

# EHPS Newsletter

Newsletter of the European Health Psychology Society

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## Editor's Foreword

*The larger part of this issue of the Newsletter is devoted to the description of health psychology in Norway, the host country of our 1995 EHPS conference. Of course we knew that a lot of work was being done, but still the overview given here by Reidar Omundsen is really impressive. Together with the reputed beauty of the country, this scientific richness should convince those who had not yet decided, to attend the Bergen conference (28-30 August).*

*We furthermore thank our colleagues from Finland and Greece for the information about health psychology in their country.*

*Our President appears on the front page and at the end of this issue. On the first page to inform us about the proposal from the Executive Committee to adopt Psychology and Health as the society journal. At the end of this issue, she appears as the recipient of the BPS President's Award. Congratulations Marie.*

*Jan Vinck, editor*

## President's column

*I recently visited Bergen to participate in meetings about the 1995 conference. I am happy to report that arrangements for the conference are proceeding well. The scientific programme looks exciting as ever, with over 200 presentations demonstrating the vigour of the field of Health Psychology in Europe and the enthusiasm and industry of our members. You will be aware that the organisers have arranged to have a good range of invited speakers, taking advantage of our being in Scandinavia to invite speakers from that region as well as from other parts of the world. The whole meeting will take place in one building, the Norge Hotel, and all meeting rooms will be very close to each other, an arrangement which seems to suit us.*

A good social programme has also been arranged and I feel confident that members will have a very enjoyable conference. The conference hotel is right in the middle of Bergen which is a very attractive city in very attractive surroundings and members may wish to take some extra time to look round - I doubt that they will find much time in the middle of our very busy conference schedule.

The conference organisers, Arild Raaheim and his colleagues, have been working hard on the arrangements and I would like to take this opportunity to thank them on behalf of the members.

We shall have an Open Meeting this year as the formal Members Meeting only takes place every second year. **The Open Meeting will be on Tuesday 29th August at 17.30, in the Norge Hotel.**

During the year, The Executive Committee has decided that in the future the Society should have its own journal, *Psychology and Health*. We have been aware for a number of years that EHPS has provided very little for

its members other than the Newsletter, and organising the annual conference which is then offered at a reduced rate. Members have been unclear about the value of membership and non-members have seen little reason to join.

Over the years, we have had strong associations with *Psychology and Health*, with members of the Executive Committee serving as the founder and second editor of the journal and other Executive Committee and ordinary EHPS members serving on the Editorial Board. Members will be aware from a previous Newsletter that the publisher has made a generous offer to EHPS. Over the last year, *Psychology and Health* has incorporated the *International Review of Health Psychology* and the Editorial Board has expanded to include further members of the EHPS Executive Committee. In addition, *Psychology and Health* is about to increase in size, from approximately 480 to over 900 pages per year. It therefore seems timely to include this in our membership for the future.

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The additional cost to members will be £35 (£26 for the journal and £9 for postage) therefore increasing the membership fee. The new membership fee for 1996 will be 400FIM (because our treasurer is from Finland!). We shall have facilities at the Bergen conference to enable members to pay on site either in cash or Eurocheques.

Of course we were concerned that this increase in price would be too great for some members, but it is not possible to have this arrangement with the publisher (Harwood Academic) unless it is part of our membership. In return, we expect that Harwood will assist us with some of the organisational tasks which have proved difficult for EHPS to date.

In order to ease the burden for members, we have at the same time decided to bring in strenuous constraints on the cost of conferences. The registration fee for the 1996 conference in Dublin will be approximately £115. As a result the cost of the conference plus membership (including the journal) will be considerably less than the cost of

the conference plus membership (without the journal) in 1995. We believe that this is what members have been seeking from their comments at Members' meetings.

It is intended that a reduced fee of 120FIM without the journal will be available to students for up to 3 years. In addition we shall be considering how to deal with the problems this creates for members from eastern European countries.

We hope that members will be pleased with the arrangements we have been able to make to get this journal at such an attractive price and hope that it will not inconvenience any members.

I look forward to seeing you in Bergen.

Marie Johnston,  
President

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### *Report on the 5<sup>th</sup> Erasmus Course in Health Psychology Leuven (Belgium), 15-28 April 1995*

## **Health Psychology and Cardiovascular Health and Disease**

*How many health psychologists does it take to "change" a light bulb? One, but it can depend on the intervention you use! ... And so they came, from Norway, Holland, Belgium, Germany, Scotland, Ireland, Switzerland, Spain and Greece, bearing strange gifts of flat breads, cheeses of all kinds and meats of fantastic variety and tastes. Thus had begun the fifth Erasmus course in Health Psychology held in Leuven, Belgium. It was the time that had long been awaited and finally it had begun.*

The social interactions commenced on the Sunday evening with a Euronight. Representations of names and facial recognition abilities were quickly formed and encoded. Sensations of pleasure and enjoyment were facilitated by the introduction of alcohol and soon the night became a mass of cultural relations and information exchanges.

Over the next two weeks all participants were treated to the teachings of many respected professionals in the field. The transfer of knowledge between the teachers and students soon became highly correlated with the interaction between an expert teaching ability of the lecturers and the active enthusiastic participation of the students.

As night fell, one could observe in a very naturalistic setting (90% in the bar;  $p < .001$ ) the exchange of many ideas, influences and behaviours in this special cohort. The presence of diverse cultural influences had a strong causal effect in the modification of many people's beliefs and attitudes, both about psychology and about the people who held them. Over the two weeks these interactions lead to the significant exchange of social and informational

knowledge levels regarding different cultures. Late nights also became a good predictor of sore heads and sleepy eyes in the morning.

Students also had the chance to experience many new and wonderful perceptions as they were treated to interesting tours of Leuven and Brussels. Similarly, our stomachs received delightful stimulation as Stan Maes kindly invited us to dinner, challenging our brains to differentiate the delights of a typical Belgian restaurant.

As we depart from Leuven, I am sure that we all feel a decline in our emotional status with high levels of depression, and the knowledge of an impending decrease in the quality of our life, behaviourally expressed in many hugs, kisses and tears. I think it will be a very long time before the memory traces of these times are erased and besides there were so many photographs taken that memories will always be there.

Ciarán Browne (IRL)

# Norway

by Reidar Ommundsen

INSTITUTE OF PSYCHOLOGY  
UNIVERSITY OF OSLO  
NORWAY

Norway is a small nation with little more than four million inhabitants – equivalent to some European cities. The country is rather long stretched, however, and perhaps for this reason we have found it necessary to have four universities: in Oslo, Bergen, Trondheim, and Tromsø. Each university offers a six year professional degree programme in psychology (leading to the degree of Cand. psychol.). Oslo and Bergen also have doctoral programmes (leading to the degree of Dr. psychol.).

## Education

Although there is some variability, the different curricula basically conform to the same national Standards for the Education of Psychologists. According to these standards the professional degree programme should aim at educating so called **generalists**, meaning that the programme should give a broadly spectred training in both the basic disciplines and methods, as well as applied disciplines, and clinical training. Perhaps one could say that this generalist concept is comparable to that of medical education: it leaves little room for the student to skip disliked subjects or to become specialised, except in their final thesis work. The generalist format is considered to be necessary because a psychologist in Norway is expected to combine both basic academic knowledge and practical health delivery skills. The Cand. psychol. degree qualifies for accreditation as licensed **psychologist**, a title which is issued by the Ministry of Social Affairs. The title is protected by law since 1973.

According to the Norwegian Psychological Association there are about 2500 licensed psychologists in Norway. A majority of them (approx. 55 percent) are doing psychotherapy, counselling, and clinical assessment work within the public (mental) health system. An additional 15 percent are in private practice as psychotherapists. 20 percent hold positions within the school and social service systems doing counselling. The remaining are found in the universities, various research institutions, and as organisational psychologists in business and industry. Thus one can say that Norwegian psychology is very much directed toward some form of curative mental health work.

For the students of psychology the future looks bright. At present there are about 400 vacant positions for psychologists within the public health and school systems. This situation recently led the Minister of Education to establish the fourth professional degree programme which this year has started in Trondheim. A solid national (oil) economy cannot fully account for this. Rather it is fair to say that psychologists are widely accepted within Norwegian society because the public and the health authorities see psychologists as clinical professionals who are able to provide much sought for help to people.

On this background one may ask about the future of health psychology in Norway. Available statistics do not allow us to tell how many psychologists are providing health psychology services and research. The number is probably low. However, there are opportunities for the number to increase in the years to come. National health policy and the national priorities and plans for the development towards the year 2000 emphasise the need for more effort being put into prevention of life-style diseases, psychosocial problems, and accidents. Health promotion as a strategy concerning all health care deliveries is especially focused upon. In addition, a biopsychosocial model of health seems to be increasingly accepted both in public health policy, as well as by the medical profession. However, given the popularity of clinical psychology, growth of health psychology may not come quickly. Psychologists may not recognise this opportunity, or feel the need for a reorientation. It is also a fact that Norwegian psychologist have only

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been familiar with the term health psychology for the last ten years.

This situation poses a challenge to the universities as well as to the Norwegian Psychological Association. The latter is organising postgraduate specialisation programmes, but the courses offered are mostly clinically focused. The curricula of the professional degree programmes at the universities all contain some health psychology. A strengthening of health psychology is nevertheless needed, but this will probably not be allowed to threaten the generalist profile. On the other hand, the generalist education, as it exists today, already is training the students in professional and ethical codes of conduct and many of the skills which are expected of a health psychologist, and which were outlined in David Marks' paper for the Round table Discussion at the 8th Conference of EHPS in Alicante last year. So perhaps with only some adjustments in the curricula, and with some new postgraduate specialist courses, the situation in Norway for health psychology may not be too gloomy. A generalist training in psychology may in fact prove to be an excellent starting point for needed innovations! With no generalist demands put on the doctoral programmes strengthening health psychology is one option that should be considered. In fact quite a few doctoral students are doing their thesis work in health psychology.

The establishment of a Norwegian society for health psychology and behavioral medicine will probably be announced during the days of the 9th conference of EHPS in Bergen. Hopefully this new society will contribute to the growth of interest in health psychology among psychologists in Norway.

It is doubtful that health psychology will develop into a field of practice reserved for psychologists alone, however. Several health professions find health psychology attractive and useful. In 1992 the University of Bergen launched a two-year Masters programme in health promotion which is also open to other health professions, as well as candidates from abroad. The curriculum as well as teaching is in English. The programme is organised under the Faculty of Psychology in cooperation with the Centre for International Health which is organised under the Medical Faculty.

In addition to the psychology programme, the University of Tromsø offers a separate inter-disciplinary Masters programme in health education. The programme is based on collaboration between

different professional schools involved in health education (e.g. psychology, medicine, nursing, pharmacology). The goal of this programme is to break down barriers and increase collaboration between professions.

### Research

The representativeness of the following survey of health psychology research in Norway is reduced by the fact that the author probably has not been able to identify every institution and researcher working in the field. In addition, some of those who were approached may not have seen themselves as health psychologists and consequently have refrained from responding. Ambiguity as to what is health psychology may also have resulted in entries which some would say is marginal to the field. The review also includes some limited information about some of the universities. The presentation is organised geographically, and we shall start with the University of Tromsø which is the northernmost university in the world, located at a latitude of 70°N.

#### TROMSØ

The Department of Psychology in Tromsø was established in 1983 and the Professional degree programme in psychology was established in 1991. The ongoing research in health psychology may be divided into three areas: Health psychology of women includes studies on stress, burnout and women in management (Richardsen, Burke, Mikkelsen, and McKeen), and gynaecological psychology (Holte). Healthy and unhealthy lifestyles includes "Winter Depression 70°N-58°N", a large scale study of healthy and unhealthy life styles, depression, sleeping disorders, eating disorders, and sexual behaviour as a function of seasonal variation in daylight and of geographical latitude (Holte, Edvardsen, Richardsen, Konradsen, Nilsen, Cromwell, and Hamera), and one of two Norwegian branches of the European Health and Behaviour Study on young adults (Stephoe, Wardle, Vinck, Tuomisto, Holte, and Wichstrøm). Treatment studies on the psychobiology of placebo effects (Flaten), clinical trials with psychological treatment of sleeping disorders (Holte) and professional use of communication skills as a method in therapeutic relationships (Holte).

#### TRONDHEIM

The city is located in the middle of Norway. At the Institute of Psychology, University of Trondheim, Asbjørn Rundmo is studying risk perception and safety on offshore installations. The aim is to see how organisational and social factors, attitudes towards safety and accident prevention work, status of safety and contingency measures, as

well as individual worker's perception of risk can affect offshore safety. High amplitude waves cause offshore oil platforms to move. These movements are perceptible to the personnel during bad weather conditions, and the purpose of a second project is to investigate psychological effects on personnel.

At the University's Division of Organisation Psychology and Work Sciences Steinar Iltstad recently finished a study on the buffering factors (commitment, control, challenge, and purpose-in-life) on the work stress-strain relationship.

At the Department of Psychiatry and Behavioural Medicine of the Medical Faculty, Geir Smedslund is involved in a project on smoking cessation and health. The project consists of two parts. A survey on smoking habits in the Norwegian population. A total of more than 5000 persons responded, answering questions about demographic data, interpersonal styles, working conditions, diseases and health complaints, and various health behaviours. The second part of the project will involve a smoking cessation intervention on a subsample of smokers who responded to the questionnaire. There are also plans to start a permanent smoking cessation centre. Gerd Inger Ringdal is doing research on quality of life in cancer patients with different prognoses.

#### BERGEN

The city, which is located at the west coast of Norway, boasts hanseatic buildings that are in the World Heritage List. At the University of Bergen psychology is organised in a Faculty of Psychology.

At the Institute of Clinical Psychology Odd E. Havik and medical doctor John G. Maeland have undertaken several studies of psychological aspects (e.g. coping styles, personality, attitudes, social network) of myocardial infarction. A group of 383 patients have been followed up for 3-5 years. The project also involves evaluating the effect of a standardised education programme for patients. Eli Hallaråker and Kjersti Arefjord are engaged in a long-term study of the coping of the patients' spouses. Gerd Kvale has studied the psychological mechanisms involved in anticipatory nausea and vomiting in cancer patients. A project for studying odontophobia has been set up in collaboration with the Faculty of Odontology. Geir Høstmark Nielsen and Bjørn Wormes are two of the participants. The institute is offering courses in health psychology to students of psychology, medicine, odontology, nursing and physiotherapy.

At the Institute for Neuropsychology psychophysiological and personality characteristics of pain patients have been major interests for research over

the last 15 years. They have studied clinical, personality and psychosocial effects of relaxation and biofeedback training on large numbers of adult and child headache patients (Ellertsen, Troland and Kløve). The scope has been widened to include such syndromes as fibromyalgia and general musculo-skeletal pain patients who have been treated with biofeed-back, aerobic training or stress management intervention programmes (Ellertsen). They have also studied clinical, biochemical, physiological and psycho-social changes in epileptics participating in aerobic training (Eriksen, Ellertsen, Nakken & Ursin).

The Research Centre for Health Promotion, which is organised under the Faculty of Psychology, is involved in a series of research projects, mainly applied, but also in more theoretically focused studies (e.g. Thuen, Rise and Wold). Up till now research has primarily focused on two topics: Studies on health promotion and prevention (e.g. Lie) and evaluation of interventions (e.g. Wilhelmsen, Laberg and Klepp) and studies on health related behaviour and life-style (e.g. Klepp and Aarø). In addition the Centre has recently taken up research on environment issues, and studies on immigration in a cross-cultural perspective (e.g. Sam). The centre is also responsible for the Masters programme in health promotion as well as a course on health psychology in the professional degree programme.

#### OSLO

Oslo is the capital of Norway. Here we find several institutions where psychologists are doing health psychological research.

At the Institute of Psychology, University of Oslo, Asbjørn Faleide has since 1981 been directing a longitudinal study of possible association between psychosocial risk factors and the development of asthma and atopic allergy in children. So far the impact of family-related factors, parents' marital quality, parental mental health status, generation relationships and child-related factors such as temperament and behaviour style has been investigated. Ingela Lundin Kvale has recently completed an intervention study of the effect of a school-based sex education programme which was developed in order to prevent sexually transmitted diseases and unwanted pregnancies. A stratified sample of 124 classes (2411 students), was drawn at random from all the upper secondary schools (high-schools/colleges) in one county in Norway. A Solomon Four-group design, with random assignment to the different conditions, was used to evaluate the intervention. In cooperation with the Students' Psychological Health Services she is now studying how

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students cope with meeting a highly competitive institution as an university. Reidar Ommundsen, in collaboration with K. Larsen has been doing studies on HIV related behaviour and attitudes among university students. He is now investigating potentially quality-of-study-life threatening "multiple relationships" between university students and their teachers. Per Schioldborg, in collaboration with A. Valbøe has been doing research on smoking cessation with particular emphasis on smoking cessation in pregnancy, training of health personnel as group therapists, making worksites smokefree, and effect analysis of intervention forms. He is also conducting studies on gender and health with emphasis on psychological gender roles (androgyny versus sextyping) as related to coping, lifestyle and sexuality. Jon Arne Skolbekken is studying the medical profession's construction of risk. Jon Martin Sundet has been involved in several studies of sexual behaviour of the general Norwegian population: a self administered postal questionnaire was sent to a random sample of 10.000 subjects (18-60 years old). This study was repeated in 1992. In addition, a similar survey of youth (15-19 years old) was conducted in 1989, and repeated in 1992. The aim of the studies has been mainly epidemiological, purporting to get knowledge about the prevalence of risk sex behaviour. The data have also been quite extensively used in an effort to construct mathematical models in order to assess the potential spread of HIV in Norway. In January this year Odd E. Havik was appointed professor of health psychology at the institute. He comes from the Faculty of Psychology in Bergen.

At the Department of Behavioural Sciences in Medicine, at the Medical Faculty, Arnstein Finset and co-workers are conducting a number of studies on coping with chronic and severe illness, with special interest in the behavioural disengagement and passivity seen in some patients. Other research of related interest in the Department are studies on diagnostics management training and physical exercise in fibromyalgia patients, a study of quality of life in hypertension treatment, studies of quality of life and psychological distress in a large population study, and studies of the relationship between psychological and hormonal variables in menopausal women. Marit Smedstad, in collaboration with colleagues, is involved in a European research project on Incapacitating Diseases and Social Support. Important outcome measures are variables reflecting quality of life and physical disability. The study offers the possibility of comparing differences in important outcome measures between the participating European countries.

The Psychosocial Centre for refugees is organised under the Medical Faculty. Here Nora Sveaas in collaboration with Sissel Reichelt at the Institute of Psychology is developing and doing research on therapeutic and consultative approaches to refugee families.

At the Centre for Youth Research Lars Wichstrøm, in cooperation with the Norwegian Cancer Society, has conducted surveys of senior high schools students' sunbathing behaviour, attitudes, and beliefs concerning sunbathing and use of sunscreen (N=15000). The surveys have been conducted on an yearly basis from 1992. A longitudinal study following the students from 1995 to 1996 is planned. As part of a comprehensive large scale longitudinal study of Norwegian adolescent development, aspects of young persons' eating problems, parasuicidal behaviour (with Rossow), and conduct problems have been studied in relation to social context, social network, and psychological characteristics of the individual.

At the National Institute for Alcohol and Drug Research in Oslo Reidulf Watten is involved in a project on basic coping styles and consumption of alcohol. A second project studies the influence of personality factors (basic coping styles, current mood, mental absorption and intellectual ability) upon report of quality-of-life and subjective symptoms. This is done in collaboration with O. Vassend at the Institute of Community Dentistry, University of Oslo. Henrik Aas, in collaboration with colleagues in Bergen, directs a research programme on alcohol expectancies and socialisation of adolescents' learning to drink. Bente Træen has been involved in two surveys of 3000 Norwegian adolescents aged 17-19 years in 1988 and 1989. The aim of the studies was to achieve a more thorough understanding of adolescents' sexual behaviour. She is now doing a study of public drinking places as social arenas in order to obtain better insight into pub-going in the Norwegian capital applying the theory of planned behaviour. The sample comprised 1053 persons aged between 16 and 71 years who visited public drinking places in Oslo. She is also involved in a cross-cultural Nordic study on alcohol and sexuality in relation to unsafe sex.

At the Institute of Applied Social Research in Oslo Siri Naess in collaboration with colleagues have studied quality of life related to health.

The National Institute of Public Health in Oslo, is engaged in several health psychology projects. Inger Anne Borge has conducted a longitudinal study of behaviour and psychosomatic problems in children. Further follow up of this longitudinal study is planned to analyse continuities of health

and coping. Another project on immigrant parents' discipline strategies with young children, children's health and coping, is planned. This project will hopefully contribute to our knowledge about preventive services for young children as well as to elaborate our theoretical understanding of processes involved in life quality and developmental psychopathology. Kristian Tambs and colleagues have conducted a twin study involving 2570 complete twin pairs aged 18–25 years. The purpose of the study is to estimate the relative effect of genetic and environmental factors on life style, diseases and health. Espen Røysamb is conducting a study on risk-related behaviour, structure, and predictors. One aim is to investigate the underlying dimensionality in risk-related and health-related behaviour in general. A second aim is to study peoples' mental constructions of specific risk-related behaviours and the extent to which these constructions predict behaviour. Jon Strype is doing a study of risk exposure, risk perception, and perceived control and skills in adolescents and adults with a special focus on optimistic bias.

At the Norwegian University of Sports and Physical Education Yngvar Ommundsen and L. E. Aarø at the Faculty of Psychology in Bergen, have recently completed a prospective evaluation study to determine the effects of a nation-wide physical activity campaign in Norway taking place between 1990 and 1994. Two surveys has been conducted among a national sample of 1455 adults.

### Conclusion

Health psychology in Norway is growing at a steady pace, focusing on curative as well as preventive health problems. However, if psychologists, the educational institutions and the Norwegian Psychological Association do not see the options and address the challenges of the 21th century more vigorously, psychologist may end up playing the second violin.

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# Greece

## The Health Psychology Programme at the Aristotle University of Thessaloniki

by Tanya Anagnostopoulou, Ph.D.

Psychology courses have been regularly taught as part of the curriculum in all schools of philosophy. However, truly autonomous Departments of Psychology were formed only recently at the University of Crete (in 1986), Panteion University, University of Thessaloniki and University of Athens (in 1992).

Aristotle University of Thessaloniki is the largest institution of higher education in Greece. Over 40.000 students study in the University's 34 schools which employ about 2.000 faculty members. The Department of Psychology at the University of Thessaloniki offers 80 undergraduate courses in psychology and the requirements for graduation include submission of an honours thesis, 40 days of practicum experience and a total of 148 credits.

Health psychology or medical psychology courses have been taught occasionally in Departments of Psychology and in Medical Schools during the last few years. Research conducted by physicians, educators, psychologists and psychiatrists has also

accumulated in the last 15 years in areas such as cancer (Anagnostopoulos et al., 1993; Lavrentiadis et al., 1988), cardiovascular disease (Aritzi et al., 1989; Mitsibounas et al., 1992), gastrointestinal disease (Christodoulou et al., 1979; Rabavillas et al., 1980), bronchial asthma (Lyketsos et al., 1984) and women's health issues (Georgas et al., 1984; Iatrakis et al., 1986, 1988).

The Department of Psychology at the Aristotle University of Thessaloniki has started offering an organised curriculum in health psychology at the undergraduate level in 1993. This curriculum consists of three courses related to health and disease issues. Health Psychology I : Theory presents the psychophysiology of stress as well as the major theoretical approaches in the study of health and disease. Health Psychology II : Research presents the pathophysiology of diseases related to the cardiovascular, the gastrointestinal, the pulmonary and the immune systems and the major research findings in this area. ■

*Dr. Anagnostopoulou is a clinical psychologist and the coordinator of the Health Psychology Programme at the University of Thessaloniki. She received her doctorate from the Pennsylvania State University in the USA and has had training in Behavioural Medicine at the University of Massachusetts in Amherst and at Lahey Clinic in Boston, USA.*

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# Abstracts of non-English Health Psychology Publications

from

## Finland

Abstracts from Finland

Ritva Nupponen. Terveyspsykologian perusteet (Basics of Health Psychology). National Research and Development Centre for Welfare and Health. Health Services Research Unit. Oppaita 21/1993. ISBN 951-47-8500-2. ISSN 1236-0724. 193 p.

The book is the first textbook of health psychology in Finland. Biopsychosomatic approaches and a genuine psychological view of health are outlined by means of cornerstone constructs of **autonomy, safety and functional ability** in connection with subjective well-being and personal worth. As books in clinical psychology and psychosomatics and reviews on e.g. stress, social relations and interaction in health care are available in Finnish, emphasis is put on subjective well-being and health-related behaviour for enhancing, maintaining and protecting health. The fields of life-style, sleep and exercise are more thoroughly analysed. A variety of psychological models and theories, from cognitive to constructivist ones, are introduced and illustrative examples given from empirical research in Finland and abroad. Practical applications range from health education to clinical judgment and ethics of decision making among health care personnel. Through the book lay conceptions are dealt with as an interwoven theme. The book is currently used as a course book for undergraduates in psychology and health education, optional reading for other university students and as teachers' resource book in e.g. nursing colleges.

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Kirsti-Liisa Kuusinen (ed.). Terveyspsykologia (Health Psychology). WSOY. Juva. 1993, ISBN 951-0-18635-X. 170 p.

The book is edited for basic and advanced level psychologists, other health care professionals and also to be used as a course book for psychology undergraduates. The book consists of nine chapters written by researchers and clinicians active in the field of health psychology in Finland. The themes vary from the review of international and Finnish developments and diversity of health psychology (Nupponen) to cognitive theories of health behaviour (Uutela and Härkäpää), personality and health risks (Räikkönen) to coping with stress (Kinnunen) and pain (Härkäpää), adherence to treatment (Kuusinen), smoking (Uutela), eating (Kuusinen) and physical exercise (Ikonen).

\*

Kirsti-Liisa Kuusinen. Psyykinen itsesäätely itsehoidon perustana. (Self-care Based on Self-Regulation. Self-Care in Adult Type I Diabetics). University of Jyväskylä. 1994. 285 p. (English summary 17 p.). Jyväskylä Studies in Education, Psychology and Social Research, 106. ISBN 951-34-0294-0. Dissertation.

It was assumed that self-care practices are carried out depending on a person's motive structure and ways to maintain its emotional equilibrium and identity, which are derived from the autonomy development of a person. It was found that based on the nature of the person's autonomy, four self-care orientations can be distinguished autonomous, externally controlled, autonomy defending and labile self-care orientation. 30 adult type I diabetic subjects participated in the study. The data were gathered by depth interviews and a questionnaire.

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Anna-Mari Aalto, Tero Kangas. Diabetekseen liittyvät hallintakäsitykset ja terveysuskomukset hoidon ja diabetestyyppin mukaan. (Diabetes-related cognitive beliefs according to the type of diabetes and regimen). Sosiaalilääketieteellinen Aikakauslehti (Journal of Social Medicine) 1993;30348-360. English summary.

The study (n=954) examined the structure of diabetes-related cognitive beliefs (locus of control beliefs (LOC), self-efficacy and diabetes-related health beliefs) and differences in these beliefs according to the diabetes type and regimen. In addition to the three traditional locus of control dimensions (internal, chance, powerful others), there appeared a fourth factor of diabetes-related LOC beliefs. The "powerful others"-items were divided into two dimensions control by significant others and control by health care professionals. Factor analysis of diabetes-related health beliefs resulted in expected dimensions susceptibility, severity, benefits of regimen and psychosocial cost of regimen. The composite scales constructed on the bases of factor analysis showed acceptable reliability (Cronbach alphas 0.68-0.87). Compared to type II diabetics, type I diabetics had stronger self-efficacy and they regarded in lesser degree that their illness was controlled by external forces. Additionally, type II diabetics with diet treatment or oral medication differed from insulin-treated type II diabetics in having stronger beliefs in diabetes control by external forces and less confidence in their capability to manage the self-care demands. There was no significant difference in health beliefs dimensions according to the diabetes type and regimen.

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**Arja R Aro, Markku Mähönen. Minisymposium Elämänlaatu (Quality of life). Lääketieteellinen Aikakauskirja Duodecim (The Medical Journal Duodecim) 1993;171501-1525.**

A minisymposium of five articles covers the area of health-related quality of life with special emphasis on problems of definition and measurement. Two editorials "From words to action" (Aro AR and Mähönen) and "Health care and quality of life" (Aro S) introduce the importance of the theme in the area of clinical studies, public health and health care.

Uutela and Aro AR in their review "Koettu ja havaittu elämänlaatu - toisiaan täydentävät näkökulmat" (Subjective and observed quality of life - complementary aspects) discuss and give examples of problems with subjective and objective assessment of quality of life. The authors have developed a "lens model" of subjective well-being.

Chronic public health problems such as cardiovascular diseases, diabetes and cancer are used as examples in an article by Aro AR, Aalto and Mähönen "Elämänlaadun mittaaminen eri sairauksissa" (Measuring quality of life in different diseases). The article describes dimensions of quality of life, discusses problems in timing of measurement, classifies available measures, and lists basic requirements in choosing and developing measures. The examples used come from published studies on quality of life in type I diabetics, blood pressure and coronary artery disease and breast cancer patients.

The theory and practice of measurement is described by Tarkkonen in his article "Mittaamisen teoriasta ja käytännöstä".

The importance of reliability and validity of measurement is visualised by practical examples in the area of medicine.

(Arja R Aro)

### **EHPS President awarded the 1994 President's Award of the British Psychological Society**

EHPS President, Professor Marie Johnston was awarded the 1994 President's Award of the British Psychological Society (BPS). This is a mid-career award presented for distinguished contribution to psychological knowledge. It is a particular complement both to Marie and to Health Psychology that she has received the award from this relatively new area of applied psychology.

In the award citation, her links with European colleagues and organisations, and in particular her involvement with EHPS, were noted. She recently received her award at the BPS annual conference in Warwick where she delivered the associated invited address on 'Models of disability'.

*Congratulations to Marie on behalf of EHPS members.*

# Finnish Post-Graduate Specialist Programme in Health Psychology (1994 - 1997)

Ritva Nupponen

The programme is a nationwide conjoint programme authorised by the universities under the surveillance of Ministry of Education and implemented as a conjoint project by three university departments of psychology (Helsinki, Turku, Tampere) and the UKK Institute of Health Promotion Research. The structure, scope and implementation of this programme are essentially similar to those of other authorised post-graduate specialist programmes in psychology (clinical neuropsychology, educational, child and family psychology, organisational and vocational psychology, psychotherapy).

## Implementation

The three year scheme is implemented by means of 2-3 days seminars with reading tasks (7-9 per year). In the seminars all participants are together for lectures, demonstration, study and discussions. The programme includes, in addition, optional courses (2 days - 2 weeks) and regular research seminars at the three universities. Local groups meet regularly for supervision and consultation regarding professional work in health psychology.

## Participants

Professional psychologists (with legal rights according to the new law 1994; university degree MA in Psychology) with work experience in the field of health psychology are entitled to apply.

## Structure

80 SWs (SW = study week = 40 working hours)

### 1. Theory (20 SWs)

#### 1.1. History

\* Origins and growth of health psychology: psychosomatics, behavioral medicine and medical psychology

#### 1.2. Etiology, determinants and disease processes

\* Physiological mechanisms and processes  
\* Stress, psychophysiology and personality  
\* Sleep and sleep disorders  
\* Prevention

#### 1.3. Diseases and breakdown of health: the process of becoming ill

\* Current conceptualisations and approaches  
\* Psychological risk mechanisms  
\* The formation of the "risky personality"

#### 1.4. Life as a patient

\* Theoretical approaches to assessment, diagnostics and treatment

\* Psychological structures and processes in assessment and treatment  
\* Assessment and consultation on working ability  
\* Problems connected with special diseases  
\* Promoting coping in the case of a somatic illness  
\* Rehabilitation

#### 1.5. Social patterning of health

\* State of health and health behaviour in Finland  
\* Functional organisation of health care and health protection in Finland  
\* Determinants of health behaviour (achieving, relapsing, maintaining health)  
\* Community health promotion  
\* Health education  
\* Intervention methods, programmes, and processes (individuals, groups, organisations, communities, populations)  
\* Values and ethics

### 2. Readings & final examinations (1.1.-1.5.) (5 SWs)

3. Complementary studies in health psychology (options provided) with emphasis on professional skills and advanced study of 1-2 special topics (10 SWs)

4. Work experience in health psychology for acceptance into the programme: minimum 3 years during the programme: minimum 2 years (credit 10 SWs)

5. Peer consultation and professional supervision during the programme (5 SWs)

6. Research methodology (10 SWs)

7. Empirical research, reported as the Licentiate# Thesis in psychology (20 SWs)

# Besides Specialist Diploma in Health Psychology the programme gives the academic degree of Licentiate of Psychology which is an intermediate degree between the MA and doctoral degrees.

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Departement MMC

Limburgs Universitair Centrum

Universitaire Campus

B-3590 Diepenbeek

Belgium

Telephone +32-11-26 86 96

Telefax: +32-11-26 87 00

E-mail: jvinck@luc.ac.bc