

**The pre-history of health psychology in the UK: From natural science and psychoanalysis
to social science, social cognition and beyond Introduction**

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Abstract

Health psychology formally came of age in the UK in the 1980s but it was prefigured by much discussion about challenges to the dominance of biomedicine in healthcare and debates about the role of individual behaviour change in promoting population health. Despite current progress and accomplishments it is important to reflect upon earlier attempts to explore the psychological dimensions of health and illness. It is through such exploration that we can begin to reveal the connection between ideas and the social context. This paper focuses on what could be termed the pre-history of health psychology in the UK. This was the period in the earlier twentieth century when psychological approaches were dominated by psychoanalysis which was in tension with more positivist approaches. In the post WWII period the classical form of psychoanalysis turned to a concern with relationships. This was the period which also saw the rise of behaviourism and then cognitivism each of which had a strong influence on the new profession of clinical psychology and then health psychology.

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Psychological theory and practice are not constructed in isolation from the social world but rather are shaped by it and contribute to our interpretation of reality. In the same way, to understand the development of ideas within health psychology we need to explore the social and historical context within which they evolved. Health psychology accounts, especially in the USA, often trace its history back to the 1960s and 1970s. The 1960s was the period of rapid social and cultural change including challenges to the dominance of biomedicine, de-institutionalization of mental health facilities with shifts in the focus of psychological practitioners, and the growth of alternative medicine. This was followed in the 1970s by a period of economic recession and what William Ryan (1971) described as a period of 'victim blaming'; here the prevailing ideology was to place responsibility for all social and personal woes on the individual. The establishment of APA's Division of Health Psychology in 1978 was part of this orientation. Joseph Matarazzo, the first President of the Division was quite explicit about its aims: 'We must aggressively investigate and deal effectively with the role of the individual's behavior and lifestyle in health and dysfunction' (Matarazzo, 1982)

In the UK, the 1980s was a period of sustained social conflict as the Prime Minister, Margaret Thatcher, led moves to push back the welfare state (McSmith, 2011). In 1980, the government *Report on Inequalities in Health* (DHSS, 1980) was published demonstrating the continuing social inequalities in health after 40 years of the NHS. The report identified four potential explanations for the continuing social class health gradient: artefact, genetics, materialist/structural and cultural/behavioural. After initial attempts to bury this report (subsequently republished with editorial, Townsend & Davidson, 1982), the government focused on cultural/behavioural explanations and the need to promote personal responsibility for health. It was in this climate that the British Psychological Society's (BPS) Health Psychology Section was formally established in 1986 with a particular focus on individual behaviour change but also on psychological support for people with physical health problems. Bennett (2015) in his review of the development of UK clinical health psychology compares its very rapid development with the 'big bang' theory in physics but

such a view belittles the role of historical precursors in the growth of the particular approach to the psychological study of health and illness which evolved subsequently.

In a previous review of this period (Murray, 2014) I focused on surveying the field by critiquing the content of the major health psychology textbooks. Textbooks selectively systematize current research in a field and lay the foundation for the next generation of students, researchers and practitioners (Lubek, 1993). In this article I explore the precursor developments of the field in the period before health psychology textbooks and courses further helped the new field to grow. Instead of textbooks, the focus is on archival records of research and practice recorded in the major UK psychology journals. These reflect the particular orientation of British psychologists which in the early decades was influenced by European experimental and psychoanalytic ideas but later by American cognitive ideas.

Bennett (2015) in his detailed account focused particularly on the contribution of a range of key clinical psychologists in the 1980s. He also refers to the earlier professional disputes between clinical psychologists and medical psychologists which will also be considered in this article. However, whereas his account focuses on particular figures and issues in the early days of health psychology from the 1970s, this article considers earlier figures and the particular approaches to the psychological study of health and illness.

The twentieth century has been characterised as the era when western society began to come to terms with science (Watson, 2000). It was the period when the scientific method began to alter not only the character of our physical world but also of our psychological world. This scientific approach was coupled with what Jansz (2004) has described as the two general trends which have dominated western society since the 1400s – individualism and social management. The new science of psychology was perfectly placed to play an important role in this new scientific era. From its earliest days psychology was not just a science but also a practice. As Stanley Hall, one of the founding fathers of American psychology, argued in 1923 ‘All the great problems of our age are becoming more and more psychological the better we understand them. The world needs a new psychology larger in all its dimensions more than it needs anything else’ (quoted in Jansz and van Drunen, 2004 p. 1). A review of UK psychology journals in the 20th century shows the clear influence of this new scientific method, particularly in its concern with measurement and

experimentation, in shaping the discipline but it also shows the continuing power of the medical profession and of psychoanalysis as a theoretical framework.

Early foundations: 1900-1920

In 1900 the [British] Psychological Society (BPS) was established. From the outset it had health and illness as one of its concerns although its approach was dominated by medicine. In 1904 the *British Journal of Psychology (BJP)* was founded. It was edited by James Ward (1843-1925) who was originally a physician and William Rivers (1864-1922) – another physician. Although initially trained in medicine Rivers became increasingly interested in the new experimental psychology and spent time at the University of Jena, the home of Otto Binswanger, who conducted experimental work on hypnosis and was also interested in psychological aspects of illness. Rivers subsequently spent time at Heidelberg working with Emil Kraepelin, further developing his interest in experimental psychology. However, his interests were wide-ranging and in 1898 he participated in the Torres Strait expedition to examine the culture of the residents of the small islands between Papua New Guinea and Australia. It was this work that led Kingsbury and Piles (2014) to credit Rivers as being a founding father of modern social anthropology and, specifically, of participant observation. On his return to the UK, Rivers played a leading role in promoting the new experimental psychology although he maintained his interest in broader social and cultural issues. In the editorial in the first *BJP* issue Ward and Rivers clearly articulated the focus of psychology as being the collection of ‘facts’:

“Psychology which till recently was known among us chiefly as Mental Philosophy and was mainly concerned with problems of a more or less speculative and transcendental character, has now at length attained the position of a positive science; one with special interest to the philosopher, no doubt, but still independent of his control, possessing its own methods, its own specific problems and a distinct standpoint altogether its own. ‘Ideas’ in the philosophical sense do not fall within its scope: its inquiries are restricted entirely to ‘facts’” (Ward & Rivers, 1904, p. 1).

Rivers is also credited as being one of the first in the UK to physically establish experimental psychology. In 1897 he was for a period in charge of the psychological laboratory at

University College London and the same year he was allocated a room at Cambridge in which to conduct his research on such topics as optical illusions and colour perception. Rivers also began to research the psychological and physical effect of ingesting various substances, including alcohol, tobacco and coffee (Rivers & Weber, 1906) prefiguring a large body of health psychology research starting seven decades later.

The articles in the first ten years of the *BJP* (1904-1914) reflected this natural scientific orientation including reports of experimental investigation of such topics as perception and memory. They also included studies on mental measurement which has a long tradition in British psychology tracing back to the work of Francis Galton in the nineteenth century. However, reflecting Rivers' interest in anthropology it also included articles on aspects of culture. For example, in the first volume it included articles by Charles Myers on 'the taste-names of primitive peoples' (*BJP*, 1904, 1, 117-126) and 'a study of rhythm in primitive music' (*BJP*, 1904, 1, 321-448).

At the same time, there was also a growing interest in the social aspects of health and illness within the medical profession. This was reflected in the establishment of a sociology section within the British Medical Association although, as a letter to the *British Medical Journal* illustrates, this was not without a certain degree of dissent:

Sir, - The Representative Meeting [of the BMA] at Sheffield in 1908 decided that, if the Council approved, a Section of Medical Sociology should be held at the annual meeting, at which members of the laity as well as of the medical profession should be invited to read papers and take part in the subsequent discussions. This decision was come to after the fears of some of the members at the Representative Meeting were allayed by an assurance that sociology did not mean socialism, or any of the three sub-heads – communism, collectivism, or syndicalism. E. Rowland Fothergill, (*British Medical Journal*, 1912, p. 1104).

By 1914 the *BJP* had established itself with more articles on experimental psychology but also articles on aspects of mental measurement. However, there was also evidence of interest in psychoanalytic ideas. The first English translation of Freud's "The interpretation of dreams" appeared in 1913 and "The psychopathology of everyday life" the following year. The 1914 issue of the *BJP* featured a lead article by William Brown, a psychiatrist and

subsequent director of the Institute of Experimental Psychology at Oxford, on 'Freud's theory of the unconscious' (*BJP*, 1914, 6, 18-80) followed by a series of articles on repression in forgetting. An indication of the flux of ideas was that Brown was also on the board of the Society for Psychical Research which was concerned with exploring psychic phenomena.

The impact of the First World War (1914-1918) had a cataclysmic effect on British society and the effect was felt throughout the emerging science of psychology. The horrors of participating in this mass slaughter had a major psychological impact on the participants. Large numbers of soldiers experienced serious psychological distress. Shephard (2000) has estimated that by the end of 1914 as many as 7-10% of officers and 3-4% of soldiers in the British army suffered some form of 'nervous and mental shock'. Early in the war the term 'shell shock' began to be used by front line soldiers to describe this condition (Linden & Jones, 2014) and was introduced into the medical literature by Charles Myers in 1915 (Myers, 1915). Myers came from a similar medicine/anthropology background as Rivers who was his tutor at Cambridge and indeed had gone on the Torres Strait expedition with him. Myers volunteered for military service and spent time in France where he promoted the introduction of field hospitals where medical personnel could provide early diagnosis and treatment of psychological problems.

Increasingly the leadership of the British Army became alarmed by the impact of shell shock on army morale (Shephard, 2000). It has been estimated that 40% of the casualties of the Battle of the Somme (1916) were suffering from shellshock. However, the evacuation policy was a major challenge to maintaining the war effort and the army command began to favour "a psychological model that blamed the individual rather than external factors and by mid-1916 the Army viewed shell-shock as a contagious psychological response of the 'weak' to protracted fighting" (Macleod, 2004: p. 87). By the Battle of Passchendaele (1917) it had been agreed that the diagnosis of shell shock could only be given after several days of observation. Instead the immediate treatment was a temporary respite from battle and rest followed by return to the front. Plentiful supplies of alcohol were also used to combat fear among soldiers (Macleod, 2004).

During this war William Rivers worked as a physician initially at Maghull Hospital near Liverpool and then at Craiglockhart Hospital in Scotland, where he cared for some of the

soldiers who had been evacuated after experiencing incapacitating distress. One of his patients was the writer Siegfried Sassoon who became one of the leading poets of his generation describing in his work the horrors of war. Rivers wrote about some aspects of his work at Craiglockhart (Rivers, 1918) and a fictionalised account of his work has also been produced by Pat Barker (1991). Rivers adopted Freud's 'talking cure' although he did not support the role of infantile sexuality as the source of the mental health trauma he encountered among his patients; that he believed reflected the conflict between self-preservation and duty to comrades in the battlefield (Jones & Wesely, 2005).

About this time Myers replaced Ward as co-editor of the *BJP* and subsequently became its sole editor (1913-1924) maintaining the central role of medicine in early British psychology. However, he championed the independent contribution of the newly emerging discipline of psychology. He was also critical of reliance of psychological research on the emergent statistical methods. Myers had a critical but sympathetic attitude to psychoanalysis. Pear (1947) quotes his comment that "few physicians have had the psychological training necessary to review Freud critically" (p. 95) but at the same time "It is not altogether excusable for Freud to despise or to ignore current psychology because of the errors of its youth" (p. 95).

Partly in reaction to the increasing medical interest in shell-shock and related conditions, the BPS established a Medical Section in 1919 which was dominated by physicians and various psychotherapists for the next 50 years. In his inaugural address to this section William Rivers stated:

'The great increase of interest in and knowledge of the mental aspect of disease which has been the result of the abnormal strains to which modern warfare has exposed the soldier made it certain that something would be done to foster this interest and increase this knowledge.' (Rivers, 1919, p. 183)

In 1922 the government published a report of a committee of inquiry chaired by Lord Southborough on treatment for shellshock (Richards, 2002). The following year (1923) the *British Journal of Medical Psychology (BJMP)* was launched under the editorship of Thomas Walker Mitchell (1869-1944) with articles on such topics as "Disorders of symbolic thinking due to local lesions of the brain" (*BJMP*, 1923, 1, 97-124), "An outline of the idea of rebirth

in dreams" (*BJMP*, 1923, 1, 125-134) and "Study of a severe case of obsessional neurosis" (*BJMP*, 1923, 1, 135-143) reflecting a mixed range of topics from the more neurological to the psychodynamic. Walker was a country physician who was interested in developments in psychoanalysis but also in psychic research. He was both a member of the British Psycho-Analytical Society and of the Society for Psychical Research of which he became President. He wrote extensively on psychological aspects of medicine including *The Psychology of Medicine* (1921) and *Medical Psychology and Psychical Research* (1922). Psychoanalysis was a major influence on his thinking as is evidenced by the topics covered in his books including the unconscious, repression and dreams. This orientation was reflected in the pages of the *BJMP*. In the days before computer-aided literature searches it was interesting to see a bibliography of 500 articles on psycho-analysis included in *BJMP* (1927) 7, 358-374.

It was the horrors of WWI and the search for psychological forms of treatment for the enormous number of casualties which raised the profile of psychoanalysis (see Watson, 2000). The London Psychoanalytic Society had been formed in 1912 but disbanded following internal disputes and refounded in 1919 as the British Psychoanalytical Society under the leadership of Ernest Jones. Jones was also a founding member of the BPS Medical Section and sat on the board of the *BJMP*. Psychoanalysis was to dominate the psychological study of health and illness for the next 50 years but it faced increasing criticism from various quarters: from psychologists who were concerned with mental measurement, from the emergent profession of clinical psychology, and from the rise of first behavioural and then cognitive psychology and social cognition. Psychoanalysis itself also faced internal disputes which will be considered later.

In addition, the contribution of North American psychology to the development of UK medical psychology cannot be ignored. This includes the work of William James on the physiological basis of emotions. His theory was first published in 1884, was complemented by the work of the Danish physiologist Carl Lange in 1885, and subsequently known as the James-Lange theory of emotions. According to this theory physiological reactions are triggered by various external stimuli. The emotion experienced depends on how the physiological reaction is interpreted. These ideas on the interaction of mind and body were taken up by members of the Medical Section of the BPS. For example, Alfred Carver (1919) in a paper presented to the Medical Section on the role of emotion in neuroses refers to the

work of James and also to that of Walter Cannon. James' dualistic mind-body perspective continues to inform contemporary health psychology. **Consolidating the discipline 1920s-1940s**

After the cataclysm of WWI, the 1920s were ushered in on a wave of excitement (The "Roaring Twenties" and the "Jazz Age") which, within a decade, turned to social, political and economic turmoil with the General Strike of 1926 in Britain and the Wall Street Crash of 1929 in the US. Frederic Bartlett took the reins of the BJP in 1924 and re-invigorated its experimental tradition with articles on such topics as perception and memory but also on mental measurement, IQ and statistics. Jovanovic (2015) has described this orientation to measurement as the urge for certainty after the disorder of WWI. Clarke (1979) in his review of the content of early issues of the BJP noted that it had quickly "settled down to being primarily concerned with reports of empirical investigations" (p. 1) – meaning, experimental studies and an increasing interest in statistics and mental measurement.

In the 1920s the *BJMP* widened its scope beyond concern with war neuroses and was particularly receptive to psychodynamic reports including articles on such topics as "Oedipus and the Sphinx" (*BJMP*, 1921, 1, 97-207) and "Psychology and the unconscious" (*BJMP*, 1921, 1, 327-240). An indication of the respect for Freud in Britain was that he was made an Honorary Member of the British Psychological Society in 1922. However, there was also evidence of some interest in neurological and biological processes in articles published in the *BJMP* on such topics as "Influence of endocrines on the psychoneuroses" (*BJMP*, 1921, 2, 1-12) and "On the physiology of tremor in relation to the neuroses" (*BJMP*, 1924, 4, 224-234).

There was also discussion of the James-Lange theory of emotions which provoked some debate in the *BJMP*. In 1927 the *BJMP* published an article by Meyer Solomon, which was originally presented in 1924 to the Chicago Neurological Society, in which he noted that 'these theories are not in accordance with the facts' (p. 301). The major challenge was by Walter Cannon (Cannon, 1927) whose approach was subsequently augmented by Philip Bard in the 1930s leading to the development of the Cannon-Bard theory of emotions. According to this theory we experience emotions and physiological reactions

simultaneously. This physiological stream of work exploring the connections between mind and body was taken up further after WWII.

The 1930s saw political turmoil spread throughout Europe. In the UK, a series of “Hunger Marches” between 1927 and 1936 sparked public debate about the impact of poverty on health. The Committee against Malnutrition organised public meetings highlighting the harmful effects of poor diet (see *British Medical Journal*, 1935, 1:1076). In 1930 the Socialist Medical Association was established which campaigned for a national health service. These organisations were largely the privy of physicians.

Despite these political debates, the pages of the BJP in the 1930s were still dominated by debates about statistics (Clarke, 1979). However, by the 1940s it had begun to report research on psychological approaches to war-related issues such as “National character” (*BJP*, 1941, 32, 183-205), “The psychology of modern Germany” (*BJP*, 1940, 34, 4-59), “A study of treason” (*BJP*, 1944, 35, 27-33), “British soldier: changing attitudes and ideas” (*BJP*, 1946, 35, 34-39), as well as more health-related issues such as “Psychological aspects of rehabilitation in cases of brain injury” (*BJP*, 1946, 37, 60-69). Meanwhile the *BJMP* returned to articles on so-called war neuroses but also on “political” topics such as the “the psychology of propaganda” (*BJMP*, 1939, 19, 82-94).

Psychoanalysis continued to broaden its remit. In 1930 the English translation of ‘Civilization and its Discontents’ was published. In this work Freud connected personal problems with the tensions in modern society. He advocated the value of psychoanalytic ideas for solving social problems. But in Germany his ideas were increasingly rejected by the rising Nazi movement. Psychoanalysis was banned from the Congress of Psychology in Leipzig in 1930 (Watson, 2002) and Freud fled from Berlin to Vienna and then to London in 1938. The following year he died in London. His death merited a laudatory and lengthy obituary in the BJP by John Flugel, a previous president of the BPS and psychoanalyst. ~~In it~~ He stated:

“Freud’s work made it clear that psychology really had something of importance to say of human life as actually lived from day to day, of men’s problems and worries, of their loves and hates, their heroisms and their follies, of the heights and depths of their innermost aspirations and desires. If much of his message was unwelcome, it

was nevertheless vivid and compelling, and altogether free of that quality of abstraction and remoteness from ordinary life that seemed to the plain man to be characteristic alike of the philosopher's study and the experimentalist's laboratory" (Flugel, 1939, p. 13).

Psychoanalysis grew in strength with the movement of several prominent European analysts to London including Anna Freud and Melanie Klein who promoted child analysis. In an obituary to Klein (*BJMP*, 52, 1-2) in 1961 Hanna Segal notes that for a period Klein's approach was known as the 'British school of psychoanalysis. In the 1930s, Freud's ideas became even more prominent within British medical psychology. For example, in 1931 the *BJMP* included articles "On defining psycho-analysis" (*BJMP*, 1931, 11, 101-116), "Tentative applications of experimental method in psycho-analysis" (*BJMP*, 1931, 11, 125-149) and "Freud's denial of religion" (*BJMP*, 1931, 11, 150-157). It also began to report articles detailing psychoanalytic explanations of various clinical health problems. For example, Weber in her paper "The psychological factor in migraine" (*BJMP*, 1932, 12, 152-175) considered not only psychoanalytic explanations of that condition but also of related conditions such as asthma. This would be taken up further in subsequent decades with the subsequent development of psychosomatics (e.g., Hamilton, 1955).

Hall (2007a) notes that in 1939 not only were the majority of members of the Medical Section medically qualified but so too were 5 out of 22 members of the BPS Council, confirming the continuing influence of medicine in the shaping of psychology at that time. However, the role of psychology within healthcare was gradually evolving as evidenced by the establishment of the Committee of Professional Psychologists (Mental Health) in 1942. This process was accelerated with the establishment of the National Health Service in 1949 which included services for people with mental and physical health problems. The initial pressure for professionalization of psychologists was led by the need to regulate the use of psychometric tests (Hall, 2007a).

Coming out of WWII there was again a search for stability with Frederic Bartlett and Oliver Zangwill leading the establishment of the Experimental Psychology Society in 1946 and subsequently the *Quarterly Journal of Experimental Psychology (QJEP)* in 1948. In the editorial to the first issue of the *QJEP*, R.C. Oldfield announced that the journal would accept

non-experimental work as long as it conformed to the “canons of scientific method” (Oldfield, 1948). In 1947, as another indicator of the push for certainty and order, the *BJP* (*Statistical Section*) was established with Cyril Burt and Godfrey Thomson as editors; this would subsequently evolve into a fully independent journal. In their opening editorial they harked back to the 19th century work of Francis Galton. It was this concern with psychological measurement which increasingly came into conflict with psychoanalysis.

The good life of the 1950s-1960s

The 1950s was the period of economic boom across the western world leading the British Prime Minister Harold Macmillan to comment that “most of our people have never had it so good” (Sandbrook, 2005). This new age of affluence was reflected in the pages of both the *BJP* and the *BJMP*. Perhaps the two leading figures in the psychoanalytic tradition in the post-war period were Michael Balint and John Bowlby. Michael Balint was a Hungarian physician who was trained in psychoanalysis in Berlin and Budapest. He moved to London after WWII and took up an appointment at the Tavistock Clinic in London. By 1950 he was Scientific Secretary of the British Psycho-Analytical Society and, by 1955, Chair of the BPS Medical Section and a member of the BPS Council. He was particularly influential in the development of “Balint groups”, for training general medical practitioners to provide psychotherapy to patients. Balint believed that a large proportion of patients presenting to general practitioners were suffering from various neurotic complaints. He emphasised the importance of the doctor-patient relationship which was reflected in articles in the *BJMP*. In his obituary Tom Main (*BJMP*, 1971, 44, 281-281) described Balint’s book ‘*The doctor, his patient and the illness*’ (1957) as having a dramatic effect on general practitioners as “it offered them new hope and challenge and, with its emphasis on ‘whole-person medicine’ changed for all time the very perspectives of general practice”. His work could be considered a precursor of the later health psychology’s interest in the ‘whole person’ and of its concern with physician-patient communication. (See the article by Herzlich (2017) for Balint’s impact in France in the 1960s).

The other major figure at that time was John Bowlby who had studied psychology at Cambridge before qualifying in medicine in London, followed by training in psychoanalysis with Melanie Klein. His major contribution was in studying the parent-child relationship and

the issue of separation. Tirril Harris, who had worked with Bowlby, detailed the extent of his contribution in an obituary (*BJMP*, 1990, 63, 305-309). It was with the publication of his three volume '*Attachment and Loss*' in the 1960s that Bowlby's influence began to spread with papers on attachment becoming extremely frequent in the pages of the *BJMP*. His work on loss struck a particular echo after WWII when there was so much concern about separation with the dismemberment of whole families and communities. The centrality of concern with issues around relationships and attachment in British psychoanalysis is a precursor of what became known as post-Cartesian psychoanalysis, which focused more on the social and interpersonal world rather than the intrapsychic world of classic Freudian psychoanalysis (Frie, 2015).

However, the dominance of psychoanalytic ideas began to be challenged. In 1954, Rex Knight in his BPS Presidential address called for the *BJMP* to move away from its reliance on psychodynamic approaches. Hall (2007a) notes that at that time that there was ongoing conflict between the Medical Section and other members of the BPS over the newly evolving role of clinical psychologists to which many psychiatrists were opposed. Clarke (1979) notes the increased number of articles on 'abnormal psychology' in the 1954 *BJP* including discussion on Eysenck's 1952 paper on psychotherapy. Bennett (2015) provides further details of this conflict within the BPS.

This was the period when the massive programme of deinstitutionalisation of patients from large mental hospitals began. Hall (2007b) notes that the new clinical psychologists became involved in debates about forms of treatment which had traditionally been under the control of psychiatrists. It was also the period when research into psychological factors in physical illness began to become more prominent.

An important figure was Max Hamilton (1912 – 1988), a physician, who initially trained in psychiatry at the Maudsley Hospital, London. He was supervised by Aubrey Lewis, the leading UK psychiatrist at that time who was also a member of the Eugenics Society. He then transferred to University College Hospital where he came under the influence of Cyril Burt, another eugenicist. It was there that he developed a lifelong interest in psychological measurement and statistics and began to consider himself both a psychiatrist and a psychologist. In 1952 he completed his MD thesis on the personality of dyspeptics (chronic

indigestion). A version of his thesis entitled *Psychosomatics* was published in 1955, marking the entry of this concept into British psychiatry.

Hamilton promoted a psychometric approach to the study of mental illness. He developed a number of rating scales of which the most influential was the Hamilton Depression Rating Scale, still one of the most widely used psychological measures. He gained the Chair of Psychiatry at the University of Leeds where he helped to establish, with the Department of Psychology, an MSc in Clinical Psychology. In 1972 he was elected President of the BPS and his Presidential address was “regarded as controversial by a section of the membership and a protest meeting was arranged to demand a retraction” (see the biography of Hamilton (2003), provided by Royal College of Physicians (UK) at <http://munksroll.rcplondon.ac.uk/Biography/Details/2003>). However, his focus on measurement was not the only approach within the evolving clinical psychology, which began to espouse different approaches to therapy other than the psychodynamic preferred by psychiatrists. Both behavioural and humanistic approaches gained influence (see Hall, 2007b).

There were certain other developments in psychoanalytical approaches to illness during the late 1940s and 1950s. In the US, the psychoanalyst Helen Flanders Dunbar published *Mind and Body: Psychosomatic Medicine* in 1947. She was followed in 1950 by another psychoanalyst Franz Alexander who published *Psychosomatic Medicine*. These texts popularised the growing interest in the conjuncture of the presenting issues of a medical/health nature with psychoanalytic/psychosomatic theories. Alexander identified the ‘magic seven’ psychosomatic conditions as asthma, essential hypertension, rheumatoid arthritis, peptic ulceration, ulcerative colitis, hyperthyroidism, and neurodermatitis (see Jackson, 2012, p.19). The ideas resonated in the UK with the establishment of the Society for Psychosomatic Research in 1955 and the *Journal of Psychosomatic Research* in 1956. Both of these were dominated by psychiatrists.

In 1956, Hans Selye published *The Stress of Life* which was designed to be in many ways a handbook which could “teach us the wisdom to lead a rich and meaningful life” (p. 294; as cited by Jackson, 2012, p. 46). In this book Selye developed what he initially termed the “general adaptation syndrome” which was subsequently referred to as the “stress

syndrome". According to him various diseases were the result of something going wrong with this syndrome. In view of this he advised people to develop adaptation energy such that they could cope with various life challenges. He argued that people need to live according to "natural rules of conduct, in the permanent fight between altruistic and egotistic tendencies" (p. 281; cited by Jackson, 2012, p. 14).

Selye's work built strongly on the Cannon-Bard theory of emotion and was also a precursor to the substantial body of experimental work on stress which developed subsequently, especially Schachter and Singer's (1962) two factor theory of emotion which introduced the importance of cognitive appraisal of physiological arousal and brought the bio-social-psychological framework forward into North American social psychology in the 1960s and from there into health psychology in the 1970s (See Lubek et al, 2017).

At the same time there were developments in social medicine with the appointments of professors in several major UK universities and the establishment of the *Journal of Social Medicine* in 1947 followed by the Society for Social Medicine in 1956. A sustained programme of statistical and epidemiological research was initiated after WWII which highlighted the importance of social conditions in health. In addition, Richard Doll (1912-2005), who was Professor of Medicine at Oxford University and an active member of the Socialist Medical (subsequently Health) Association, began a lengthy research collaboration with the statistician Bradford Hill investigating the association between smoking and lung cancer; this led to the publication of a series of publications in the 1950s identifying the higher rate of lung cancer among smokers. In 1962, there appeared the first of several reports by the UK Royal College of Physicians detailing the link between smoking and lung cancer and calling for action to curtail the extent of this practice. This report raised the question as to why people smoked. It noted:

Very little is known about why people smoke. Children tend to follow their parents' smoking habits. Intelligent children smoke less than duller children. Adults claim that smoking gives a sense of relaxation, helps them to concentrate and gives them relief when they are anxious, but these claims are difficult to test. Psychologists have suggested various unconscious motives for smoking (Royal College of Physicians, 1962, p. S6).

The report referred to potential psychoanalytic explanations confirming the continuing strength of this approach within medicine:

Various opinions have been put forward regarding dynamic or unconscious forces which may cause smoking to be so widely adopted and enjoyed. The early psychoanalysts regarded it as substitute gratification closely connected with oral needs and they stressed its connection with masculinity, deprivation of the maternal breast at weaning, and the taboo-like restriction of the habit to adults. Other psychoanalysts have stressed the compulsive aspects of the smoker's behaviour and his unconscious pleasure in setting things alight. (Royal College of Physicians, 1962, p. 40-41).

It would be several years before psychologists began to investigate smoking. Doll was one of the keynote speakers at the European Health Psychology conference held at Oxford in 1990. In their review of the 25 years of health psychology in the UK, Johnson, Weinman and Chater (2011) identified Doll's work as being of paramount importance in initiating the development of health psychology in the UK.

The 1960s were the period of the rise of the so-called 'counter-culture' in which issues around promoting quality of life and interest in 'health behaviours' grew. However, as Clarke (1979) notes, the majority of health-related articles in the *BJP* were on such topics as autism, schizophrenia and psychoticism rather than on the more medical complaints.

This period also saw an increasing critique of science and the rise of social constructionism which was heralded by the publication of Berger & Luckmann's (1966) classic text. This work in sociology presaged a turn to language and a rebirth of interest in qualitative methods across the social sciences in the early 1970s but not yet in UK psychology which continued to be dominated by measurement and experimental methods. Hearnshaw (1964) estimated that by 1960 more than half the chairs of psychology in the UK were held by students of Frederic Bartlett who promoted a strongly experimental approach.

In the *BJMP* there was continuing interest in psychoanalytic approaches to the study of social relationships with articles on such topics as "patient-therapist interaction" (*BJMP*, 1961, 34, 169-193), "mother-child relationships" (*BJMP*, 1961, 34, 195-208) and "group

processes" (*BJMP*, 1961, 34, 23-31). There was also the gradual development of clinical psychology which was initially dominated by an emphasis on measurement and classification but there were also ventures into therapy with cautionary articles on such topics as "personal relationships in clinical psychology" (*BJMP*, 1961, 34, 143-150).

The 1960s saw a growing confidence among psychologists that they had a distinct non-psychodynamic approach to the management of mental illness grounded in experimental analysis of behaviour and psychometrics. Research by clinical psychologists was increasingly seeking an outlet. Hall (2007b) notes that their primary outlet was the *Journal of Mental Science* (JMS) which was published by the Royal Medico-Psychological Association, the forerunner of the Royal College of Psychiatrists. This journal was established as the *Asylum Journal* in 1853 and changed to the *JMS* five years later before becoming the *British Journal of Psychiatry* in 1964. Hall et al (2002) also note the growing conflict between the more psychodynamic members of the Medical Section and those who espoused a more 'scientific' approach who began to work in alliance with the developing clinical psychologists. Bennett (2015) notes that in 1955 the BPS Council decided to take action to reduce the power of the 'psychoanalytic clique' which controlled the Medical Section.

In 1962 the *British Journal of Social and Clinical Psychology* (*BJSCP*) was established as an alternative to the *BJMP*. Initially it was dominated by experimental approaches to clinical topics such as "perceptual motor disorders in schizophrenia" (*BJSCP*, 1962, 1, 1-6), "concepts of space in the mentally subnormal" (*BJSCP*, 1962, 1, 25-37), as well as others which focused on psychological measurement such as "intellectual deficit in schizophrenia" (*BJSCP*, 1962, 1, 7-19) and "authoritarianism and personality questionnaires" (*BJSCP*, 1962, 1, 20-24). There was also discussion about broader issues in healthcare such as "Institutionalisation in mental hospitals" (*BJSCP*, 1962, 1, 38-51). Clinical psychologists established their own section within the BPS in 1966 and many medically trained members of the Medical Section moved to the Psychotherapy Section of the Royal College of Psychiatrists (established in 1971) although they still maintained control of the *BJMP* (Buchanan, 2010). As critique of biomedicine grew, there was increasing interest in social scientific approaches to health and illness at that time. This is illustrated by the establishment of the journal *Social Science & Medicine* in 1967 and the British Sociological Association Medical Sociology Group in 1969.

In 1962 Joseph Sandler was elected to chair of the BPS Medical Section. He was the first non-medical to hold this position and he chose as his inaugural address the topic "Psychology and psychoanalysis" (Sandler, 1962). In this paper he attempted to address the growing scientific critique of psychoanalysis by arguing that "the appropriate tools of investigation into psychoanalytic theory extend beyond the consulting room, and include laboratory and statistical methods, as well as the techniques appropriate to the investigation of social processes" (p. 92). However, by then much of psychology had already turned its back on psychoanalysis. The attack on psychoanalysis was led by Hans Eysenck who castigated the non-scientific character of psychoanalysis and promoted behaviour modification as the alternative (e.g. Eysenck, 1952; 1960). In 1963 he founded the journal *Behaviour Research and Therapy* which became a major outlet for research on the use of behaviour therapy in clinical settings. This signalled an important move from testing to treatment among clinical psychologists.

Back to recession 1970s-1980s

The 1970s in Britain was characterised by economic recession and major social and industrial conflict. Within psychology there was growing political critique of the discipline with the argument that psychology was serving the interests of those with power and there was a need to consider broader political issues. This was evident in the books by Nick Heather (1976), Peter Sedgwick (1982) and David Ingleby (1982). There were also specific debates within clinical and social psychology and to a lesser extent within medical psychology.

Within clinical psychology there continued the debate about the central role of measurement in its practice. Sidney Crown was an influential psychiatrist who had initially trained in psychology in South Africa before completing his PhD under the supervision of Hans Eysenck in London. He then trained in psychiatry and thus had a foot in both camps. He was editor of the *BJMP* in the 1970s and took a critical approach to the newly emerging discipline of clinical psychology. In an article in the *BJMP*, Crown (1972, p. 199) contrasted what he described as the spoken attitude of the clinical psychologist with "his view of himself as a scientist, to his objectivity, to the reproducibility of his test". He contrasted this with their non-verbal attitude which viewed tests as simplistic, with concepts difficult to

measure and to define. Further, Crown stated that “many clinical psychologists seem to have a fear of contact with patients other than when collecting them from wards and talking to them on the way to the psychological department for ‘tests’ ” (p. 199). To counter this orientation, Crown developed a new training proposal which required “a period of ongoing involvement with a patient or patients” and the use of various forms of psychotherapy.

At the same time Stanley Rachman, an enthusiastic behaviour therapist whom Eysenck recruited from South Africa, encouraged clinical psychologists to widen their scope of practice from traditional psychiatric to other medical problems, as evidenced by the edited collection “*Psychology and Medicine*” (Rachman and Phillips, 1975; subsequently republished under the title “*Psychology and Behavioral Medicine*” in 1980) followed by a collection “*Contributions to Medical Psychology*” (Rachman, 1977). In the preface to the latter, Rachman set out a wider definition of medical psychology as “the application of psychological concepts and methods to medical problems” (p. vii). His collection included articles on “doctor-patient communication” (by Phillip Ley), “hospitalization” (by Barbara Melamed), “cardiovascular function” (by B. T. Engel), “tension headache” (by Clare Phillips), “Clinical neuropsychology” (by A.W. Buffrey), “paediatrics and child care” (by M. Berger), “pre-menstrual and menstrual syndrome” (by D. Tatso and P. Insel), “sexual problems” (by A. Broadhurst), and “smoking” (by Martin Raw).

Meanwhile, within the *BJP*, the *BJMP* and the *BJSCP* research on such health-related practices as cigarette smoking began to be reported. The first such article by the psychiatrist Michael Russell (1971) in the *BJMP* described smoking as “a psychological disorder of a particularly refractory nature” (*BJMP*, 1971, 44(1): 1-16). Other articles began to adopt a more psychometric approach to the study of smoking and other health issues. In 1976 Spelman and Ley published a short article on “Knowledge of lung cancer and smoking habits” (*BJSCP*, 1976, 5, 207-210) followed in 1977 by a paper by Tong, Leigh, Campbell and Smith on “tobacco smoking, personality and sex factors in auditory vigilance” (*BJP*, 1977, 68, 365-370). In 1979 Blignault and Brown published a paper on ‘Locus of control and contraceptive knowledge’ (*BJMP*, 1979, 52(4), 339-345). There were also articles on such topics as “Plastic surgery (prosthetic testes) and Kallman’s syndrome” (*BJMP*, 1978, 52(1):91-4) and “Treatment programme for migraine headaches” (*BJMP*, 1978, 51(1):103-110).

In 1976 the Medical Section of the BPS was renamed the Section on Medical Psychology and Psychotherapy reflecting an attempt to distinguish it from the Clinical Psychology Section. In 1988 it became the Psychotherapy Section. The *BJMP* continued to publish articles on physical illness, usually from a psychoanalytic perspective but also beginning to engage with broader contemporary debates, e.g., “Language and cultural influences in the description of pain” (*BJMP*, 1976, 49, 349-371). It was apparent that psychoanalysis was changing and taking into consideration issues of language and culture unlike mainstream psychology which was reasserting its scientific credentials.

However, within psychology criticisms of its positivist orientation began to grow. Within social psychology there developed what came to be known as the crisis in social psychology. For example, in his edited collection of critical articles Armistead (1974) argued in the introduction:

“This book has arisen out of our dissatisfaction with much of what is called psychology. That dissatisfaction is felt most acutely in relation to the lives we are leading and the world that we see around us. We feel that social psychology should be making some sense of our experience and that it doesn’t; we feel disappointed.” (p.7)

Other UK and European critics included Moscovici (1972), Tajfel (1972) and Harré and Secord (1972). In the UK there was the launch of the journal *Ideology & Consciousness* in 1977 which promoted wider discussion of critical ideas. In the editorial (1977) to the second issue it stated:

“Most Marxists would agree that bourgeois psychology lies firmly within the ideological frameworks of contemporary capitalist societies and stands to be rejected. However, such a rejection does not necessarily imply that contemporary psychology is a homogenous discipline or that it is a simple legitimator of existing practices” (p. 2).

The *Radical Science Journal* which was launched in 1971 began to take up health issues with a special medical issue in 1979 and an issue on medical technology in 1982. In the latter the

psychologist Shelley Day (1982) critiqued the role of medical technology around birthing and concluded:

“The social relations of capitalist society are embedded in the disease depression in a multi-layered way. But fundamentally, they are embedded in our very notions of causality, our conceptions of health and illness, and the feelings we experienced which lead us to think ourselves as diseased or not” (p. 42).

However, these critical ideas remained a minority voice. Instead, the rise of cognitive psychology at this time, which mirrored the rise of computer technology, was seized upon by many social psychologists as a way out of the crisis in their discipline. The theory of reasoned action developed by Fishbein and Ajzen (1975) was quickly adopted by to explain such practices as smoking (e.g., Marsh and Matheson, 1983) and there was widespread interest in the application of attribution theory to health issues (e.g., Eiser, Sutton & Wober, 1977). This brought together a concern with measurement and a new range of social psychological variables to explain health issues. In 1982 Eiser brought out an edited collection on *Social Psychology and Behavioral Medicine* which reflected the more social cognitive approach to the study of health and illness.

An important contribution at this time was the book *Social Causes of Illness* by Richard Totman (1979) in which he began to develop a social psychological approach to illness based upon Harré and Secord's (1972) critique of experimental social psychology. The alternative approach they offered was that a structure of rules underlies an individual's behaviour and these rules could be accessible through investigating the free accounts that individuals give of their behavior. Totman argued that 'when [people] stop following rules, for whatever reason, they are likely to become ill' (p. 20). Eiser included a chapter by Totman in his collection which was a signal that there were alternatives to the more social cognitive approaches. However, although Harré and Secord's (1972) concept of accounts had some resonance in the 1980s (e.g., Murray, Jarrett, Swan & Rumun, 1988) it was largely neglected within the later rise of qualitative methods.

By 1980 social and clinical psychology in Britain had grown in strength and the original *British Journal of Social and Clinical Psychology (BJSCP)* separated into two journals (*BJCP* and *BJSP*) in 1981. A review of the first 50 volumes of the *BJCP*, including 13 volumes of

BJSCP, by the former editors (Barkham et al, 2011) identified 13 highly cited articles; the most cited was authored by Wing (1962) on the impact of institutionalisation on the mental health of patients. This reflected the substantial debate about care and treatment of people with mental health problems which erupted in the 1960s. The second theme they noted was the impact of cognitive psychology on research into mental illness. However, the editors noted that “a dominant feature of the listed articles relates to measures and measurement” with Hamilton’s measure of depression being described as a “super citation” (Barkham et al, 2011, p. 4) accounting for 8.8% of Web of Science citation counts for the *BJSCP* between 2006 and 2010. They compared this high rate of citation of measurement articles with comparable American journals and found a similar high rate, thus confirming the importance of measurement within clinical psychology research. The editors highlight one article by Marteau and Bekker (1992) which they consider as evidence of the interface of clinical with health psychology. Interestingly, this article reports a study on the refinement of the State Trait Anxiety Inventory. One article by Elliott, Fischer and Rennie (1999) (three Canadians) dealt with qualitative methods.

With the continued process of deinstitutionalisation from large mental hospitals, clinical psychologists increasingly found positions in primary care settings working with general health professionals (cf., Stam, 2014). In the 1970s and 1980s, as a result of a Royal Commission on Medical Education (1968) (see Hall et al, 2002), medical schools in the UK began to hire psychologists to teach medical students. This situation opened up new opportunities to explore the contribution of clinical psychology to physical health issues. The *BJCP* moved to expand its interest beyond mental health and gradually began to include articles on physical health. In 1982, it published a special issue on ‘behavioural medicine’ (Matthews and Steptoe, 1982). In 1986, a Health Section was established within the *BJCP* with articles on measurement of perceptions and attitudes towards particular illnesses. For example, in 1992 it included articles on ‘perceived control in patients with physical disabilities’ (*BJCP*, 1992, 31(1), 89-94), ‘dieting in childhood and adolescence’ (*BJCP*, 1992, 31(1), 95-106), and ‘Staff attitudes towards patients’ (*BJCP*, 1992, 31(1), 107-110). Reflecting this growing interest in psychological aspects of illness John Weinman launched the independent journal *Psychology & Health* in 1987.

The 'stress revolution' initiated by Selye (1956) opened the way for a more biosociopsychological framework for explaining emotion, and later health-related behaviours by social psychologist Stanley Schachter and colleagues (e.g., Schachter and Singer, 1962). An early example of a stress/health study is the article "Anxiety and emotional impoverishment in men under stress" by Bressler (*BJMP*, 1961, 34, 281-289). In 1988 the *BJMP* published a special issue on stress and health edited by Cary Cooper and Arthur Crisp. This issue included articles on such topics as "stress and heart disease" (*BJMP*, 1988, 61(1), 3-16), "social support and physical health" (*BJMP*, 1988, 61(1), 17-36), "type A behaviour" (*BJMP*, 1988, 61(1), 37-56) and "personality and cancer" (*BJMP*, 1988, 61(1), 57-75). Articles on stress were also a regular feature in the *BJP*. These were largely concerned with developing psychometric measures of stress, e.g., "Measurement of stress and arousal: validation of a checklist" (*BJP*, 1983, 74(4), 473-479), "A stress and arousal mood scale" (*BJP*, 1984, 75(1), 43-49), and "The measurement of self-reported stress" (*BJP*, 1985, 76(2), 183-186). The link between stress and smoking was also reported, e.g. "Psychological resources and cigarette smoking in adolescents" (*BJP*, 1986, 77(3), 351-357.).

There was evidence of interest in physical health in the *BJMP* including several lead articles on psychological aspects of cancer (Crisp, 1970; Hinton, 1973) and a series of articles on asthma which became a favourite topic among those psychiatrists with a psychosomatic orientation. Besides the traditional psychodynamic approach there was evidence of growing interest in the debate in the social sciences about the role of language in constructing our everyday reality. James Birch (1979) discussed the role of language in constructing the distinction between illness and disease.

Within the new *British Journal of Social Psychology (BJSP)*, which separated from the *BJSCP* in 1980, there was some but limited interest in health which largely revolved around measurement of social psychological 'predictors' or 'consequences'. They included articles on "social comparison processes among cancer patients" (*BJSP*, 1986, 25(1), 1-13), "health-related intentions" (*BJSP*, 1986, 25(1), 67-70), and "predictors of smoking intentions" (*BJSP*, 1986, 25(2), 81-93)). Some social psychologists who were interested in health issues preferred to publish in 'neighbouring' journals such as *Addictive Behaviors* (e.g., Eiser & Sutton, 1978) and *Social Science and Medicine* (e.g., Radley, 1982). Already, in the 1980s there was a certain tension between those who preferred an approach based upon

measures of social cognition 'models' such as attribution theory (e.g. Eiser, 1981) and those who began to explore the more critical social psychology with a concern with language and 'accounts' (e.g. Totman 1979; Murray & Jarrett, 1985). Discursive ideas (e.g. Potter & Wetherell, 1987; Parker, 1989) had yet to begin producing health-related studies in social psychology. Nor was there any attempt to connect with community psychology (see Burton & Kagan, 2002).

The stage was now been set for the establishment of a BPS Health Psychology Section and a separate journal – the *British Journal of Health Psychology (BJHP)*. This section built upon the rising clinical psychology profession with its rejection of psychoanalytic ideas and an espousal of concern with measurement and the new North American concepts of social cognition. The first conference of the new section was convened in 1987. The articles included in the subsequent proceedings (Bennett & Weinman, 1987) confirmed the early dominance of clinical psychology and measurement with papers on “clinical psychology’s contribution to AIDS/HIV related problems”, “Concepts and measurements of stress and coping”, “Quality of life in people with physical illness” and “psychosocial impairment and recovery in the health setting” and one on social psychology and safe sex. This orientation was confirmed in the address by the new section chair, Marie Johnson, in the first issue of *Health Psychology Update*, the section newsletter. In it she stated: “It is important to develop shared psychological constructs which have wider applicability to many health fields. In considering hospital settings, we have identified behavioural aspects of care which permeate medical specialities ... perceptions of health and illness, communication between patients and staff, uptake of medical treatment and compliance, stressfulness of medical procedures and coping with chronic illness” (Johnson, 1987). The dominant concern of this new field of health psychology was clearly defined by Weinman (1990) in his contribution to a subsequent collection:

“In terms of its disciplinary development, it will be important for health psychology to generate and make use of coherent models of health and behaviour (Marteau & Johnson, 1987). In particular, a basic requirement is the need to construct core models of health cognitions as a basis for understanding health behaviours. In this endeavour it may well be necessary to borrow concepts and methodologies from cognitive psychology and from other disciplines” (p. 27).

The establishment of the APA Division of Health Psychology in 1978 and the APA journal *Health Psychology* in 1982 followed by a special meeting of European health psychologists in Tilburg (The Netherlands) in 1986 were important spurs to the establishment of a separate BPS health section in 1987. This was a challenging move for those researchers such as Marie Johnson and John Weinman who already had a home in the clinical psychology section¹. However, the *zeitgeist* was there and the call to establish a separate section which was published as a letter by Johnson and Weinman to the *BPS Bulletin* in August 1985 was quickly answered by those psychologists with an interest in the psychological aspects of health and illness especially those from clinical and social psychology but also from researchers in cognitive and biological psychology. Subsequently, Johnson et al (2011) noted that the immediate prompt to take action was the reconsideration of the role of the Medical Section by the BPS.

The formation of the BPS Health Section was followed in 1996 by the launch of the *British Journal of Health Psychology* edited by Jane Wardle and Andrew Steptoe, the *Journal of Health Psychology* edited by David Marks (originally trained as a cognitive psychologist), *Psychology, Health & Medicine* edited by Lorraine Sherr (a clinical psychologist) and *Health* edited by Alan Radley (a social psychologist)². There was also the launch of *Feminism & Psychology* edited by Sue Wilkinson which took an interest in women's health issues. This multitude of journals both reflected and promoted more research in health psychology.

Further progress from the 1990s to today: Towards an institutionalization of “Health Psychology” in the UK.

The aim of this article was to place contemporary British health psychology within a longer historical context and to set the scene within which health psychology in the UK evolved as represented by publications largely in BPS journals. By 1996 with the establishment of the *BJHP* the field had begun to formalise itself. There were still some health-related articles in the *BJP* (e.g., “Type A behaviour and coronary heart disease, *BJP*, 1990, 81, 147-157) and in

¹ Marie Johnson had obtained a PhD in experimental social psychology before training in clinical psychology while John Weinman undertook a PhD in cognitive psychology after his clinical training illustrating the different perspectives brought to the emerging field of health psychology.

² As an aside, the author who was trained in social psychology in the UK moved to Canada in 1991 where he re-established the Health Psychology section and launched the bilingual *Canadian Health Psychologist/ Psychologue canadien de la santé* in 1993.

the *BJMP* (e.g., "AIDS research and prevention", *BJMP*, 1996, 69, 169-190) but these were becoming rare once a more specialized journal became available.

Over one hundred years ago the enormous social and psychological impact of WWI provided an opportunity for psychoanalysis to establish itself as the most organised approach to both understanding and enhancing mental health. It remained the dominant approach to the psychological study of illness for almost fifty years until the rise of clinical psychology which drew heavily upon behaviour analysis, cognitive psychology and psychometrics but also from ideas in biological psychology. The expansion of psychological services into the general hospital and the community brought clinical psychologists into contact more with general medical practitioners and widened psychologists interests to include more physical health problems. In addition, government reports on unhealthy behaviours provided an opportunity for social psychologists to apply their theories to health issues.

The focus on individual behaviour change was reflected in the rapid growth of clinical psychology such that by 1985 the membership of the BPS Division of Clinical Psychology was over three times the size of the BPS Social Psychology Section in 1985 (1574 vs. 504, BPS Annual Report 2008). In just over 10 years the membership of the new BPS Health Section had surpassed that of the Social Section (858 vs. 836, BPS Annual Report, 1997) while that of the clinical section (DCP) had increased rapidly to 3474.

This clinical heritage within health psychology promoted the idea of a separate professional training route with its own training requirements and accreditation. When the BPS Health Psychology Section was established in 1987, the committee members were mostly clinical psychologists. Indeed, issue 2 of the *Health Psychology Update* newsletter (1988) included a short report from the BPS Division of Clinical Psychology by Louise Earll in which she refers to a review of the competencies of clinical psychologists and asks 'It might be important to consider whether the core competencies and training requirements of clinical psychologists are the same for health psychologists. If not, what additional training requirements might be required to work in a health setting, and what are the implications for training courses?' (Earll, 1988, p. 23). It was this orientation that led to the increasing professionalization of health psychology initiated by the establishment of several MSc programmes in London and then the development of the professional BPS "Division of Health Psychology" which set

down clearly defined training programmes. However, this development was not welcomed whole-heartedly by some clinical psychologists who were concerned at the emergence of a potentially rival profession (see Bennett, 2015) and by some critical social psychologists who were apprehensive about the implications of professionalization³.

Social psychological approaches that were “borrowed” by health psychologists were somewhat diverse from the outset. On the one hand were those who enthusiastically adopted the social cognitive approach (Conner & Norman, 2015). In many ways their ideas came to dominate the new field of health psychology. On the other hand were those social psychologists who adopted a more critical approach to the whole separately defined field, to the professionalization of health psychology, and also to the dominant positivist theories and methods in mainstream social psychology (e.g., Murray & Chamberlain, 1999).

But what happened to the *BJMP* with the growth of health psychology following the establishment of the *BJHP*? Initially it continued to welcome articles in this new field. Its editorial in the mid-1990s noted: “Although the BPS has begun publishing a new journal called the *BJHP*, the *BJMP* continues to receive and to welcome papers in the health area, particularly those reflecting a psychodynamic perspective” (Cramer & Margison, 1996, p. 1). But seven years later all had changed. The new editor announced that following a survey of the published content of the journal it was found that approximately 1 in 5 articles were concerned with health psychology issues. This situation they considered “anomalous” and “after much deliberation it was decided it would no longer make sense for the journal to continue to encourage submissions in the health psychology domain” (Richardson, 2002, p. 2). To emphasise its orientation, the *BJMP* also announced a name change, becoming *Psychology and Psychotherapy*. A comparable survey of the *BJHP* could find no articles which adopted a psychodynamic perspective although there are articles on such topics as “attachment” and “relationships” but from a more social cognitive perspective. A concern with the measurement of variables has become the contemporary version of the ‘facts’ referred to by Ward & Rivers (1904) over 100 years earlier. The debates within psychoanalysis about the relational and cultural bases of psychological processes have largely been neglected.

³ Bennett (2015) notes that at a debate on moves towards professional accreditation which was held at the 1991 BPS Health Section conference only clinical psychologists spoke although they were divided.

With the professionalization of health psychology in the UK there was a tendency for the more critical voices to be pushed to the edge. These were often published in non-BPS journals (see Lubek et al, 2017, for English-language health-related journal publication patterns). The more critical health psychologists turned initially to the study of language but also considered the importance of broader social and political processes (e.g., Marks, 1996, 2002; Murray, 2012). In doing so they were taking up the arguments that many within psychoanalysis have been pursuing for many years (Gülerce, 2015).

Meanwhile, within clinical psychology in the UK, clinical health psychology has emerged as a separate specialism drawing it into potential conflict with those health psychologists without clinical training. How the practice of health psychology evolves in the years ahead remains unclear. Bennett (2015) has suggested that one option is for clinical health psychologists to focus on primary and secondary health care while health psychologists focus on prevention and public health. Of interest here is the slowly evolving role of social psychology which until recently has largely focused on research but has been drawn into debates about practice (e.g., Haslam, 2015) alongside developments in political and community psychology (e.g., Lykes, 2000; Murray, 2014; Murray & Campbell, 2004).

Contemporary health psychology in the UK emerged at a certain historical period and carried with it certain frameworks of theory and practice which emerged from a rejection of psychoanalysis and the need to develop a distinct identity based upon certain 'scientific' tenets. At this time of political uncertainty the search for new ideas is paramount. Perhaps the advice of Charles Myers (1911) more than 100 years ago is apposite:

“we must be chary of expecting from statistical manipulations more striking results than from the very nature of the data they are capable of yielding ... To neglect introspection in psychological experiment is to court certain disaster” (p. 196).

To neglect concern with the role of social, cultural and political processes in our investigation of the psychology of health and illness may also be to court disaster. This historical overview is designed to reveal the interweaving of ideas with the social context and with professional boundaries. The challenge is to reflect upon our times and to connect with the broader debates within psychology about theories, methods and practices.

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