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Health psychology in Ireland: a healthy prognosis

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Health psychology is the study of psychological and behavioural processes in health, illness and health care. Health psychology emerged in Ireland with the establishment of the Psychological Society of Ireland (PSI) Health Psychology Special Interest Group in the mid-1980s, which in 2003 became the Division of Health Psychology (DHP). The DHP has grown quickly and has established itself as an active and engaged PSI Division. This paper outlines the history of health psychology in Ireland. Current opportunities and challenges for both the discipline and profession of Health Psychology are considered, and future directions are highlighted.

Keywords: health psychology; behavioural medicine; review; history; biopsychosocial Model

This paper outlines the development of health psychology in Ireland. After considering the definitions of health psychology, the growth of the discipline internationally is described to provide a context for health psychology nationally. The emergence of the Division of Health Psychology (DHP) from the Special Interest Group (SIG) is considered and selected achievements of the DHP are outlined. Finally, challenges and opportunities for health psychology are considered.

What is health psychology?

Health psychology is defined as ‘The aggregate of the specific educational, scientific and professional contribution of the discipline of psychology to the promotion and maintenance of health, the promotion and treatment of illness and related dysfunction’ (Matarazzo, 1980, p. 815). A more straightforward definition states that it is the study of psychological and behavioural processes in health, illness and health care (Johnston, 1994). Although psychological and behavioural processes have long been associated with health and illness, the discipline of health psychology is a relatively recent aspect of psychology.

The importance of health psychology was outlined in Schofield’s (1969) influential report on ‘The Role of Psychology in the Delivery of Health Services’ to the American Psychological Association (APA). Subsequently, in 1975 a formal Section on Health Research was established in the APA Division of Public Service. However, 1977 can be regarded as the seminal year for health psychology: in the USA, the Yale Conference on Behavioral Medicine was held and Engel’s influential paper on the need for a biopsychosocial model was published in the leading international scientific journal *Science*. The Yale Conference was a multidisciplinary conference that highlighted the role of behavioural science knowledge and techniques to illness prevention, diagnosis, treatment and rehabilitation. Although Engel’s (1977) paper focused on the limitations of the biological approaches in psychiatry to distress, the argument that there was a need to develop a broader explanatory model that took account of biological, psychological and social factors resonated with psychologists interested in health and illness.

Subsequently, the biopsychosocial model has become the conceptual basis for health psychologists in their roles as researchers, practitioners and policy-makers (Suls & Rothman, 2004). The following year saw the emergence of the APA, DHP and the Society for Behavioral Medicine was established in the USA. The development of health psychology in Europe advanced in the 1980s, with the formation of the European Health Psychology Society (EHPS) in 1986; health psychology was emerging in Ireland around the same time.

Health psychology in Ireland

Although a number of papers published in *The Irish Journal of Psychology* (IJP) in the 1970s examined the issues related to health psychology, it was the publication of the Society Lecture by Stuart A. Lewis on the topic of ‘Psychology applied to Medicine’ in 1981 that highlighted the potential breadth of contributions psychology can make to health and health care. As Lewis noted ‘there is a role for every brand of psychologist in medicine’ (p. 13). In the subsequent years, research on health psychology topics increased at Psychological Society of Ireland (PSI) Annual Conferences; for example, Flanagan (1981) presented a paper on ‘The ingredients of self-control: the role of cognitive and behavioural factors in attaining and maintaining weight loss in the obese’ at the 1981 Conference. As research on health and health care became more prevalent, after the 1985 PSI Annual Conference an *ad hoc* committee of interested PSI members convened and canvassed colleagues about the potential

name, objectives and activities of a SIG in health psychology. The SIG on Psychology Applied to Medicine and Health was formally recognised by PSI Council in 1986 and Hannah McGee was its Founding Chair; other members included Eva Doherty, Eimear Burke and Noreen Harrington. A workshop in Trinity College Dublin that year provided a forum for health psychologists to exchange ideas and to develop a strategy for the promotion of health psychology. At the 1986 PSI Annual Conference, a symposium on Psychology and Health (PH) comprised presentations on psychological medicine, psychological aspects of acute and chronic pain, social resources and health and the Kilkenny community-based cardiovascular disease prevention programme. The following year saw a symposium at the PSI Annual Conference wherein academics and clinicians presented on Coronary Heart Disease (CHD); furthermore a Research Directory on research examining social sciences and medicine was compiled and made available to interested health organisations and individuals. In addition, the group prepared a document on Health Psychology in Ireland in response to a request from the PSI President, following attendance at a World Health Organisation Conference. The group also contributed to the revision of PSI's 'Psychologists in the Service of Health' report. Subsequent years saw regular symposia on health psychology at PSI Annual Conferences and a number of workshops (e.g. a joint workshop with the PSI Clinical Division on 'The Challenge of AIDS' in 1989) and public seminars (e.g. 'Coping with Stress' by Tony Humphries in 1990).

In response to a survey of members in 1990, the SIG in Psychology Applied to Medicine and Health changed their name to the SIG in Health Psychology. A symposium held by the SIG at the 1990 PSI Annual Conference on the topic of reproductive and infant health proved so popular that a one-day conference was subsequently held in University College Dublin (UCD) with a multidisciplinary panel of national and international speakers. The event resulted in a special issue of the IJP on 'Having babies: Issues in reproductive and infant psychology' edited by Sheila Greene. In 1994, SIG members contributed to another special issue of the IJP on 'Heart disease: The psychological challenge' edited by Hannah McGee, Thelma Graham and John Horgan, which focused on the contributions of psychology to CHD management. A core contribution of the SIG was to help organise the 10th Annual EHPS conference in 1996, which was held in Ireland at the Royal College of Surgeons in Ireland. The conference, which is the largest health psychology conference in Europe, was organized by Hannah McGee and successfully highlighted Irish health psychology research to an international audience. Based on selected presentations from the conference, a special issue of the IJP titled 'Making a Difference: Health Psychology and Chronic Disease' was edited by Hannah McGee and Anne Hickey. Throughout the 1990s, members of the SIG actively contributed to PSI's committees on Health and Statutory Registration.

In addition to the activities of the SIG members, research in health psychology was being conducted in a number of third-level institutions nationally. For example, researchers at the Department of Psychology, Royal College of Surgeons in Ireland (RCSI) were international leaders in the individualised assessment of quality of life, a Trinity College Dublin (TCD)-based research team became global leaders in conducting psychological research into culture and health, researchers in University College Cork (UCC) developed widely acclaimed studies researching psychological aspects of heart disease, and trainees on professional training programmes in clinical psychology nationally conducted research on chronic illness.

At the start of the 2000s, the SIG contributed to PSI's Guidelines for the Assessment of Postgraduate Training in Health Psychology, which were ratified by PSI Council in 2001. During this period members contributed to PSI's Task Force on Statements of Equivalence, the Working Party for Statutory Registration and the Membership Qualifications Registration Committee. The SIG provided input to the Government's Strategic Review of Health Services (2001), the Eastern Region Health Authority's review of Psychological Services (2001), the National Consultative Forum on the National Health Strategy and members represented psychology at meetings of the National Primary Care Steering Committee. In addition, members were involved in the Diabetes Service Development Group, convened by the Minister for Health, and contributed to the report 'Diabetes Care: Securing the Future' that outlined the health care service provision and structure required for optimal diabetes care.

Foundation of the PSI DHP

Based on the success of the SIG, the PSI DHP was established in 2003, with Brian Hughes (National University of Ireland Galway [NUI Galway]) as the Founding Chair; other members of the DHP committee included David Hevey, Aoife Moran, Anne Callanan, Caroline Heary, Suzanne Allen, Jane Walsh, Molly Byrne, Ruth Yoder, Patricia White and Betty Cody. The establishment of Health Psychology as a Division of PSI was a significant milestone in the development of health psychology in Ireland and reflected the breadth of activity in the discipline.

The growth of the DHP was supported by a range of key international figures; a number of the

external examiners to the NUI Galway Health Psychology M.Sc. provided international expertise on both academic and professional competencies. In addition, many of those involved in the establishment of the British Psychological Society (BPS) DHP advised the SIG during the transition phase to Division, as many of the issues regarding Division status had been considered by the BPS members. Of note, the appointment in the late 1990s of Jack James, the founder of the Australian Psychological Society's College (i.e. Division) of Health Psychology, as professor in NUI Galway provided critical support to the establishment of the PSI DHP. In addition to providing invaluable experience regarding health psychology internationally, he served as Chair of the SIG when the criteria for professional accreditation were first proposed.

Since its inception, the Division's primary aims have been to promote awareness of health psychology in Ireland as a distinct specialty, to develop a clearly-defined career pathway for health psychologists in Ireland, and to promote and encourage both research in health psychology and the application of this research to improve health services and the health status of the people of Ireland.

The DHP held its first annual conference entitled 'Psychology, Health and Medicine' (PHM) in 2004 in NUI Galway, and attracted a large number of scientific presentations from national and international delegates. The success of the conference enhanced the profile of the Division and highlighted the varied contributions of health psychology to health and health care in Ireland. The PHM scientific conference is now an annual event, with invited keynote addresses from both national and international experts in health psychology theory, methods and practice. Recent developments include the running of pre-conference workshops and the inclusion of both Research in Progress poster sessions (to support early career health psychologists) and Health Psychology in Action sessions (to facilitate discussion of service delivery and developments). These conferences attract over 100 multidisciplinary delegates each year and are important in strengthening the networks of people interested in Health Psychology in Ireland and beyond.

In 2005, in addition to hosting the second DHP conference, NUI Galway hosted the 19th annual EHPS conference, with Professor Ruth Curtis as conference president. The following year, a special issue of the IJP (2006), edited by two DHP members (Brian Hughes & Jane Walsh, 2005) addressed issues of theory, methodology and interventions in health psychology. In addition, the DHP has supported training through provision of workshops on practical (e.g. Mindfulness in medical settings, 2010; Motivational Interviewing, 2009; CBT and Chronic Pain, 2008) and statistical (e.g. Mediation and Moderation Analysis, 2006) issues.

In 2007, the DHP commenced a collaborative relationship with members of the Northern Ireland DHP branch of the British Psychological Society (NIBPS DHP) regarding the development of an All-Ireland Health Psychology Initiative. This initiative resulted in the 5th Annual PHM conference being held the following year in Derry, successfully organised by the PSI DHP in collaboration with health psychologists at the University of Ulster (UU) and the NIBPS. This cross-border collaboration was a success and has resulted in an ongoing close relationship that continues to support health psychology development on the island of Ireland. For example, the PSI DHP contributed a symposium at the 2010 BPS DHP conference that took place in Queen's University Belfast (QUB), and the 2012 PHM conference was held in QUB.

The professional development of health psychology was enhanced by the effective engagement by PSI Council in 2004 with the Department of Health and Children, which facilitated the regulations for employment of psychologists in the health services being amended to allow for the employment of health psychologists under the title of Office of Community Care Psychologist. In updating the statutory instrument, the text explicitly named 'health psychology' as a relevant field of training for a psychologist to be employed.¹ It must be acknowledged that to date the rate of employment of health psychologists in the public sector has been disappointing; many of those who trained in health psychology have completed other professional training programmes (e.g. in clinical or counselling psychology) whilst others have pursued academic and careers. In the absence of professional training accreditation criteria and consequently the absence of accredited programmes, health psychologists have had to train overseas and then apply to the PSI External Validations Committee to be deemed eligible for employment in the public sector.

In summary, to date the DHP has had considerable success in providing a networking forum for health psychologists in Ireland and has achieved a number of its initial aims, especially in relation to raising the awareness of health psychology in Ireland, and in the promotion of research in health psychology. However, it must be acknowledged that issues relating to career pathways for health psychologists in Ireland continue to be a significant challenge and remain an ongoing focus for the DHP.

Training in health psychology

The Department of Psychology at NUI Galway introduced Health Psychology as a module to psychology undergraduates in 1990; currently all national universities contain at least some Health Psychology content at undergraduate level, with the majority providing at least one whole module in the area. Different countries have adopted different training models for health psychology at postgraduate level, for example, health service consultancy model, public health model and clinical health training. Finding an appropriate model in the Irish context that provides professional competencies to meet acceptable standards and meet the needs of trainees, employers and the regulators of professional standards is a critical ongoing challenge facing the DHP. Training models proposed include integrated doctoral-level programmes (similar to those for Clinical and Counselling Psychology) and two-phase programmes similar to those initiated in the UK, wherein Phase 1 provides M.Sc.-level academic and research skills training, and Phase 2 provides core and specialist placements to provide necessary competencies for professional employment. Such training programmes require appropriate available supervised placements and challenges remain to date in resourcing such training. In contrast research-focused approaches continue to be served by the traditional Ph.D. route or through Health Services Research programmes, which are increasingly being provided in a structured Ph.D. format.

Health psychology at higher education institutions in Ireland

The first Masters level course to be provided in Ireland (MPsychSc in Health Psychology) was established and initially directed by Ruth Curtis. It commenced in 1994 and was a two-year programme that provided academic, research and professional training. Due to difficulties in securing sufficient placement opportunities for students, the training programme was re-launched as a one-year-taught M.Sc. in Health Psychology in 2007. Of note, it was recently accredited by PSI as providing the necessary academic and research skills required for health psychologist training. NUI Galway have also introduced a four-year full-time structured Ph.D. programme in PH, which combines a Ph.D. thesis with the taught academic components of the existing M.Sc. in Health Psychology programme, and a range of transferable skills. The UU Health Psychology (PgDip or an M.Sc.) programme is accredited with the BPS and is the only postgraduate course in health psychology in Northern Ireland; it presently provides training that meets the BPS stage 1 criteria, which provides the requisite academic and research competencies for health psychologists. It is the only M.Sc. in Health Psychology available by distance learning in Ireland and the UK.

The Department of Psychology at the Royal College of Surgeons in Ireland was established in 1985 and was the first psychology department to be established within a medical school, with Ciaran O' Boyle as department head. Research in health psychology has been a core focus of this department from the outset, with postgraduate students joining the department from 1987 and working to M.Sc., MD and Ph.D. level. The Health Services Research Centre (HSRC) was established within the department in 1997. Led by Hannah McGee, it was the first such centre in Ireland, established to meet the growing need for research relevant to Irish health services. These initiatives enabled the development of significant interdisciplinary research collaborations, most recently in the establishment of a Health Research Board (HRB) funded Ph.D. Scholars Programme in Health Services Research in 2007, a cross-institutional interdisciplinary Ph.D. programme, the first graduates of which emerged in 2011. In addition, PhDs in health psychology are routinely undertaken in all national universities.

Key figures

Health psychology has developed in the past 25 years and a number of influential figures have guided this growth. We acknowledge that in writing a history, we will inevitably write only one story of many possible ones, and we accept that in highlighting certain individuals we run the risk of omitting others. Although it is not possible to list all of those involved, we feel that three individuals have made seminal contributions to health psychology nationally and internationally, and their names recur through its history in Ireland. Hannah McGee in RCSI was the Founding Chair of the SIG in Health Psychology, brought the EHPS annual conference to Ireland for the first time, led the development of the HSRC in RCSI, has demonstrated how health psychologists can inform policy through her work as Chair of the National Cardiovascular Health Strategy 2010–2019 (Department of Health and Children, 2010), and has mentored many of those who have led the development of health psychology in Ireland. Of note, through her work with the EHPS and her term as President of the EHPS, Hannah raised the profile considerably of health psychology in this country and set the precedent for other Irish health psychologists to take up leadership roles in the EHPS. Ruth Curtis and Anne-Marie Groarke in NUI Galway initiated health psychology training for undergraduate psychology students and for postgraduate students, many of whom have contributed significantly to the

profile of health psychology in Ireland and to the PSI DHP. They have hosted a number of successful health psychology events, including the PHM conference and the 2005 EHPS conference. Furthermore, they actively sought leading international figures to be external examiners for their M.Sc. programme and brought international experts to provide training workshops to programme's students. This tradition continues to this day and ensures high quality postgraduate training is provided. We feel that these individuals have raised the profile of health psychology in Ireland and acted as role models for many early career health psychologists. It is noteworthy that many of the Chairs of the SIG and DHP have come from either RCSI (Anne Hickey, 1988–1991, 1995–1998, 2010–2012; Ciaran O'Boyle, 1991–1994; Frank Doyle, 2013–to date) or NUI Galway (Anne-Marie Groarke, 1999–2001; Brian Hughes, 2003–2004; Molly Byrne, 2005–2006; Jane Walsh, 2006–2007). These institutions have contributed significantly, and indeed continue to contribute, to the development of health psychology in Ireland. This does not diminish the contributions made by other institutions; indeed other universities and agencies have also played critical roles in the growth of health psychology, for example, Chairs of DHP have also come from Trinity College Dublin (David Hevey, 2004–2005; Patricia White, 1998–1999), NUI Maynooth (Deidre Desmond, 2007–2008) and Dublin City University (DCU) (Sinead Ni Mhurchadha, 2009–2010). Suzanne Allen, a health psychology practitioner, served as DHP Chair in 2008–2009.

Future contributions

The management of chronic conditions is a primary focus of health care in the developed world. According to the latest Health Statistics (Department of Health and Children, 2012) the three principal causes of death in Ireland are diseases of the circulatory system (34%), cancer (29%) and respiratory disease (8%); by 2020, the number of adults with chronic diseases will increase by around 40%, with relatively more of the conditions affecting those in the older age groups. For example, between 2010 and 2020 the number of adults with diabetes is expected to rise by 30%, the number with chronic obstructive pulmonary disease by 23%, the number with hypertension by 28% and the number with CHD by 31% (Department of Health and Children, 2013). Obesity has been recognised as a significant clinical, social and financial challenge that has long-term detrimental consequences.

As noted in the recent Healthy Ireland Framework document (Department of Health and Children, 2013), such chronic diseases and their risk factors are major drivers of health care costs, as well as associated economic losses. As behavioural and psychological factors play a central role in the development, treatment and management of these conditions, health psychology can play a central role in psychological approaches to disease prevention and self-management. Furthermore, the projected significant increase in the ageing population will inevitably result in large numbers of people living with chronic conditions and disability. In such cases, psychological and rehabilitative issues are just as important as medical and pharmacological interventions; health psychology can inform such approaches.

National health care policy documents in the past decade have highlighted the important role of psychological factors in health and health care; for example, the recent National Cardiovascular Health Policy (Department of Health and Children, 2010) stated that changing health behaviours (e.g. increasing healthy eating and physical activity; reducing salt intake; refraining from or quitting smoking; and consuming alcohol responsibly) was a priority area. Furthermore, it recommended that access should be provided to a comprehensive psychosocial support and education for cardiovascular patients and their families. Similarly, the role of psychological models of behaviour change was highlighted in the national HIV and AIDS Education and Prevention Plan 2008–2012 (Department of Health and Children, 2008) and the National Cancer Strategy highlights the role of health promoting and cancer-preventing behaviours (Department of Health and Children, 2006). Such documents have increased the awareness of allied health care professionals of psychological approaches to health and health care. The DHP will actively contribute to the translation of such policies into practice. However, although psychological factors have been acknowledged in some policy documents there is further scope for the DHP to actively contribute to national health care policy in relation to the substantial problems of chronic disease management and health-compromising behaviours. In the UK, the BPS DHP provides consultancy to government agencies on health behaviour change and training of health care providers in evidence-based psychological approaches (Johnston, Weinman, & Chater, 2011). A similar contribution could be made in the Irish context by the PSI DHP.

As noted in the previous section, many of the DHP Chairs have come from academic institutions, with practitioners under-represented. This reflects the well-established status of health psychology as an academic discipline, but a comparative relative underdevelopment of the discipline in a professional capacity. This is currently a core challenge for the future of health psychology in Ireland. The DHP is actively engaged in developing a professional qualification in health psychology; however

the specific nature of such a profession has been an ongoing issue since the development of the SIG. In general, professional training models have followed either a clinical-practitioner model or a research-consultancy model. For example, in 1997 Clinical Health Psychology was recognised as a specialist profession by the APA; the word clinical was added to highlight the practitioner focus. In the UK, the initial training model adopted a health services research approach, with an emphasis on public health; however the BPS revised guidelines now focus on clinical-practitioner skills. Although health psychology is long established in Europe, professional regulation varies. The European Federation of Psychologists' Associations (EFPA) developed guidelines as an attempt to define minimal training standards across Europe and these have evolved into the EuroPsy qualification: however this qualification does not supplant national training standards. PSI's recent initiatives in relation to professional competencies follow similar developments by other psychological societies. Consensus among key stakeholders (including employers) regarding the required competencies that differentiate health psychology from other psychological specialisms will inform the development of training programmes. Similar to professional societies (e.g. BPS, APA) in other countries PSI should lead efforts at ensuring the highest quality standards are applied in training programmes; this issue will be critical once accreditation and regulation of professional training becomes part of CORU's (national health professional accreditation body) remit.

Conclusion

Ireland was one of the first countries to develop a health psychology SIG; health psychology as a discipline is 25 years old in Ireland and has developed robustly through the support of PSI. It has accomplished much and will continue to contribute to PSI in the coming years. Based on the progress made to date, we feel that there is a healthy prognosis for the discipline of health psychology in Ireland. However, the professional identity of health psychology in Ireland remains to be determined and we feel this represents a core challenge for the DHP in the coming years.

Note

1. We wish to thank an anonymous reviewer for highlighting the importance of this development.

References

- Byrne, M. (1999). Health psychology in Ireland. *Health Psychology Update*, 8, 17–18.
- Department of Health and Children. (2006). *A strategy for cancer control in Ireland*. Dublin 2: Hawkins House.
- Department of Health and Children. (2008). *HIV and AIDS education and prevention plan 2008–2012*. Dublin 2: Hawkins House.
- Department of Health and Children. (2010). *Changing cardiovascular health. National cardiovascular health policy 2010–2019*. Dublin 2: Hawkins House.
- Department of Health and Children. (2012). *Health statistics 2011. Life expectancy and vital Statistics*. Retrieved from http://www.dohc.ie/statistics/pdf/stats11_life_expectancy.pdf.
- Department of Health and Children. (2013). *Healthy Ireland. A framework for improved health and wellbeing 2013–2025*. Dublin 2: Hawkins House.
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129–136. doi:10.1126/science.847460
- Flanagan, C. (1981). The ingredients of self-control: The role of cognitive and behavioural factors in attaining and maintaining weight loss in the obese. Paper presented at the 1981 PSI Annual Conference, 5th November, 1981, Cork, Ireland.
- Hughes, B., & Walsh, J. (2005). Preventing ill health: Psychological risk factors and behavioural interventions. *Irish Journal of Psychology*, 26(1–86).
- Johnston, M. (1994). Health psychology: Current trends. *The Psychologist*, 7, 114–118.
- Johnston, M., Weinman, J., & Chater, A. (2011). A healthy contribution. *The Psychologist*, 24, 890–892.
- Lewis, S. A. (1981). Psychology applied to medicine. *Irish Journal of Psychology*, 15(1), 1–121.
- Matarazzo, J. D. (1980). Behavioral health and behavioral medicine: Frontiers for a new health psychology. *American Psychologist*, 35, 807–817. doi:10.1037/0003-066X.35.9.807
- McGee, H. M., Graham, T., & Horgan, J. H. (1994). Heart disease: The psychological challenge. *Irish Journal of Psychology*, 15(1), 1–121. doi:10.1080/03033910.1994.10557989
- McGee, H. M., & Hickey, A. (1997). Making a difference: Health psychology and chronic disease. *Irish Journal of Psychology*, 18(1), 1–131. doi:10.1080/03033910.1997.10558125
- Suls, J., & Rothman, A. (2004). Evolution of the biopsychosocial model: Prospects and challenges for health psychology. *Health Psychology*, 23(2), 119–125. doi:10.1037/0278-6133.23.2.119
- Schofield, W. (1969). The role of psychology in the delivery of health services. *American Psychologist*, 24, 565–584. doi:10.1037/h0027998

