Individual factors in changing health beliefs

Lesson 5.5.3 | Health psychology

Core ideas

Health beliefs affect whether a person thinks advice is relevant, serious, achievable and worth acting on.

Unrealistic optimism happens when people believe negative health outcomes are less likely for themselves than for similar others.

Unrealistic optimism can make people disregard positive health advice because the risk feels like a problem for other people.

Positive psychology focuses on strengths, wellbeing and flourishing rather than only illness, symptoms or deficits.

The pleasant life, good life and meaningful life describe different routes to wellbeing through positive emotion, engaged activity and purpose.

School positive-psychology programmes can aim to improve mental health, but evaluation should consider culture, individual differences, psychometric measures and generalisability.

Key terms

Health belief: A belief about risk, illness, treatment or personal ability to change.

Unrealistic optimism: Believing that negative outcomes are less likely for oneself than for others.

Risk perception: A person's judgement of how likely or serious a health risk is.

Positive psychology: A field that studies strengths, wellbeing and ways people can flourish.

Pleasant life: A route to wellbeing based on positive emotion and enjoyment.

Good life: A route to wellbeing based on engagement, strengths and absorbing activity.

Meaningful life: A route to wellbeing based on purpose and connection to something larger than oneself.

Psychometrics: The measurement of psychological qualities using tests, scales or questionnaires.

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Further detail and evidence

Key study: Shoshani and Steinmetz (2014) evaluated whole-school positive psychology for adolescent mental health, extending promotion beyond correcting illness.

The analysed sample comprised 1,038 Israeli middle-school students: 537 in the intervention school and 501 in a demographically similar wait-list control school.

A longitudinal comparison followed pupils across two years, including a one-year intervention. Existing schools were compared; pupils were not individually randomly allocated.

Trained teachers delivered activities on positive emotions, strengths, meaning and relationships. Repeated questionnaires measured symptoms and wellbeing.

Intervention participants showed less distress, anxiety and depression, alongside greater self-esteem, self-efficacy and optimism; control symptoms increased.

Weinstein (1980) examined unrealistic optimism about future life events. In Study 1, 258 college students compared their chances of 42 events with classmates. As a group they expected comparatively more desirable and fewer undesirable events. This is comparative bias, not proof that any one person's low risk estimate is incorrect.

Contributing factors include selective focus on personal precautions, stereotypes of high-risk people, perceived control and lack of relevant experience. The 1980 paper should not be confused with the separate 1982 study of health problems.

Positive psychology distinguishes the pleasant life (positive emotion), good/engaged life (using strengths in absorbing activity) and meaningful life (serving something larger than oneself). The approaches can coexist and are not a claim that positive thinking prevents all illness.

Shoshani and Steinmetz's school programme combined activities around strengths, emotions, relationships and meaning. Repeated scales showed improved wellbeing indicators and reduced distress relative to the comparison school. Existing schools, rather than randomly allocated individual pupils, were compared.

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Applying the ideas

A student may believe a health risk applies to others because they picture an extreme stereotype and overlook their own exposure. A school intervention could build realistic agency alongside strengths and social connection. It should not encourage denying real risk or blaming students for distress.

Evaluation and connections

This supports combining pleasant experience, engagement and meaning in school health promotion, not claiming that positive thinking prevents every disorder.

The large real-school sample and follow-up aid application; school differences, attrition and self-report threaten causal inference.

Evaluate cultural differences, child-research ethics and psychometric validity; results from two schools need not apply worldwide.

Comparative ratings can reveal a group bias but depend on the comparison group and event definitions. The school study has ecological relevance and long follow-up; school differences and self-report limit causal certainty. Culture influences valued strengths and meanings. Distinguish questionnaire improvement from a diagnosed disorder being cured.