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COMMENTARY

Psychology and Medicine at the Crossroads

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The language of friendship is not words but meanings. ~Henry David Thoreau

My immediate thoughts and images when asked to write about Roy Shephard were of his affectionate and generous manner, as well as creativity and enthusiasm. I recall the visits I made to his home in Western Canada, the hospitality of him accepting me as a guest, and the hours of relaxed conversations between meals, drinking tea in his garden or the occasional walks in the most pleasant of natural surroundings. These were phases of colorful discussion “inviting” novel ideas and fruitful exchanges between a psychologist and a medical practitioner. Observing us together was more like watching children play; searching through data, exploring new avenues of analyses and interpreting results in terms of novel ideas and model construction. I am very appreciative of his sharing time and friendship with me.

I remember first reading of Dr Shephard’s work whilst working at the

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Psychology Institute at the German Academy of Sport Sciences in Cologne around the early 1980’s. Around that time

I had edited a book on Individual Differences in Movement (Kirkcaldy, 1985). Four years later, I structured yet another book (Normalities and Abnormalities in Human Movement) (Kirkcaldy, 1989), which marked a shift in my interests from athletics and performing artists to the more handicapped and disabled individuals, focusing on exercise as a therapeutic modality.

One of the Editors in the Sport and Medicine Sciences series published by Karger Medical Publishers was Roy Shephard (in which my volume would appear). I began corresponding with Roy and a year later (1990) I had been asked to be editor for a special issue of the International Journal of Sport Psychology “Therapeutic aspects of leisure and sport” (Kirkcaldy and Shephard, 1990). He graciously and without hesitation agreed to co-author a chapter on the therapeutic implications of exercise, displaying his extraordinary ability to involve himself in different fields.

A few years later in 1993, together with a long-term colleague and outstanding organizational health psychologist, Cary L. Cooper, himself a North American who moved to the UK

and is currently Vice-Chancellor of the University of Lancaster, we all three began to examine the relationship between Type A behavior, work and leisure (Kirkcaldy et al., 1993). The prime audience was psychologists and Roy had little difficulty extending his zone of comfort to participate in sharing his thoughts about psychology, medicine and health. Roy represents a rare breed of academics, who could easily converse across faculties - initially being a clinician then teacher and researcher - open to new perspectives from health and psychology.

We found that in a sample of senior police officers in Berlin, those who exercised regularly reported superior physical health and less Type A behavior (frenetic, time-urgent and dominant personality profiles which had been associated with cardiovascular disorders). The amount of time invested in leisure pursuits (hours per week) was negatively correlated with Type A behavior. But we failed to find evidence that leisure per se, served as a buffer in the stress-health linkage. Adults who displayed a preference for competitive style recreational activities were inclined to report less job-related stress.

A couple of new papers with Roy had appeared in 1994 (Kirkcaldy et al., 1994a), this time joined with Adrian Furnham (a South African who had moved to London) of University College London. Adrian has an infectious enthusiasm for research and writing. We were now exploring attitudes towards health and physical and mental health among exercisers and non-exercisers. Differences in health-related attitudes were found between regular adult exercisers and non-exercisers when the moderating effects of age were considered. Active younger adults were

less skeptical of the value of medical advice, and believed in their ability to control their own health. Moreover, they expressed less "nutritional concern" but increased health consciousness than their sedentary peers. Conversely, in the over-40s, exercisers exhibited less respect for the medical health provider than did the non-exercisers. We also observed that age had an impact on the leisure time-health attitude relationship; especially for middle-aged individuals, insistence on medically supervised exercise prescription and programming offers an unnecessary barrier to exercise adoption and compliance.

In an invitation for a special issue on stress, we explored the relationship between exercise, job satisfaction and well-being (Kirkcaldy et al., 1994b). As we were dealing with senior police superintendants we felt we would benefit by drawing in a Forensic Psychologist with expertise in the police profession, Jennifer Brown (then at Surrey University and currently the London School of Economics) to join the team. Exercise was shown to have a direct association with both job satisfaction and mental and physical health, but perhaps surprisingly had no direct relationship to job stress. Moreover, physical exercise did not seem to moderate the relationship between job stress and mental or physical health, nor did it impact on the satisfaction-health relationship. On the other hand, job stress did reveal a significant direct association with mental and physical health. Again, the two groups were compared in terms of Type A behavior and Locus of Control, and active persons reported higher levels of mental and physical well-being and higher overall job satisfaction. Exercisers implemented more effective stress coping techniques more frequently than non-exercisers, again underlining the

value of regular exercise regimens in the work setting.

There then followed an invitation for a chapter in a new handbook of organizational health. I remember sketching the outlines for such a review article whilst visiting Roy at his home near Vancouver the year before. Again sitting down in his garden – and discussing his diverse collection of flowering plants, we began to work through a potential article examining the influence of working hours and patterns of work on physical and psychological health. There had been a growing debate concerning the impact of increased working hours on health heightened by the introduction of a European Directive on working time, a directive that emphasized the need for time-related parameters such as minimum rest period of 11 consecutive hours in every 24 hours of work, mandatory rest days, a minimum annual entitlement of 4 weeks paid leave, etc. The chapter included a detailed review of the literature of cross-cultural differences, working hours and psychological and physical health, alternative time-based work arrangements, teleworking, temporal characteristics of work and work, family and leisure – the work-life balance, as well as personality and individual differences in the perception of use of time (Kirkcaldy et al., 2009). Yet again, we were able to address issues important for health and social policy makers, and Roy was always keen and persistent in ensuring that these contributions were well structured and easily understandable and could maneuver himself well in adjacent disciplines. Roy and I were working together on a study of helping professionals (Kirkcaldy and Shephard, 2011). Diverse studies had shown that the costs of work-related stress was

enormous both in personal and organizational costs. My own experience in clinical practice (as a clinical psychologist and psychotherapist) had shown that medical and nursing professionals appear particularly susceptible to the potential adverse effects of enduring stress. It appeared occupational stress had significant negative correlations with work satisfaction, physical and mental health, after controlling for gender and occupational status differences. Social workers were much more stressed than either of the other groups (auxiliary clinic personnel and police officers), in terms of workload, recognition, personal responsibility, managerial role, home-work interface, and daily hassles, and displayed the lowest Type A (and locus of control) scores. Work satisfaction was highest for the medical profession, who revealed the lowest occupational stress scores. And social workers showed the lowest scores on both health outcome variables (psychological and physical health). Our reporting generally ended with some suggestions like improvements in the organizational climate serving to reduce the stress associated with working relationships and daily hassles: or reducing the individual's workload. Finally, helping professional would benefit from training programs underling interpersonal competencies and quality circles.

In the years between 1994 and 2000 I moved away from research into private practice and my areas of interest shifted now towards children and adolescents. I managed to amount a wealth of data together with my German colleague, Georg Siefen (he too had experienced his own personal culture shock and we had a working relationship stretching back some 25 years now to the time we met in

the psychosomatic clinic at the University of Cologne). Again with a new database of some 1000 German adolescents and focusing on the association between physical activity and self-image and problem behavior, Roy responded favorably in joining us (Kirkcaldy et al., 2002). His joy in working together on material related to physical exercise and health seemed to be the stimulus that got his cognitive appetite mobilized! We had seen that a vast array of studies had demonstrated the psychological and physical health benefits of regular aerobic exercise for adults, but much fewer studies on children (and fewer measuring self-image, anxiety depression and trait addiction). Overall, we found that regular participation in endurance exercise was related to a more favorable self-image. There was a strong relationship between participation in sports and the type of personality that tends to be resistant to drug and alcohol addiction. Physical exercise was also significantly related to scores for physical and psychological well-being. Adolescents who were involved in regular physical activity were likely to be low on the anxiety-depression scores, and displayed much less social inhibition than their less active counterparts. We concluded that using recreational or exercise involvement may provide a useful point of entry for facilitating the dialogue among adolescents relating to concerns about their body image and self-esteem. Again, extending these findings to psychotherapeutic applications. By promoting physical fitness, increased physical performance, lowering of body mass and promoting a more favourable body shape and form, exercise may provide more positive feedback and recognition among peer groups.

Roy joined us again, this time taking an "old-time favorite", Type A behaviour and locus of control and exploring what impact they have singularly and in combination, on work satisfaction and occupational health. Generally the main effects of locus of control seemed more influential than Type A behaviour. As a clinician this hadn't really surprised me because certainly in cognitive behavioral therapy, as its name suggests, the personal perceived degree of control would seem closely interrelated with cognitions, and clients often reported improvements in their psychological health in terms of a feeling of greater control, particularly their shifting in thinking styles. Anyhow, back to the data, this time German managers: It was the Type A personality and an external locus of control that were associated with greater perceived levels of stress, especially in terms of interpersonal relationships, less job satisfaction and inferior physical and mental health than that of managers with a Type B personality and an Internal locus of control. On this occasion, we found that the magnitude of the main effect size (Type A; locus of control) was substantially larger than the interaction terms. Notwithstanding, there is a tendency that Type A personality characteristics and an external locus of control generate high levels of stress with adverse consequences for job satisfaction and health in general. Negative health consequences may outweigh the superficial attractiveness of the Type A personality in a managerial position, more particularly when this trait is associated with an external experienced locus of control. External locus of control is associated with little access to power, opportunity for material advancement or mobility. We suggested that one way of shifting expectancies towards internal

locus of control might be through empowerment and other strategies, thus impacting on health and satisfaction, and presumably work productivity (Kirkcaldy et al., 2002).

Last year witnessed the last “major” cooperation between Roy, myself and our colleague, Georg Siefen from Bochum University (Kirkcaldy et al., 2010). It was a kind of revival after 8 years of not writing together. During the last two decades one major area of interest for me had been medical health professions (having spent over 15 years as a clinician). I was eager to write a comprehensive review article in this area. It was a much lengthier article than I imagined and even Roy became uncertain at one stage whether a journal would publish it. A US publisher however, agreed to publish it as a slim book in the series “Public Health in the Twenty-first Century”. With a single brush stroke he elegantly modified the book title, what appeared a cosmetic change, was much more than that! As a psychologist I knew I would have problems with some colleagues who would question why as a “non-medical” psychotherapist I was writing about doctors! But who better to have on board; than as Roy, a cardiologist and academic renowned in medicinal health sciences, and Georg, himself a psychologist and medical doctor with various professional qualifications in medicine. The book begins with examination of cultural and anthropological factors that influence a patient’s lifestyle and any resulting need to adjust personal lifestyle in the interests of health. Again we launched some ideas about cross-cultural differences in the patient’s expectations, and accepted patterns of treatment and health outcomes. We knew that general practitioners have to be prepared to

address psychological problems rather than the presence of a clear-cut organic disease of the type anticipated by those formulating evidence-based treatment recommendations. The quality of a medical practice and health care levels can be rated by both the patients who are treated and peers from the health professions, although the views of both groups must be accepted with caution. The quality of any given practice can be enhanced by considering the usual motivators, stressors and personal qualities of a successful physician. A good physician realizes the problems inherent in our contemporary urban lifestyle and attempts to maximize the individual’s health potential by concentrating on preventive medicine and the development of health habits such as exercise and nutritional awareness that are more appropriate to our constitutional background. Again, it was apparent that Roy had always been very communicative and supportive in his mission to write with us. Two decades of cooperation had not weakened his joyful and creative process of mastering those skills of communication both as a teacher, an academic and more valuable for me personally, a close and endeared friend.

Qualifications

The author’s qualifications are as follows: Bruce Kirkcaldy Ph.D.

References

- Kirkcaldy, B. D., (1985) *Individual Differences In Movement*. Lancaster and Boston: MTP Press.
- Kirkcaldy, B. D., (1989) Exercise as a therapeutic modality in : B. D. Kirkcaldy (Ed.), *Normalities and Abnormalities in Human Movement*. Basel: Karger.
- Kirkcaldy, B. D., and Shephard, R. J. (1990) Therapeutic aspects of leisure and sport. Special Edited Issue, *International Journal of Sport Psychology*, 21, 3, 165-184.

- Kirkcaldy, B. D., Shephard, R. J., and Cooper, C. L. (1993), Relationships between Type A behaviour, work and leisure. *Personality and Individual Differences*, 15, 1, 69-74.
- Kirkcaldy, B. D., Shephard, R. J., and Furnham, A., (1994), Attitudes towards health and illness among exercisers and non-exercisers. *Stress Medicine*, 10, 21-26.
- Kirkcaldy, B. D., Shephard, R. J., Cooper, C. L., and Brown, J., (1994), Exercise, job satisfaction and well-being among superintendent police officers. *European Review of Applied Psychology (Special issue: Stress)*, 2, 117-124.
- Kirkcaldy, B. D., Furnham, A., & Shephard, R. J. (2009) The impact of working hours and working patterns on physical and psychological health. In: Cooper, C.L., & Cartwright, S. (Eds), *The Oxford Handbook of Organizational Well Being*. Pgs. 303-330. Oxford University Press, Oxford.
- Kirkcaldy, B. D., & Shephard, R. J. (2001) Occupational stress, work satisfaction and health among the helping professions. *European Review of Applied Psychology*, 51, 4, 243-253.
- Kirkcaldy, B. D., Shephard, R. J., & Siefen, R. G. (2002) The relationship between physical activity and self-image and problem behavior among adolescents. *Social Psychiatry and Psychiatric Epidemiology*, 37, 11, 544-550.
- Kirkcaldy, B. D., Shephard, R. J., and Furnham, A. F. (2002) . The influence of type A behaviour and locus of control upon job satisfaction and occupational health. *Personality and Individual Differences*, 33, 1361-1371.
- Kirkcaldy, B.D., Shephard, R., & Siefen, R.G. (2010) *The Making of a Good Doctor*. Public Health in the 21st Century. Nova Science Publishers, New York.