumed by *Critical Health Psychology*, and exemplified by Radley’s (1994) book that defends a new conceptualization of the meaning of illness. There is a critical review of key concepts -such as health and illness as ongoing dimensions. A present perspective dwells on the formulation of action plans emphasizing health and illness issues, characteristics of global and interdependent service societies. These aims suggest a standardized practice for all health professionals.

Health psychology in context

The appearance of any new discipline is related to different circumstances. Internal factors facilitate new developments but these tend to be coherent with scientific extraneous factors -related to the development and needs of new societies.

As we have already emphasized, health psychologists have come a long way, in building their own history. Since there is a great deal of literature on this topic we will avoid a detailed description, but will only emphasize some important issues that add new elements to those already established.

It is interesting, for instance, that the development of health psychology is related to the surpassing of the biomedical model while, at the same time, changes in psychology during the 60’s were not analysed. We may assume that

health psychology has developed as a result of internal scientific reasons, but at the same time, psychology as a science was compelled to show the utility of its basic knowledge for the welfare of society. In the 70’s, psychology was characterized by its development from specific social life domains. Initially it arose as an applied psychology and, then new applied psychologists appeared in areas such as, justice, politics, education, but above all, in relation to the field of applied health psychology. Alongside a perspective change in illness conceptualization, within traditional medicine the social certification and justification of psychology was usually unrecognized. Due to this requirement psychology was closer to other different social domains: The health area was one of the early fields where psychology looked for its validation and justification (Garzón, 1986).

Criticisms, in the 70’s, aimed at the medical model and the excessive etiological concerns were important as well as the criticisms toward a psychology that had contributed little to social problems and that needed urgent solutions. At the end of the 60’s, psychology was surrounded by different perspectives (Seoane, 2005). It was criticized by its endogamy and lack of attention to individual and societal problems. Psychology was also criticized for its uselessness, lack of relevance, methods used with blind reliance on experimental methodology, laboratory techniques, and its statistical biases. Finally, it was also criticized for being confident with the *status quo* -which meant an ideological criticism of all work previously developed. In order to overcome this situation many applications were developed endeavouring to show its undeniable utility. To show its application to urgent social problems, different theories, models, previous experimental results, classical hypotheses and very recent results were used. Society was invaded by a great repertoire of psychological techniques for solving life problems.

A wide range of applications in the health field appeared in this context: studies regarding the impact on health of lifestyles and illness, mainly in relation to chronic illnesses (see, Wagner et al., 2001), and about managing health problems and recommendations from preventive psychology. Analyses about people’s reactions toward illness and health crises were very successful, as well as analyses regarding the causes of illness. Psychological problems related to cancer (Ibáñez, 2004) are a good example. Psychological studies concerned with illness also included, perception, interpretation and elaboration of symptoms and of changes due to crises. Finally, psychosocial concepts were used for explaining the relationships between the patient and the doctor or the health system. For instance, following or complying with different treatments, and the consequences of satisfaction and illness coping processes.

However, these health factors, either due to the limitations of the biomedical model, or to psychology’s own needs, are not relevant enough for explaining, the spreading, success and establishment of health psychology during the last decade of the 20th century. We need to take into account external factors related to social, economic and politi-

cal changes, especially those related to the health policy of developed societies. These external factors have been analysed and there are specific descriptions, not only within an academic context (i.e., sociology of medicine) but also within national and international health organizations. We need to emphasize, above all, those factors related to cultural changes, and the new methods of understanding and coping with health and illness problems. For analysing these cultural changes we need to begin with the description of some social issues that facilitated the emergence of social health psychology.

External reasons for integrating psychology into health services are very well known in western societies. It seems that theoretical, technical and medical research developments permit the control of infectious diseases, therefore contributing to the extension of human life and the aging of societies. In this sense, Ritzer (2004) took people's longevity as a sign of the effectiveness and quality of a country's health system. New types of illness could be seen and a movement toward chronic diseases (rheumatic, pulmonary, cardiovascular and more recently the AIDS epidemic). The scientific development of medicine and its support by other scientific fields (immunology, epidemiology, biology, chemistry, etc.) allowed for the development of illness control systems at the end of the 19th century and the first decades of the 20th century. New diseases appeared at the end of the 20th century and a different challenge was faced: an increase in longevity that required the development of health coping and care systems run by national organizations prompted by international guidelines.

National administrations were forced to increase the budget for public healthcare and to develop plans for the diagnosis and treatment of all types of medical ailments, as well as the promotion of health and illness prevention (Matarazzo, 1980, 1982). Primary assistance came to the fore and various guidelines from different organizations, such as the WHO and different National Health Institutes were formulated, for defining health, developing taxonomies of diseases, for the development of strategic plans and efficacy models of health related assistance. It should not be forgotten that before the 70's, post-war factors contributed to cooperation between clinical psychology and psychiatry. This cooperation was helped by the contributions of behavioural medicine and health behaviour, and then, by a more general collaboration between psychology and medicine (Guze, Matarazzo & Saslow, 1953; Suhls, Davidson & Kaplan, 2011; see Special Issue in the Journal of Consulting and Clinical Psychology, Christensen & Nezu, 2013). In the 90's, there was greater cooperation between psychology and medicine as new social factors favoured and reinforced new ways of thinking and the interpretation of health topics. Cultural changes made *health* and *illness* to be more than biological conditions, and they became social conceptualizations (Cockerman, 2004; Twaddle, 2004).

Health as a social reality

At the end of the 20th century, when people became conscious of their responsibility and control over their personal health, it was no longer exclusive to the medical and allied professional disciplines. This is typical of service societies and with the difficulties of national governments to maintain their health systems as a national responsibility. Attention needs to be paid to other ancillary professional and health services. If individuals become ill they should use all the psychological and behavioural resources available in order to facilitate their recovery. The maintenance of a healthy life style is clearly important. In the past we were worried about illness, but we are now worried about health. Postmodern trends for taking care of ourselves and keeping fit is an example of this change (Caro, 1999; Garzón, 2006; Garzón, 2012a, Neville, 2013). Smith and MacKenzie (2006), review early works in this area.

Current literature, external factors related to technical, organizational and social advances facilitating the development of health psychology are emphasized more than cultural changes related to the health concept. However, there are outstanding works that focus on this evolution from a biological conceptualization, centred on the aetiology, treatment and on health professionals, aimed at a social construction of health. The importance of care and prevention, including the sharing of responsibilities by professionals and lay people is stated clearly. Examples may be seen in the following works.

The book by Lachmund and Stollberg (1992) could be considered as a textbook on the history of medicine, but it is really a group of essays regarding the social history of medicine from the perspective of social constructionism and the relationships between the doctor and the patient.

Radley (1992) defended the biographical study of illness which is compatible with the necessity of placing it in a cultural context; with the individual's response to illness depending on beliefs and lifestyle, learnt within their social groups. Such beliefs are based on social conceptualizations of illness and on the efforts of professionals to prevent illness. Lupton (1994) reviewed different medical sociology perspectives and openly addressed the cultural crisis of modern medicine, due to its inefficacy, high cost, lack of regulation and broad injustices. In 1999, he defined illness as an existential characteristic of the human condition. He defended the importance of understanding and studying health and the relationships between biology and culture.

Accordingly to Mattingly and Garro (2000), narrative as a method and conceptualization permits through the analysis of medical professionals and the experiences of the ill, to relate both the cultural aspects and the knowledge of observable realities, as a complete health perspective. Garro and Mattingly's book (1994) was published after a meeting of the *American Anthropological Association* (published in *Social Science and Medicine* under the heading of *Narrative representations of ill-*

ness and healing). This book exemplifies current perspectives in medical anthropology. In relation to narrative as method and conceptualization the work of Hurwitz, Greenhalgh and Skultans (2004) should also be mentioned.

Shaw and Kauppinen edited in 2004 a social construction review of health and illness. The analysis of different health issues from a lay and a health consumer perspective, such as, health, depression, actions of health consumers and lay resistance to treatments is also worthy of mention.

Although, they diverge in some aspects, the above references share some characteristics of social construction perspectives of health: 1) Health as a value transcending the biophysiological measurement of the organism's normal functioning; 2) Health is a value, a desired reality, beyond formal knowledge; 3) Health and illness as experiences that individuals acquire during their lives. They cope and interpret these experiences in relation to social and socialized shared schemas. 4) Health and illness as biological and cultural realities; they are embedded in a general belief system that gives both a personal and collective meaning, as well as a historical and spatial stance. They are changing realities as a result of a social interpretation, separate from advances in knowledge or medical science. The professional expertise, aetiology, treatments and healing are important in social constructions of health as well as to the user, non-professional knowledge and the self-regulation of habits and customs.

As can be seen, there is a wide group of *social health construction* perspectives; some are more moderate, others are more risky. The first points toward ongoing health conceptualization, compared to the two-sided conceptualization of the biomedical model, as emphasized by the WHO definition. Other perspectives clearly defend health and illness as two different worlds and realities. Each one assumes different aspects and multiple realities that individuals experience again and again. This current perspective is more relevant not only for health science professionals (doctors, nurses, and psychologists in general) but for the training of prospective professionals. It improves the initial approaches based on the acceptance of Engel's bio-psycho-social model. When this is stated by health psychologists it makes the real history more complex (Seoane & Garzón, 2003).

Significance and domain of health psychology

Current psychological literature reveals the spread of psychological ideas and theory concerning health. Moreover, specialists from diverse areas point out different and distinguishing aspects that may be offered, and definitions that show the specific issues dealt with in their health studies. In the Spanish context the revised second edition of Amigo, Fernández and Pérez (2009) offers a review of some of these areas and the different objectives. The first chapter of Simón's (1993) book shows the attempts to set out limits to the different areas of applied health psychology such as clinical psychology, community psychology; behavioural medicine, and health psychology. From a different perspective,

the first chapters of Ogden's (1996) book the different origins, meanings and aims of several psychological areas concerning health were reviewed. It is in fact rare to find handbooks that avoid mentioning them and establishing their differences.

In addition to the spreading of these ideas or because of this, there is a wide range of issues and topics for today's health psychologists to study (see, Broom & Adams, 2012; Suls, Davidson & Kaplan, 2011). Different topics may be found in psychology related to psychological professional training including clinical, community, social, educative, organizational, etc. academic or professional activity. And also relationships to other professionals (doctors, sociologists, anthropologists, nurses, caregivers) always related to their social sensitivity. For instance, from assisted reproductive technology to terminal illness, from oncological or cardiovascular units to pain units, from lay health models and beliefs to health beliefs and the illness experience.

As there are a great number of psychosocial studies related to health problems it is difficult not only to establish a list of specific fields of application, but also to find a categorization agreed to by the whole health community of professionals. As can be seen below, the sensitivity, the ideology from a wide perspective, and the academic training of these professionals could help to establish some kind of taxonomy.

After 30 years of institutionalized existence it seems obvious that there are many and disputable ways of ordering and clarifying health psychology topics. Two facts could mark the starting point. First of all, we must emphasize the aims of APA Division 38 alongside Matarazzo's definition about main action guidelines and aims of public health systems. Several issues have to be emphasized: the promotion of psychology for understanding health and illness; the integration of biomedical information pertaining to health and illness with the existing psychological knowledge; the availability of information and data for the scientific and professional community including main research results, activities and services to a general audience; the facilitation and promotion of professional training and the development of specialized services of health psychology (APA Division 38).

Secondly, we should mention a move from an academic sensitivity toward a more practical orientation related to health services and to the participation of psychologists at different levels of health assistance and their intervention units.

Based on these two criteria the distinction of, at least, three types of practical sensitivities partly responsible for the lack of the thematic integration in the field, facilitate a way of clarifying or, at least, of arranging the plurality of approaches, theories, topics and specific issues that conform to the current identity of health psychology (Seoane, 2005; Seoane & Garzón, 2010).

The first approach is a *radical health sensitivity* that deals with illnesses and that tries to adapt to medical professionals. The second, the *existential health sensitivity* that focuses on

the sick and their experiences. Finally, *supportive health sensitivity* looks at health topics taking into account the diversity and characteristics of human groups and how illness occurs.

Some examples of this radical sensitivity are found in Bennet, Perry and Rozensky (2002), or Broome and Llewellyn (1994). In the Spanish context we should emphasize Amigo et al (2003) and Simón (1999). Based on their own individual perspective, each one of these works integrate psychologists in the health field depending on illness taxonomies, and emphasizing the implicit psychological factors. Some are based on the 17 categories of the International Classification of Diseases (ICD-9).

The *existential perspective* includes other nuances from those psychologists that focus more on the sick person rather than on illness. They analysed health belief models under diagnostic and treatment issues; the relationship dynamics between doctor and patient and their different ways of interpreting and processing shared information, as well as the emotional and adaptive implications of illness, treatment and hospitalization. It deals with the whole illness experience process in brief, from initial disturbance symptoms, throughout the treatment process, until recovery.

Especially relevant are theories on lay conceptualizations of health and illness, control perception, stress and coping strategies as well as personality characteristics (Fergusson, 2013). This perspective tends to analyse behaviours, facilitating and promoting health (physical exercise, a balanced diet, etc.), as well as risk behaviours and habits (smoking, drinking alcohol and taking drugs). Texts such as Marks, Murray, Evans, Willig, Woodall and Sykes (2008), Ogden (2002) or Radley (1994) deal with this aspect.

Finally, the *supportive perspective* may be understood as a consequence of the previous one. It assumes that the ill belongs to different groups that make him/her more vulnerable to specific lifestyles and health related life situations and to different causes and coping with illness from an individual, social or economic point of view. Examples of this perspective are the textbooks of Marmot and Wilkinson (1999/2006) or Kato and Mann, 1996's book about social health causes. They include issues from social inequality to specific health problems in relation to age, sex, sexual orientation, work situations, minorities, ethnic groups, countries, etc. This perspective is better justified by the creation, in 2005, of the *Commission on Social Determinants of Health*, according to the suggestion made by the Director-General of the World Health Organization in 2004. As previously mentioned the works by Cockerman and Phelan are another example, in addition to others.

Although we have just emphasized the diversity of topics, approaches and sensibilities, there is an academic sensitivity, particularly in the Universities, that supported the initial development of the new health field, and attempts to apply its psychological theoretical knowledge to this health area. This sensitivity maintained a global and integrative philosophy regarding the role of psychology in the health field

and, therefore, it was worried about the training of prospective specialists. This perspective has helped the field spread into other areas and issues, and at the same time maintain some integration as a result of several theoretical and important guidelines that form their current work and basic research. Reviews from Rodin and Salovey (1989) and from Salovey, Rothman and Rodin (1998) are perhaps more complete and balanced, describing the current situation (see also, Salovey & Rothman, 2003).

A new integration and agenda for the 21st century

We pointed out previously in this discussion regarding the evolution of Health Psychology that, at the beginning of the 21st century the focus for most countries, was the integration, of health policies through collective and global action. Obviously, this integration was related to the social and political changes at the local and international level during the last decade of the 20th century. Those changes were concerned with specific issues related to health problems, such as the evolution of health perspectives, advances in detection, diagnosis and treatment of new ways of becoming ill. These changes were, at the same time, closely tied to new macro-politic approaches, the appearance of neo-liberal ideologies, the shift from the 80's globalization (usually of an economic nature) towards a 21st century globalization that is distinct and could be summarized as a national sovereignty rupture with topics related to social politics. These changes are related to technological advances in information and knowledge domains. There has been a change from economic globalization toward social globalization and geopolitical competition (Callinicos, 2009).

These changes have affected health policies of individual countries. National and international programs and actions are being developed not only for ordering and homogenising specific health services of different countries and their social politics, but also, their competencies and the training of health professionals. As is the case with other professionals, health psychologists are affected by these macro-political changes.

Although it is risky to anticipate the future, there are some fairly objective data that could help us infer some of the main axes configuring the future of health psychology.

The first of these is the traditional which cannot be neglected as long as science and universities are involved in training and the development of knowledge. During the 21st century there have been many changes due to the fact that science and universities have been obliged to open themselves to new neoliberal politics (Block, Gray & Holborow, 2012; Holborow, 2012). Nowadays they are open to a rebirth of less "constructionist" approaches closer to a new realism based on a rethinking of old biology, on a neo-evolutionist approach and on neuroscientific technological advances.

The last edition of *The handbook of social psychology* (Fiske, Gilbert & Lindzey, 2010) addressed these possibilities.

This axis modifies the academic function, its training systems, the demands of specific competences for future professionals, and the quantification and market profitability of their university centre training (Garzón, 2012b; Lipman, 2011). We are now seeing how professionals are trained not in applied fields, but in *very specific tasks, methods and topics*. A new kind of professional has appeared. This professional is educated and trained for specific actions for specific health areas that could be put into practice in different health domains (i.e., hospitals, primary health centres, therapeutic communities for specific groups, research centres, and distinctive health units). This can be observed in specialized journals that dedicate research to very specific issues, related, to at least four categories for each health topic: prevention, diagnosis, treatment and rehabilitation.

There is a second axis that is derived from the practical fragmentation of professional work. We refer to the need for the present emphasis on meta-analysis, with all the precautions that should be taken, (see Hagger, 2010; Marín, Sánchez & López, 2009): a combination between evidence-based knowledge and the urgent integration of a theoretical coherence of many diverse topics, and evidence and research procedures that are widely disseminated in the more prestigious journals. Whether we like it or not, nowadays, inductive procedures control the field of knowledge. The starting point for new theories will be what is undertaken in order to develop models of understanding based on this practice.

For this reason, today health professionals emphasize the use of new research techniques. There is a shift from psychological scales or subjective reports to “more reliable data” that come, from among others, research based on neuroscience development, epidemiology, and the analysis and projection of genome studies.

Alongside this issue there is an urgent need to establish some order in the diverse Health Psychology treatments. The taxonomy problem is a second line of work for the century that has just begun. A representative example of this kind of work is shown in Michie et al. (2009).

Theoretical integration from the bottom (practices and data based on evidence) and methodological integration (taxonomies of health psychologist's work tools).

A third axis is related to what the *Commission on Social Determinants of Health* (2009) suggested are the three key concepts for health topics (social gradients, social determinants

of health and health inequities). It refers to the geo-politic integration into the domain of the health professions. Health professionals (medical doctors, nurses, assistants, psychologists, therapists and health workers) have overcome the bio-psycho-social model. Health and illness topics cross over geographic and political frontiers. We agree nowadays that health and illness go beyond a sick organism or an individual; they are also related to a countries health policies and to inequities in the health services within or between countries. This is unified under the idea that to become ill and to get well is placed in a close relationship established between ecological systems and life styles. Authors are worried now about health disparities and inequities (Phelan, Link & Tehranifar, 2010; Walraven, 2011) as “a healthy population is essential to a sustainable economy” (Eliassen, 2013, p. 21).

From this 21st century axis, there is a growth of international health organizations that try to give answers to societies that are increasingly interrelated in political and economic ways. As a consequence we need macro-organizations that establish criteria, oversee health policies of their professionals and member countries and indicate new competences for health professionals. *The European Health Psychology Society (EHPS)* is a good example. The EHPS is a professional organization with different members that aim to be a European centre that promotes theoretical and empirical research regarding the application of psychology to the health field. It develops programs for European student training in health psychology. These programs have been developed in different European countries from the last decade of the 20th century. The EHPS is connected with other international organizations such as the International Association for Applied Psychology; the European Federation of Psychologists' Associations, and even with the United Nations Public Information Department. Its aims are twofold: on the one hand, research and information, and on the other, the development of plans and programs for using psychology in the health field (EHPS, 2013).

In conclusion we should emphasize that the new health psychology professionals should move away from the traditional academic and scientific standards and stay closer to the day by day health realities that are oriented to a neoliberal policy that partly substitutes the old schema of a Welfare State. From this perspective, research centres, university departments, countries and citizens should use their resources to select, and so, to strengthen these professionals and those private and public services that best address their needs.

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(Artículo recibido: 8-3-2013; revisado: 12-6-2013; aceptado: 4-8-2013)