**University of the People**PSYC Introduction to Health Psychology  
  
Unit 2 Written Assignment  
  
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The Role of Behavior in Health

Selected Behavior Model: The 3P-Disease Model  
The 3P-Disease Model—encompassing Predisposing, Precipitating, and Perpetuating factors—is a highly effective framework for understanding and promoting positive health-related behaviors. Originally developed for insomnia treatment, the 3P-Disease Model has evolved into a broader explanatory framework that highlights how biological, psychological, and socio-environmental factors interact over time to affect health outcomes (Wright et al., 2019). Rather than seeing health issues as arising from a single cause, the model emphasizes that diseases and unhealthy behaviors develop from a complex layering of vulnerabilities (predisposing), triggering events (precipitating), and sustaining behaviors or thoughts (perpetuating).

In comparison to other behavior models, such as the Health Belief Model or Theory of Planned Behavior, the 3P framework uniquely captures the dynamic and temporal dimension of disease and behavior evolution, making it especially useful for designing both preventive strategies and interventions aimed at behavior change.

Application to Smoking Behavior  
A real-life scenario illustrating the 3P-Disease Model's usefulness is smoking behavior. Smoking often begins not from a conscious decision to harm oneself, but through a mixture of vulnerabilities and influences that evolve over time.

Predisposing Factors:  
Some individuals may be genetically predisposed to nicotine addiction, or they may grow up in environments where smoking is normalized by family members, peers, or cultural attitudes (Rokach, 2019). Psychological traits such as high neuroticism (tendency towards negative emotions) have also been linked to increased risk of engaging in health-compromising behaviors like smoking (Rokach, 2019).

Precipitating Factors:  
Life stressors, such as academic pressure, loss of a loved one, or relationship problems, can serve as the precipitating events that push individuals to initiate smoking as a maladaptive coping mechanism (Wright et al., 2019). A stressful transition, such as moving away for college, may provide the immediate context for taking up smoking socially or individually.

Perpetuating Factors:  
Once smoking is initiated, several psychological processes perpetuate it. Nicotine's short-term stress-relieving effects reinforce continued use, despite long-term health risks. Cognitive distortions, such as minimizing the risks ("I don't smoke that much, it won't harm me") and emotional regulation challenges (seeking smoking as a comfort tool during stress), entrench the behavior over time. Social reinforcement—being part of a peer group where smoking is common—further perpetuates the habit (Ogden, 2019).

Thus, smoking behavior illustrates how health-compromising behaviors are rarely spontaneous. They are rooted in longstanding vulnerabilities, triggered by environmental stresses, and sustained by ongoing maladaptive coping mechanisms, precisely as outlined in the 3P-Disease Model.

How the 3P-Disease Model Supports Behavior Change  
Understanding the three stages allows healthcare professionals and psychologists to design more nuanced interventions:

Targeting Predisposing Factors:  
Programs can focus on building resilience and healthy coping skills early in life, such as teaching emotional regulation and stress management techniques to adolescents at risk.

Addressing Precipitating Factors:  
Timely interventions during stressful life events (e.g., counseling during major transitions like starting university) could prevent smoking initiation by offering healthier coping mechanisms.

Modifying Perpetuating Factors:  
Cognitive-behavioral therapy (CBT) can address maladaptive thought patterns ("I need a cigarette to calm down") and teach alternative coping strategies for emotional regulation. Smoking cessation programs that incorporate social support systems, nicotine replacement therapy, and behavioral counseling target both the physiological and psychological perpetuators of the habit.

By explicitly considering time (what came before, what triggered the behavior, what sustains it), the 3P-Disease Model provides a rich, layered understanding of behavior change that is often missing from more linear models. It encourages multifaceted interventions rather than one-size-fits-all solutions.

**Conclusion**  
The 3P-Disease Model offers a compelling and practical framework for promoting positive health behaviors. It captures the complexity and temporality of health behavior development and maintenance. Its application to smoking demonstrates that effective interventions must address not just immediate behaviors but also the underlying vulnerabilities and maintaining patterns. Adopting the 3P-Disease Model can significantly enhance the effectiveness of public health strategies aimed at preventing and reducing health-compromising behaviors.

**References**  
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