



## Nominations

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months before the Members' Meeting (June 3rd 1996). Members will receive a ballot form by mail, not later than one month before the Members' Meeting. Members not attending the Members' Meeting will have the opportunity to vote by post.

### Information Regarding Nominations For The Executive Committee

Approaches to election of candidates to official roles in various aspects of life including professional societies differ considerably in the various regions of Europe. In some countries, it is understood that all members of an association are equally entitled to, and encouraged to, put themselves forward for election (by asking others to nominate them) or to identify and approach other members whom they would like to see represent the association and to encourage them to go forward. In this system, the advantages of "new blood" and initiative in seeking to engage in the overall activity of managing the association are seen as an asset to the overall association. The holding of elections for a number of places is seen as evidence of active members who are keen to represent their perspec-

tives in taking the association and its aims forward. In other countries, it is typically understood that positions for election will be filled by informal contact processes, often by senior members of the existing organisation. Here the advantages are seen to be those of identifying those individuals who have already shown some commitment to the goals and activities of the association and those who have an interest in the broad concerns of the association rather than a single issue. Elections may not always be necessary as only one individual is identified for each vacant position.

As a European association, the European Health Psychology Society is conscious of these different approaches and wishes to promote the widest feeling of access to the Society and its structures among members. It welcomes, as a democratic organisation, the declaration of intention to stand for election of any of its members. According to its Standing Orders the Executive Committee will ensure that candidates are available to fill the positions for election in the absence of sufficient nominations to ensure continuity of the work of the Society. Adequate representation of the various regions of Europe will also be ensured by agreement of the results of the election by the members attending the Members' Meeting, as stipulated in the Standing Orders. ■

## Secretary's Report

The major business of the Executive Committee meeting at Bergen in August was the further development of aspects of the EHPS strategy. Specifically, practical considerations need to link the Society membership fee with a subscription to Psychology & Health were finalised. The journal link will begin in January 1996. A Society flier has been produced promoting the benefits of membership and aims of the Society. Plans for future

conferences were discussed. A new strategy of low registration fees will be adopted from the 1996 (Dublin) conference. It was felt that accessibility, especially for junior and student members, should take priority over conference 'extras'. It was also agreed that members should benefit most from these lower fees. Non-members of EHPS will pay registration fees at a higher level, equivalent to that of the annual membership fee. They will then be provided with membership information (Newsletter journal conference information) for a year to encourage continued membership. The 1997 conference will be in Bordeaux, France and the 1998 conference in Vienna, Austria.

A society logo was established this year. It comprises of a (blue) map of Europe with the health psychology notation –an 'H' and a 'psi' symbol–superimposed in black/white. EHPS conferences continue to be well-attended and it is hoped that the availability of a journal linked to the Society will increase membership and promote the scientific and professional activities of members as we come to the end of the first decade of the existence of EHPS. ■



*Here is the Society's new logo or at least a blown up imitation of it in black and white. Do you like it? Readers from countries which happen to be completely –or for the largest part– hidden by the big opaque letters (e.g. Belgium, The Netherlands, Denmark), hopefully, will not feel excluded. It may seem that they are grossly underexposed but, by the same token, they also appear to receive superior coverage.*

The 9th EHPS Conference on The Social Dimension in Health  
Bergen, Norway, August 28 - 30, 1995

## Putting Health Psychology In A Norwegian Context

by An Victoir<sup>1</sup>, Rein De Wit<sup>1</sup>, & Ruddy Verbinnen<sup>2</sup>.

**Norway, land of fjords, mountains, glaciers and health psychology conferences...?** Imagine a country with cosy wooden houses, crystal clear waters, mysterious woods and dark mountains. Imagine a country where organizers of conferences go as far in their kindness as to induce the weather gods to send sunshine to an otherwise cloudy inlet of the sea. In this picturesque environment, more than 250 delegates from 27 countries gathered to enjoy the intellectually stimulating and exercise-evoking air of Bergen. Unfortunate readers who were not able to attend the conference because of job or holiday demands may have sighed at the description of the conference site. And behold, things are getting worse: just think about what you have missed in terms of intellectual stimulation, scientific novelties, and 'trolling' social contacts.

### A diversity of themes: pros and a tiny bit of cons

This ninth conference of the European Society for Health Psychology scheduled an exciting range of topics. In diversity as well as in depth, the presentations surely offered something to every participant's taste. The traditional 'curative' approach was strongly represented: quite a few researchers explored the psychological and social consequences of health-impairing afflictions. Therapeutic outcome-studies prove that the adverse psychological consequences of impaired physical health can be successfully dealt with. Quality of life is—thanks to the conference in Alicante?—one of the major issues in assessing the physical and psychological consequences of diseases and in evaluating programme-outcomes. The quality of life of currently ill patients (see for example contributions of Eiser, Elving, Schoberberger, de Ridder) as well as of those cured from disease (Eiser) is closely monitored.

Apart from the curative aspect of health psychology, strong emphasis is also placed on the role of the health psychologist and other 'health workers' in constructing and implementing preventive measures. It must be noted however, that prevention programmes up to now have been targeted at a somewhat restricted range of behaviours, a weak point which will be commented upon further on.

Finally, several presentations focused on conceptual issues. Frequently used models of health behaviour and behaviour change were criticised as being insufficient for a working model. Following the subtitle of the conference, the lack of consideration of the social, economical and ecological framework of health behaviour could account for the sometimes meagre success of currently popular behaviour models.

Nevertheless, the diversity in topics brings us to the first note of dissatisfaction. Members of an organising committee should always remember that providing an interesting programme is a double-edged sword. Numerous lunches and other moments meant for social (no pun intended) gatherings have most likely been spoilt, as the

participants were leafing like mad through the scientific programme and abstracts book, realising in frustration that they would never be able to attend all the presentations they had marked as being (A) 'very interesting', (B) 'vital to attend' or (C) 'miss it and I'm fired'. Therefore, we would suggest that the organisers of the next congress in Dublin throw in a bunch of excruciatingly boring topics, so as to make choices easier for the participants. Secondly, the wide range of topics sometimes makes it difficult to see the common denominator in the various presentations, even within a particular symposium, paper session or poster session.

### The social dimension in health

As is apparent from the conference's subtitle, the main theme this year was the social dimension in health.

Aaron Cicourel demonstrated that one's social surroundings do have a great impact on health, in ways researchers hardly ever think about. Medical calls are answered by operators whose own perception of the case's urgency determine when a patient will get to see a doctor. In patient-doctor conversations, patients lack the skills to accurately describe their symptoms and sensations. Doctors tend to form hypotheses they want to see confirmed and therefore miss potential relevant information revealed by the patient.

David Marks argued for a theoretical framework in which social, economical, political and ecological factors take a central place, and are no longer treated as external factors researchers unfortunately must reckon with. Combining 'classical' psychological and behavioural variables linked to the individual with variables linked to broader social systems calls for a multidisciplinary gathering of forces between health psychologists, sociologists, anthropologists and economists. Marks noted that the ethnocentrism in health psychology is as of now starting to dissolve into a broader multidisciplinary perspective. We might note that we have spotted an occasional sociologist among

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the participants to the conference, making the advocated multidisciplinary approach more of a reality.

Taking into account socio-economic or political factors also implies, according to Marks, that health psychology research should not be confined to those studies conducted among—for example—psychology students. Theories should be put at test in the whole range of social strata and cultural subgroups, to allow for the importance of social variables to emerge. We largely agree with this statement: the first year psychology student must be the species most closely followed by psychologists (except maybe for rats, although this habit is going out of fashion). Generalisations of findings towards the whole population are thus risky business. Nevertheless, we think that some manipulations aimed at the prevention of health impairing afflictions could profit from a test among 18 year olds. Consider for example AIDS-prevention or the adoption of healthy food habits: to our opinion it is very important to induce people to act safely precisely on the moment when the chances of behaving unsafely increase (staying away from home while studying gives ample opportunity to satisfy feelings of hunger and sexual need in a way not exactly approved of by mummy).

### A note regarding subtitles for conferences

Notwithstanding the fact that 'the social dimension in health' was proposed as a key theme for this conference, David Marks noted that the social dimension was hard to find in a large part of the lectures and posters. Of course, it would seem a bit unrealistic to expect researchers to redirect their line of work, to keep in line with next year's theme at the conference. Not attending the conference because of the particular subtheme is of course an equally unattractive alternative. Nevertheless, promoting a particular dimension in health psychology can be rewarding, as new trends, hitherto working 'underground' among health psychologists, become crystallised.

But, resuming the lack of 'social' dimensions in this year's presentations, it could be seen as a symptom of a larger syndrome currently manifesting itself in health psychology. According to David Marks, a search through PSYCLIT reveals an equally meagre portion of truly social-oriented articles in health psychology research. It seems that health workers are convinced that social issues merit more attention, but it is—in our opinion—not easy to operationalise social variables and incorporate them into the traditional line of psychological research. Multidisciplinary research will enlighten health workers as much in a methodological as in a theoretical way.

### Relative affluence: one more aspect of socio-economical influences on health?

Browsing through the abstracts, one keeps wondering if there is not a 'social' dimension that has been ruefully neglected. On a micro-level, the social 'insulation' of the individual and the consequences thereof receive due atten-

tion. Peer group norms, social relations at the worksite, support received from small (family, spouses, households) to larger (coworkers and supervisors) social units have been studied extensively. Social units hitherto studied in terms of benefits for the patient, have become objects of investigation themselves: for example, spouses and children caring for patients can suffer negative consequences of being a 'social support unit' (Hoyerston). Researches focusing on small social networks will probably become one of the new trends in health psychology.

On a macro-level, fast growing evidence indicates a substantial influence of socio-demographic and socio-economic variables such as income and occupational status on health (see for example Uutela, Helakorpi, Tamminene, & Puska).

But, even with a growing segment of the population hovering near poverty, the majority of the Western population is affluent enough to provide for decent clothing, healthy meals, et cetera. Regarding family affluence, most of our respondents should report being happy and healthy. But what if seeing that Mr. Richards next door owns a more fashionable car than my unfashionable—though reliable—vehicle influences my health adversely? At first sight, such reasoning might seem absurd, but Davey Smith et al. (1992) found that—hitherto largely ignored—differences in socio-economic status within social strata of society have an impact on health, even beyond the general influence of socio-economic status per se. Economic dissatisfaction, even in an affluent group of working Finnish respondents, has an independent effect on smoking (Haukkala & Uutela). Needless to say that other health related behaviours could be studied in the same perspective. Of course, research of this line will have to search for finer tuned indicators of 'socio-economic status'. A fine example can be seen in the work of Currie: the amount of children's disposable spending money has been included as one predictor of healthy behaviours. We think that this kind of research gives rise to a huge variety of new opportunities. Why not give oneself the trouble of tapping, for example, respondents' perception of relative affluence, as these perceptions could have an independent effect on health (and of course it is always nice to know that you're not the only one coveting your neighbour's new BMW).

### Health behaviour models: A note of discontent

One cannot help but notice a growing discrepancy between conceptual thinking about and the actual use of models of health behaviour. However glad we are about the successful application of the Theory of Reasoned Action (or the Theory of Planned Behaviour) to, for example, smoking onset, dental care behaviours, helmet use among cyclists and exercise behaviour, the authors of these interesting papers have also been very much on their guard against an overstrict application of the model. Indeed, recently the formal models of (health) behaviour and the use of these models as guidelines for the construction of research-instruments have received a lot of critique (see for example the paper by Ingham, van Zessen, Jaramazovic and Vanwesenbeeck). Richard Eiser cautions against the

pathology of flowcharts. Many researchers are afflicted by this disease, in which one of the symptoms is that the researcher places nice-sounding conceptual terms in a beautifully ordered pattern, without really wondering if these terms really represent psychological entities.

One does get the feeling sometimes that formal models no longer are means to an end, i.e. parsimonious ways to describe/predict/explain behaviour, but have become the 'end' in themselves. We did get the impression that much effort and energy has been spent in proving that a certain model is —allowing for a few modifications— the 'true' model. Of course, we would be overjoyed if the true and absolute model would be found. But if health psychology researchers seem more interested in steering their model a few degrees in the successful direction, while forgetting that variables not included in the model do have serious consequences for behaviour, then we think health psychology is not following the best course. Moreover, health psychologists attending the conference so as to get new ideas about the implementation of health-improving measures must at times have felt a bit lost. Descriptions of health-related factors and their connections are found plenty, but much less is known about which variables can be successfully manipulated and how this can be done. Equally unsatisfactory is the evaluation of long-term effects of such manipulations. Fixation on steering models can result in the illusion that one has unravelled the most important determinants of behaviour. However, correlations between questionnaire responses might tell us more about lay theories of behavioural intention (due to self-presentation and other response effects) than about relationships between variables in real life situations (Budd and Spencer, 1986; Sheeran and Orbell, 1994). Moreover, identifying crucial behavioural determinants lays but the first foundation stone of health improvement.

No doubt, health researchers are very much aware of the limited applicability of formal models. Indeed, several studies actually showed poor predictive power for some of the giants of behavioural models, such as the Theory of Reasoned Action, the Theory of Planned Behaviour or the Health Belief model (see for example Conner, Bell and Norman; Quine). As Valerie Clarke noted, theories of health behaviour should be used as providers of potentially important variables, instead of strict guidelines by which to construct descriptive or predictive pathways. We hope that in the future as much effort will be spent in searching for hitherto neglected behaviour-shaping variables and developing means for behaviour change as in the construction and fine tuning of formal models.

One way of avoiding overrestricted theorising and practical work, would be the inclusion of qualitative research in health psychological methodologies. Ragnar Fjelland stated that qualitative research gives us clues as to which 'irrational' variables guide people's behaviour. However, it remains unsolved if analysing responses in a more qualitative way will reveal some of the potentially crucial variables. After all, subjects cannot or at least do not accurately report social norm influences (Conner). Qualitative research therefore will not be the full answer to unresolved issues.

### **Prevention: a case of 'socio-spatial' neglect among health workers?**

Unlike many other professions, health workers finally aim at making themselves superfluous. Indeed, do we not all have visions of an age in which everyone happily takes up healthy behaviours, and seldom becomes sick? An age in which the number of health workers could diminish to a small staff, available for those unhappy few still burdened with health problems. One of the routes to the golden age of good health is the construction and implementation of strategies aimed at prevention of diseases. Successful intervention programmes improve the health of the population and might —in the long term— be economically more advantageous than a more curative-oriented policy. Therefore, government agencies frequently ask for practical advice concerning stratagems aimed at nation-wide prevention of certain diseases such as AIDS, cardiovascular disease and the like.

Unfortunately, a review of the abstracts showed that prevention concerns and strategies do not occupy as large a domain in the realm of health psychology, as could have been expected. Falling into the habit of David Marks, we counted the number of presentations. About 66% of these addressed the application of questionnaires, designed to identify groups at risk, health concerns, variables meriting further investigation and predictors of health behaviour. As pointed out earlier, little is known about how these variables can be manipulated. The next step is to explore ways to impact upon these variables. Ruefully, a meagre 16% of the presentations focused on testing the outcome of interventions in an experimental or quasi-experimental design. We do not share an overpessimistic view on mankind in general and health psychologists in particular, so we suppose the lack of prevention-aimed studies is not due to the wish to keep the number of health-psychologists growing as fast as it has in recent years.

In a quite restricted area —the prevention of smoking— preventive measures are currently implemented on a larger scale. We presume this rise in preventive efforts is connected to the changing social norms towards smoking. (Of course, the question remains in which direction causality applies.) But prevention of unhealthy food habits or sedentary lifestyle is merely taking the first small steps out of its cradle, notwithstanding the desperate need for such programmes. The yearly increasing number of presentations concerning exercising/fitness and dietary changes seem to indicate that the arrearage will soon be covered.

### **Health psychology in the future.**

Although we are but humble little researchers, we would like to draw your attention to some topics that will prove to be interesting avenues in the future.

#### 1. Technology assessment.

Throughout the previous conferences, it has become clear that health psychologists do not merely work in areas classically connected to (medical) health, such as hospitals or therapeutic units. Health psychologists have as much to offer to the educational system (health promotion at the

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school), and the working environment (healthier work conditions for several subgroups). As for the working environment, several presentations focus on work-related stress and quality of life at the worksite. Prevention of health impairing afflictions in the worksite was primarily focused on reducing the stress-level and the prevention of smoking. In our view, a growing interest in the prevention of stress at the worksite will emerge. More specifically, we venture to say that the area of technology assessment will soon be an area in which health psychologists can unfold their capacities. As new technologies are introduced at an ever more rapid pace into the worksite, specific health problems can be predicted. As of now, new technologies are frequently introduced in a 'top-down' fashion. Allowing for a 'bottom-up' participation of the actors at the worksite has several advantages. First of all, ergonomical improvements are more rapidly suggested, thereby reducing the chances of work overload among employees. Secondly, as employees perceive that they are able to control their working conditions (to a certain extent), high levels of stress and the dangers of burnout could be avoided. Prevention of health-impairing working conditions via technology assessment will ultimately prove to be more satisfying and economically more efficient than the 'rehabilitation' of stressed and unhealthy employees.

### 2. Psychologists and politics

Exploring new areas, such as that of technology assessment, or manipulating the behaviour of social units instead of individuals, forces health psychologists to develop a new range of capacities. It is one of these new capacities we would like to emphasise a bit. As David Marks noted, psychologists can no longer hide themselves in politics, if they wish to focus their attention on socio-economical variables. We think that health workers nowadays should be as bold as to put more weight into public issues such as social security, the allocation of financial compensations to deprived subgroups et cetera. Vice versa, health psychologists also face the difficult task of learning to admit that structural solutions might be more efficient than 'psychological' interventions. If small children frequently receive burns by touching hot ovens, it is presumably more efficient to demand that ovens should be built with complete isolation than to work on parent's and/or children's risk perception.

### Conclusion: Something old, something new, something borrowed, something true...

To conclude, we might say that the 'older' subdisciplines of health psychology continuously bring forth important results: a lot of effort is put in the untangling of variables that separate the 'healthy' from the 'sick' and in the creation of curative interventions. But it is also clear that health psychologists have much to offer in terms of prevention. Rather than seeing preventive efforts as being the sole responsibility of the individual, one is searching for

ways in which social units (worksite, household) can be used in the prevention adoption process. A critical analysis of popular ways of thinking about health and health behaviour revealed that several variables, including social ones, have been ignored to a large extent, perhaps because psychologists are primarily trained to think about individuals, and not about the social networks in which these individuals live. Borrowing methodologies and insights from other disciplines, will be beneficent for the theoretical and practical contributions of health psychologists. ■

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# Poland

*An update on activities of the Polish Section of the EHPS*

by **Kazimierz Wrzesniewski and Barbara Mroziak**

In 1991, in the third issue of the EHPS Newsletter, a note on health psychology in Poland was published. Since that time there have been many organisational changes and new developments in both research and clinical practice in Poland. Therefore, we believe an update of the former note is appropriate.

## Organisational issues

The establishment of the Polish Section (PS) of the EHPS was preceded by the activity of the Somatic Patient Section, affiliated to the Polish Psychological Association since 1983. The latter Section has now about 200 members, clinical psychologists employed in non-psychiatric health care facilities (the number of the Section members has changed over the past decade).

The **main goals of the Somatic Patient Section** are the following:

- integration of psychologists working in non-psychiatric health services;
- exchange of information and organisation of training courses with the aim of improving the Section members' professional qualifications;
- helping the Section members to attain their I and II degree specialisation (the Polish system of post-graduate specialisation in clinical psychology was presented in the EHPS Newsletter 1991, 3, 5);
- popularisation of psychological knowledge among health professionals (medical doctors, nurses, etc.).

No other requirements are set for candidates wishing to join the Somatic Patient Section than their current membership in the Polish Psychological Association and employment in non-psychiatric health services.

In 1992 the Polish Section of the European Health Psychology (PS EHPS) was established and affiliated to the Main Board of the Polish Psychological Association. Goals and regulations of PS EHPS comply with the requirements of the EHPS and of the Polish Psychological Association.

The **goals accepted by the PS EHPS** are the following:

1. Inspiration, initiation and co-ordination of health psychology research in Poland, including

the issues of psychological aspects of health promotion and prevention in this field, as well as psychological problems in somatic diseases.

2. Collecting, exchange and dissemination of scientific information in health psychology, through the organisation of national scientific meetings and participation in international conferences, especially these held by the EHPS.

3. Initiation of health psychology publications in Poland.

4. Encouragement of educational and teaching activities in the field of health psychology.

5. Professional contribution to the development of health promotion programs and curricula, and their implementation in workplaces and educational institutions.

In order to join the Polish Section of the EHPS candidates must be members of the Polish Psychological Association, and have publications as well as some teaching experience in the field of health psychology. They submit an application including a list of the candidate's publications, title(s) of his/her current research project(s), and data on teaching experience at the graduate or post-graduate level. The applications are reviewed at a special meeting of the PS EHPS Board, and each candidature is voted by the Board members. The PS EHPS has at present 44 members. Their annual membership fee amounts to about 4 per cent of the average monthly income in Poland.

**Major activities of the PS EHPS** in the years 1992 - 1995 were the following:

1. Organisation of regular scientific meetings (on the average, 4 times a year), jointly with the Polish Psychosomatic Society and the Section of the Somatic Patient, Polish Psychological Society.

2. Co-organisation of a conference on Health Psychology in Curricula of Polish Universities (in collaboration with the Institute of Psychology, Silesian University, May 1993).

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Health Psychology in Europe

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3. Co-organisation and active participation of the PS EHPS members in an international symposium "Sense of Coherence in the Salutogenic Model" (June 1993; the guest of honour was the author of the SOC theory, Professor Antonovsky).

4. Organisation of and participation in a symposium on "Health Psychology - Theoretical and Research Problems", held during the XVIII Scientific Conference of the Polish Psychological Association (September 1993).

5. Co-organisation of a symposium on "Stress and Coping with Stress. Main Theoretical and Methodological Problems" (in collaboration with the Institute of Psychology, Silesian University, June 1994).

6. Co-organisation of a conference on "The Role of Psychology in Health Promotion" (in collaboration with the Institute of Psychology, Silesian University, and the Institute of Occupational Medicine in Sosnowiec, June 1995).

7. Representatives of the PS EHPS regularly participate in annual EHPS conferences.

8. A new professional journal *Promocja Zdrowia* (Health Promotion) has been issued since 1994. Members of the PS EHPS contribute to the quarterly in various ways: as members of the Editorial Board and Scientific Committee, and as authors of many papers published there.

### Research activities

Considerable development has been noted in the research and teaching of health psychology at the university level. In almost all Polish universities there are separate Departments, Chairs or Laboratories of health psychology.

Research projects currently carried out or completed by the PS EHPS members in the past three years belong to three main areas (for each one some detailed titles are given).

#### 1. Psychological aspects of **health promotion and prevention**

- The role of local community in health promotion.
- Objective and subjective health concepts.
- Coping styles and subjective sense of well-being.
- Tobacco smoking and alcohol drinking in Polish adolescents.
- Coping styles and health-related behaviours in the youth.
- Stress and coping with school stress.
- Factors mediating the consequences of or-

ganisational stress.

- Psychological consequences of work overload in a medical team.
- Psychological determinants of the "burn out" syndrome in nurses.
- Psychosocial factors (SOC and coping styles) preventing substance abuse and health impairment in adolescents under conditions of unemployment.

#### 2. Psychological **determinants of the onset and course** of somatic diseases.

- Type A behaviour as a non-specific risk factor in somatic diseases.
- Influence of Type A behaviour on the course of treatment, rehabilitation and recovery of patients after myocardial infarction.
- Some elements of Type A behaviour in relation to follow-up effects of bypass graft surgery in cardiac patients.
- Toxic and non-toxic elements of Type A behaviour.

#### 3. **Psychological consequences** of somatic diseases

- Coping styles and effectiveness of coping with somatic illness.
- Styles vs. strategies of coping with myocardial infarction (MI).
- Psychological determinants of rehabilitation outcome after MI.
- Quality of life in MI patients.
- Assessment of quality of life in female patients with breast cancer.
- Dynamics of coping strategies in patients undergoing surgery.
- Psychological assessment of postoperative pain and treatment efficacy.
- Psychological aspects of phantom pain.

### Professional activities

Almost all members of the PS EHPS are involved in teaching at the under- or postgraduate level, in scientific research and in clinical work. The majority (63,5%) are academic teachers having lectures for and classes with medical and psychology students, medical doctors and nurses.

21,4% of the PS EHPS members indicated clinical practice as their main activity. These psychologists work with somatic patients in non-psychiatric health care facilities. The remaining (15,1%) group is employed as psychologists in research institutes, and research work is the main area of their professional activity.

A report on the national conference held in Wisla, Poland. June 8-10, 1995

## Psychology And Health Promotion

by Ivona Wozniakowa and Jolanta Zycinska

*The Polish Section of the European Health Psychology Society (PS EHPS) in collaboration with the Institute of Occupational Medicine and Environmental Health in Sosnowiec and the Institute of Psychology, Silesian University in Katowice, organised a national conference on "Psychology And Health Promotion".*

In view of the great need to link the theory and practice of health promotion and of sharing experiences with scientists from other disciplines, the Conference organisers stated the following targets:

1. To outline theoretical and methodological foundations of health promotion;
2. To share experiences with other people involved in health promotion;
3. To try to integrate research work and practical activities in the domain of health promotion.

The Conference debates were divided into four topical sessions.

During the first session **representatives of other scientific disciplines** involved in health promotion, i.e. by sociologists, physicians and educators, presented what they expected as possible contributions from the part of psychology. The following tasks were most important, according to their expectations: diagnosis of the current status in the sphere of health; participation in health competence development through education; marketing and negotiations (also with government agencies); fixing positive changes and seeking for cultural conditions to support health promotion.

The second session **psychologists** presented possible applications of psychological knowledge to health promotion. They presented conceptual models, derived from general psychology, from environmental psychology, from theories of stress and coping, as well as from social-cognitive theories of human functioning, that may serve as heuristic aids in setting up promotion activities. Psychological knowledge provides also possibilities for the evaluation of health promotion program development. Although cultural context is very important for successful program implementation, the models presented failed to account for cultural context. The choice of an appropriate model should also depend on the diagnosis of the objective health status and resources. The lack of methods for the diagnosis of health promoting behaviours was recognised as the problem to be solved first and foremost.

The next two sessions were devoted to the presentation of **current health promotion programs** developed in Poland in different areas: from the local community to the workplace and the family.

The idea of **the school as a place for health promotion**, implemented within the European Network of Health Promotion Schools, provided an example of how positive results can be obtained through integration of the school environment with the family and local community. In support of the integrative approach, results of a study on Polish teenagers were presented, indicating that the social environment was the main factor for health promotion. Specific problems of community-based Polish programs concern the source of financing (local authorities or the national government), and the effect of the democratic transition in the country (elections to local self-governments).

These problems were reflected in the other three **health promotion programs in the workplace**. The first program was carried out in steelworks and involved several thousand people. Its effectiveness was very high presumably due to the traditional attachment of Silesian workers to their workplace, dating for many generations back. The second of the presented programs took place in similar, state-owned steelworks, but it was not supported by the top management in terms of improvement of the working conditions. This may explain the rather limited effects obtained with this program. The positive results obtained by the third program were ascribed to the implementation of additional activities aimed at creating a sense of social security, providing a possibility to get some rest, and to the emotional support given to health behaviours by the top managers.

In the context of health promotion at the workplace, the question of "the value of health" arose. The workplace is a very good example of an instrumental approach to health, both in the negative sense (sacrificing health for other values) and in the positive meaning (investment in health).

In the participants' opinion, the conference achieved its purposes well. It certainly provided a platform for integration of health promotion programs for implementation in various environments. All participants deemed it necessary to organise a similar conference next year.

Health Psychology in Europe

# Health Psychology in Italy

by Lucio Sibia

Since the reform of the health care system in Italy (1980), psychologists have been increasingly involved at different levels: in hospitals, in schools, in family planning centres, as well as in private institutions and practices. Working on health-related problems, they are gradually substituting medically trained staff who was previously dealing with the social issues.

However, in many contexts so far, and especially in mental health, the work of the psychologists has been somewhat subordinate to that of the doctors in medicine. Also, at curriculum level, the emphasis on epidemiology is still scarce in the training of psychologists, a fact that hampers the dialogue with the medical establishment, producing both a limited involvement of psychologists in preventive community interventions, and a reduced attention to psycho-social problems in epidemiological research studies. The field of behavioural medicine was faster to develop, during the 80's. Still, health psychology is not recognised at the academic level as an autonomous discipline.

After a long neglect, the field has been expanding in Italy at a fast pace in the last few years. The first national conference in Health Psychology was held in Orvieto in October 1993, organised by the University of Roma "La Sapienza". The second one has been organised in Cesena in November 1995, by colleagues of the University of Bologna (Prof. Ricci-Bitti), but with contributions of several academic and non-academic institutions throughout the country. At the same occasion, a foundation meeting was held of the first national interest group in Health Psychology. The membership of which comes mainly from one of the largest scientific associations joining medical and psychological professionals (the Italian Society of Behaviour and Cognitive Therapy: SITCC).

However, the most evident developments are seen at the academic level. Proposals for post-graduate university courses are being prepared. Chances are that the first "speciality" course in Health Psychology will start next year at the Faculty of Psychology of the University of Roma "La Sapienza". A "research doctorate" is also being planned, for which different universities join their

efforts. Meanwhile, the Faculties of Psychology are increasing in number, as other seats have been opened in Turin, Florence and Naples. The demand of students wishing to enrol, however, is hardly met. The "old" seats of Roma and Padova remain as overcrowded as ever. The unfortunate effect is that in the most crowded seats the quality of teaching is suffering.

At research level, the National Research Council (CNR) has started since 1991 a grand targeted research program on preventive medicine (FATMA Project). In this project—for the first time in the history of CNR—the subject of stress is being granted with a scientific status. An entire section, the sub-project "Stress", with a strong psycho-social content is devoted to it. Also, the first CNR national targeted research program on a specific psychological field is now being studied (on the subject of risk perception).

But there are also other signs of development. Paralleling the growth of interest of Italian psychologists in the field of health, in last year's congress in Alicante (Spain) the number of Italian participants grew by one order of magnitude as compared to former occasions. Health-related subjects grow in Italian psychological journals. In the newly established journal of Cognitive Behavioural Psychotherapy an entire issue will be devoted to the subject of "Quality of Life". Furthermore, some colleagues are now considering to start a new Italian journal covering the field, albeit that the economic situation disheartens them. ■

# National Delegates Meeting

A meeting of national delegates of EHPS took place in Bergen, 28th August 1995. Representatives of 15 European countries attended. Ralf Schwarzer (vice-president) is to establish an e-mail contact address for EHPS and will monitor its usefulness. The Norwegian Society of Health Psychology & Behavioural Medicine was founded during the EHPS Conference. This was also the first year to the Health Psychology Section of the Finnish Psychological Society. A postgraduate health psychology Licentiate course has also been

established in Finland with 16 student enrolled on the first 80 week course. At the other side of Europe, the first Masters Degree course in Health Psychology in Ireland got under way in this academic year. Twelve students are enrolled on the 2 year course.

Information is welcomed for the Newsletter about a range of developments in Health Psychology across Europe.

## Important Notice

### Have you paid your 1996 membership fees?

If *not*, you will *not* be able to avail of:

- subscription to *Psychology & Health*
- reduced conference rates for EHPS 1996 (Dublin)

If *unsure*, check with:

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Society News

## New Members of EHPS

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# Announcements

*International Conference on*

## The (Non-)Expression of Emotions in Health and Disease

*Tilburg, The Netherlands, August 28-30, 1996*

There is a long tradition of fundamental research into the expression of emotions. More recently there has also been a growing interest in this topic in clinical psychology and behavioural medicine. The accumulating evidence that inhibition of the expression of emotions has a negative impact on a person's health, has brought up important questions concerning the underlying mechanisms, but also with respect to conceptualisation and measurement methodology. This conference will focus on the major issues in this field.

Plenary sessions will include contributions from renowned scientists in the field. Keynote speakers are:

- Mike Antoni (University of Miami, Florida)
- Paul Ekman (University of California, San Francisco)
- Nico Frijda (University of Amsterdam)
- James Pennebaker (Southern Methodist University, Dallas)

In addition, following four plenary sessions featuring invited speakers, eight symposia focusing on sub-themes related tot the wider conference theme, and an interactive poster-session have been planned:

- the (non)expression of emotions and cancer
- the (non)expression of emotions and cardiovascular disorders
- neuropsychological aspects
- psychophysiological aspects
- therapeutic aspects
- conceptual and measurement issues
- alexithymia
- non-verbal expression of emotions

If you would like to receive full details of the conference and the forthcoming call for papers, please reply to:

**Dr. Ad J.J.M. Vingerhoets, chairman Program Committee**  
Tilburg University, POB 90153, 5000 LE TILBURG, The Netherlands

### Health Psychology And Chronic Disease

**Prepare for the tenth EHPH conference**  
Dublin (Ireland), 4 - 6 September 1996

*For more information please contact:*

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