

EHPS Newsletter

Newsletter of the European Health Psychology Society

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Editor's Foreword

Normally this issue of the EHPS Newsletter would have been preceded by a second 1991 issue; unfortunately some delays and set-backs have prevented us from producing such issue.

In the present issue we present a number of materials reflecting the activities of the EHPS, like the minutes of the board's and the members meeting in Lausanne. We also look back at the Lausanne Conference and look forward to the Leipzig Conference. Conferences as these are important events in the life of our Society and, indeed, in the evolution of health psychology in Europe.

You will find, furthermore, a report of the first Erasmus Intensive Course on health psychology in cardiovascular health and disease (Rome, May 1991). This initiative is taken by members of the EHPS, not by the EHPS itself; because only universities can initiate Erasmus Courses.

In our series on Health Psychology in Europe, we present a description of health psychology in Belgium along with comments of some Finnish colleagues on the description of health psychology in their country (Newsletter Number 3)

Jan Vinck, editor

Report of the 5th EHPS Conference on Psychology and Promotion of Health

Lausanne, August 1991

Yes, the weather was beautiful, and, yes, the Lausanne University buildings were beautiful as well. If you were not there, you have missed a good conference. The organizing committee, assisted by a professional technical committee deserves praise for their excellent work. Some snapshots from the three day conference.

In a thoughtful presentation, Sartorius (WHO) challenged health psychologists to take a critical look at concepts such as 'health promotion', 'psychology' and 'physicians'. If health psychology has a role in health promotion, then it should be clear what is meant by health and promotion. Sartorius argued that health can be conceptualized as a balance between the individual, and his social and material environment. And, if someone is ill, health somehow is always present as well. Health, therefore, should be assessed dynamically. If health psychologists succeed in convincing people that health is of major importance, then

health psychology has acquired strong allies. Changing the value people attach to health and continuing our research efforts are, according to Sartorius, the major objectives in the activities of health psychologists aiming at health promotion.

Symposia on psychophysiology, work-site interventions, coping with HIV and suicide prevention were followed by a drink in the sun. A poster session on health psychology in Eastern Europe reflected the growing interest in health psychology from our colleagues in the countries from Eastern Europe.

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EHPS Conferences

• Leipzig, 25-28 August 1992 • Health Psychology in a Changing Europe

The 6th EHPS Conference will take place at the University of Leipzig. Information and abstract forms can be obtained from: Prof. H. Schröder, Universität Leipzig, Fachbereich Psychologie "W. Wundt", Tieckstraße 2, D-O-7030 Leipzig. See also on page 11.

• Brussels, 1-3 September 1993 • Seventh EHPS Conference on Health Psychology

The 7th EHPS Conference will be held in the Congress Palace, Brussels. The main focus will be on the lessons health psychology can learn from developments in other fields of psychology. Information can be obtained from: Dr. Omer Van den Bergh, Department of Psychology, Tiensestraat 102, B-3000 Leuven.

Minutes of the EHPS Members' Meeting

Lausanne, 29 August 1991

The president (Prof. Dr. S. Maes, NL) opens the meeting and welcomes those present.

1. Committee report

EFPPA

The president explains that he received a letter from EFPPA (European Federation of Professional Psychologists Associations) related to the conference in Budapest, which was organized in July and that he was asked to send a representative of the EHPS to a meeting, where they would like to found a sort of umbrella organization of European scientific psychology organizations. They sent their invitation rather late, so the president could not go and could not find anybody else to go. As president he took the position that EHPS would very much favour such an umbrella organization, on the condition that we have power in it. The president also said that EHPS would like to see EFPPA written with one P (drop the P from Professional). If it was called European Federation of Psychology Associations, with the representation of practitioners as well as of scientific organizations, then we could conceive in such an umbrella organization. Actually they postponed the meeting to the next meeting in Helsinki. The president will inform the members, if it is necessary.

Mrs Burckhardt (Switzerland) proposed to the general assembly of the EFPPA to drop the second P for the same reasons, but it did not go through. So, if the EHPS as one of the European organizations gave some pressure to the EFPPA, Switzerland would be very happy.

The president says that he will do that. He already has contacts with presidents of three other European

organizations and they take exactly the same position.

Conference 1992 (Leipzig)

EHPH decided that next year's conference will take place in Leipzig. During the conference everyone can hear more, as there will be a meeting and a presentation by the people from Leipzig. These people must organize the conference in a very difficult situation and therefore the EHPS will reserve £500 for the organization. This will not be enough and in case of real problems we will try to find some funds.

Flexible policy Eastern European Countries

We discussed the situation in Central Europe and we agreed that we would be very flexible as far as the policy for Eastern and Central Europe is concerned about membership of the Society. These are the most important things. Prof. Maes went to Leipzig and was really impressed by the enthusiasm of the people from Leipzig and also by the way they are already organized and their preparations.

2. Treasurer's report

Unfortunately the treasurer is not present and the president only has a letter from him. The letter mentions that there is £1875 in a British account and f2000 in a Dutch account. Of that some has been spent, of which we cannot present a full report. We did not get the bills for the newsletters. The bills for the newsletter will represent something like f2000 (Dutch account) and anything between £500

and £1000 (British account), which will leave us approximately for this year with something like a £1000. The president apologizes for this poor report, but due to circumstances and communication problems some things did not go as the board would have liked it. However, it means that the board could take the decision to offer the organizers of the Leipzig Conference £500. The treasurer's report is partly also a bit incomplete, because there were some problems in collecting the dues and as a consequence, many members have not paid their membership fees yet. The board appointed a membership officer, Dr. L. Valach.

3. Newsletter

The EHPS has three newsletters now and the EHPS is quite happy with it for several reasons. First of all that we are giving something back to our members and secondly because we think that it is a way of communicating during the periods that there are no conferences.

4. National representatives

The Board thinks that the EHPS should activate the national representatives. We appointed national representatives some two years ago and due to circumstances we did not put them into action, maybe apart from collecting a few new members. So we think that national representatives can play an important role in 1) gathering new members and 2) providing information for the newsletters. We are faced with a problem though, because for some countries we have national representatives and for some countries we don't. The president suggests to appoint representatives for the Central and Eastern European Countries during this meeting. The meeting appoints for Czechoslovakia: Ian Zenati (Prague), for Estonia (the president thinks this is a historical moment): Maie Kreegipuu (Vilzandi), for Hungary: Maria Kopp (Budapest). We still need a representative in Greece and Portugal.

5. Membership

If we look at the members, there are rather more Western European members. We have many new members, but there is an issue here as far as membership is concerned for people from Central Europe. They cannot afford the membership in our currency. Therefore the board suggested that the president be allowed to enter negotiations with each of the national representatives and to allow them to collect dues in a way which is best for their country, with the idea being that the dues would be the same, but in their own currency, at the official rate. The national representatives can put it into an account in their country and we can decide in the future how to use this money. The meeting agreed, as did the members living in Central Europe.

The president proposed activating the membership. We need to raise money to allow people from less wealthy countries to attend the congresses. L. Valach, the new membership officer agreed to activate the national representatives.

There are no specific conditions to membership anymore, but people must apply for membership to ensure that members are health psychologists. However, the condition that one has to have published at least three international articles is no longer required.

Estonia will make her own rules in order to prevent a proliferation.

6. Standing orders and articles

The meeting accepted that the description "the Eastern block" has changed into Central and Eastern European countries.

7. EHPS board next year: call for nominations

Next year (1992) there will be elections. That means that all functions within the executive committee will actually become vacant and it is of course important that there is a balanced representation of all the different regions of Europe. The president made it clear that he would not

stand for president for another period of time. Members were asked to make nominations. It would be a good thing if someone knows somebody within his/her region who will be a good representative of his/her region to let the EHPS board know.

8. Future conferences

The EPHS got a proposal from Belgium for 1993 and also a proposal from Bergen in Norway. The contacts about Bergen Norway were made at the last conference, just informally. The same happened with Belgium, but they confirmed their plans and from Bergen the EHPS has heard nothing and therefore the president suggests that the 1993 conference will be held in Brussels.

Next year we are going to Leipzig. We are activating membership in Central and Eastern European countries. If we chose Norway it will be too inconvenient for a lot of new members to come, first because it is rather difficult to reach and secondly because it is very expensive.

The Board suggests the following schedule:

- 1993 Brussels, Belgium
- 1994 Madrid, Spain

The International Confederation of Applied Psychology in Madrid, it would be good to link the EHPS conference with this.

- 1995 Bergen, Norway

There will be a big conference in Copenhagen, Denmark, so it would be good to link the EHPS conference with this conference.

Report of the 5th EHPS Conference

Lausanne, August 1991

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Leventhal presented a keynote lecture on promotion of health for the elderly. "Age related changes in health and illness behavior have implications for self regulation theory" was his major message.

A panel on "identities" for professionals in health psychology, ably chaired by Marie Johnston, turned into a lively and constructive discussion on the various roles health psychologists may play.

Nine symposia, on themes ranging from children with chronic disease to ecological risks, preceded the lecture by Stone on religious beliefs and health. Religious beliefs appear to play a health protective role: a greater sense of coherence and a healthier life style are two suggested mechanisms.

The wealth of Switzerland was quite visible during a boat trip on the Lake of Geneva - and, yes, we enjoyed the food, the booze and the music.

More symposia on Friday (e.g., on quality of life, on social support, on health screening). A lecture by Theorell on health promotion, a panel discussion, chaired by Stan Maes, on training in health psychology (at undergraduate and post-graduate level), and a lecture by Taylor. She warned of the dangers of the "tyranny of health promotion". Health promotion activities should have a solid scientific basis.

Many young health psychologists attended the Conference. Health psychology is a young branch in psychology - a bright future seems to lay ahead. The organizers of the 6th EHPS Conference, Leipzig 1992, welcomed us with lots of beer.

See you soon in Leipzig!

Ad A. Kaptein

Report of the
First Erasmus Intensive Course

Health Psychology in Cardiovascular Health and Disease

Rome, 1991

Asked to report about the Erasmus Intensive Course in Health Psychology, I would like to avoid any attempt either to seduce possible future participants to similar events, or to deter them from participating. Actually, since the beginning, the idea was to start an international teaching effort, which could become a traditional yearly appointment for those engaged in it and for other Colleagues as well within EHPS.

The decision to organize the Course was taken during the EHPS Utrecht Conference in 1989. A few colleagues believed that the EC would not be interested in funding it. However, a proposal to the Erasmus Bureau to support a meeting to organize the Course was accepted, which raised some expectations. So, the Course took its shape in two meetings, the first held in Rome and the second in Leiden in 1990, by a team composed by S. Borgo, R. Burckhardt, F. Kittel, M. Johnston, D. Johnston, S. Maes, L. Schmidt, J. Vinck and myself. Participating Universities to the proposal were: University of London, University of Tilburg, University of Roma "La Sapienza", Limburgs Universitair Centrum.

It was agreed to focus on Cardiovascular Health and Disease and to rely on the competence and research experience of some of us in the field. It was addressed to postgraduate students, who could possibly benefit most from it, and who also could have more opportunities to self-support away from home.

The approval to support the Course from the Erasmus Bureau surprised some of us and compelled all to implement it. The Course was then first announced at the EHPS Oxford's Congress in 1990. Announcements and application forms were soon after circulated among the "team" of teachers. Advertising of the Course and

selection of participants was subsequently carried out, in fall 1990 and winter, by the teachers themselves, perhaps with some apprehension for a possible overresponding of applications.

According to the Erasmus Bureau regulations, only students from the participating Universities could receive a support. Students who were entitled, received a financial help of 200 ECU. A similar amount was asked from the two observers enrolled, as a contribution to the Course's expenses.

So, overall, 21 students were selected, from 7 different European nationalities (Israel included), teachers came from 5 different nationalities: 1 from Belgium, 2 from Britain, 2 from Italy, 2 from the Netherlands. Two guest teachers were also invited: from Italy (Dr. F. Angelico) and from Switzerland (Dr. R. Burckhardt).

So, the Postgraduate Intensive Course on Health Psychology for Cardiovascular Health and Disease – organized within the *Erasmus Inter-university Cooperative Program in Health Psychology* – happily took place in Rome, from 3rd to 16th June 1991.

Format of the Course comprised 40 teaching units in 10 days divided in the 2 consecutive weeks (Mondays to Fridays), with a full time schedule (6

hours of classes a day, 5 days a week). Each morning and afternoon sessions were composed of two teaching units, of 1:30 hours each. Students were required to read in advance a number of papers and to collect data that would have been shared and analyzed during the Course.

Aim of the Course was to offer an introduction to the principles, theories, research and practice of Health Psychology using applications in the cardiovascular field. Designed to provide a working understanding of current scientific literature on CV epidemiology, assessment and modification of risk behaviors, psychophysiological mechanisms, intervention programs in the community and on high risk subjects, as well as to develop a working knowledge of main assessment instruments used in the field, it had to enable students to design a research study on specific problems. Thus, there was a large amount of peer group work, for most of the topics covered in the lectures, facilitated by the ample availability of rooms in the hosting "G. Mendel" Institute.

Topics were:

- 1) Epidemiology of CV diseases,
- 2) Assessment and modification of risk/protective behaviors (eating habits, cigarette smoking, alcohol abuse, physical exercise, etc. ...),
- 3) "Type A" behavior pattern and work-related stress conditions,
- 4) Psychophysiological mechanisms,
- 5) Community programs for prevention of CV diseases,
- 6) Screening and perception of risk of CV diseases,
- 7) Psychological interventions with high risk groups,
- 8) Communication skills as applied to interventions in the CV field,
- 9) Psychological counseling with cardiac patients,
- 10) Cardiovascular rehabilitation and coping with the illness.

Apart from preparatory readings, other forms of students' work were foreseen, including self-monitoring of own risk behaviors, videotaped inter-

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Belgium

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HEALTH PSYCHOLOGY IN EUROPE (4)

In this issue we present a description of health psychology in Belgium. Belgium hosts the 1992 International Congress of Psychology, with several satellite conferences (see Conference Agenda) and will organize the 1993 EHPS Conference. Therefore we are happy to take this opportunity to present the work of the rather small but active group of health psychologists in this country and the situation in which they work.

We also present some comments by Liisa Keltikangas-Jarvinen upon the description of the situation of health psychology in Finland, published in an earlier issue of the Newsletter. These comments are followed by a short rejoinder by the authors of the original description. We welcome such reactions, while in this way the Newsletter can become a channel for communication between health psychologists throughout Europe.

1. Psychology in Belgium

The writing of this paper has been facilitated by the fact that Richelle et al., recently published an article on the situation of psychology in Belgium (Richelle et al., 1992). The reader interested in further details about the situation of psychology in general in this country is referred to that article.

Belgium is a country with a quasi federal system and with about 10 million inhabitants, 5.7 million in the northern, Flemish speaking, and 4.3 million in the southern, French speaking part of the country. The total number of psychologists is estimated to be 5000. About half of these identify themselves as clinical psychologists. The large majority of these clinical psychologists is working in the mental health field. Only some estimated 200 psychologists are working a considerable part of their work time in fields more directly related to physical health. Most of these health psychologists have a clinical background.

2. Training of psychologists

2.1. There are 7 Psychology Departments: at the two Universities of Brussels (ULB and VUB), Liege (ULg), Gent (RUG), Leuven (KUL), Louvain-La-Neuve (UCL) and Mons (UEM).

Training extends over 5 years, 2 years of basic education with common courses for all students and 3 years of partly specialized training. During the latter phase, several options are available and generally one year of at least part time practical

training is included. The presentation of a dissertation is required to graduate (licentiaat or licencié). The presentation and public defense of a doctoral dissertation is required to get the title of Doctor in Psychology.

Clinical psychology is a common option in the second phase of undergraduate training, attracting most students. In this clinical section the year of practical training in a clinical setting is well elaborated. Up to now training in clinical psychology is virtually entirely focused on mental health.

Training in psychotherapy during undergraduate training is limited and insufficient to qualify as a professional psychotherapist. Until recently, postgraduate professional training in psychotherapy was provided mainly by organizations of practicing psychotherapists outside of the university. Academic departments are, however, gradually taking over this responsibility. In Flanders, training standards are established and verified by an overall organization (VVPsoP) grouping most psychotherapy organizations.

2.2. Formal training in health psychology is limited to one postgraduate course organized by the Flemish Association for Health Psychology and with an active involvement of the three Flemish Psychology Departments (KUL, RUG and VUB) and the health psychology group of the Medical Faculty of LUC, Diepenbeek. This 2 year postgraduate course was run for the first time 1987-'89 with 13 students. The program included one year of about 240 hours of courses/literature on the following

domains :

1. Background in psychology, philosophy, sociology and physiology
2. Behavior and physical functioning
3. The experience of health and illness
4. Behavior in the medical setting
5. Prevention in school and industry

During the second year the students had to perform a project in the field of health psychology under supervision and got some training in stress management and in prevention. Generally, the scope of the course can be qualified as clinical health psychological.

In the period 1990-'92, a second group of 14 psychologists followed this course. In comparison with the first cycle, the second was characterized by more emphasis on (primary) prevention, but the main focus still was on application, rather than on research or theory.

In the psychology department of KUL, a health psychology course was started in 1988 as part of the clinical psychology option.

At UCL a health psychology course, opened as an option for psychology students, started in 1990.

In other departments, courses in, e.g. sports psychology and public health include aspects of health psychology.

3. Organization of health psychology

3.1 Health care

Health care in Belgium is regulated by a law, stating that only medical doctors can exert medical practice. The number of medical doctors is high. Consequently the medical profession is dominating health care practice. Medical care is organized as a free enterprise, with doctors paid for service by the patient. Hospitals are frequently run by charitable organizations. The financing of medical practice, on the other hand, is strongly influenced by insurance companies, that usually have ideological/political

bases, and by the State. This makes for a complex situation with strong interest groups keeping themselves in equilibrium.

While attempts have been made to promote primary health care, hospitals and specialist care remain dominant. General and mental health care are not very well integrated.

3.2 Status and organization

Psychologists are organized in many different organizations, most of which cooperate in the Belgian Federation of Psychologists.

The title of psychologist is not legally recognized in Belgium. The Belgian Federation of Psychologists is actively working towards such recognition, but due to political and other problems, it is not certain that this goal will soon be achieved. Furthermore, as mentioned above, law forbids all diagnostic or therapeutic activity (also for mental and even "imaginary" conditions) to non medically trained people. This law is not strictly enforced but still stands, complicating recognition and the elaboration of sound financial regulations, for clinical psychologists and even more for clinical health psychologists. It is also obvious that these problems handicap negotiations with the government and with official bodies on the contribution of health psychologists to health care.

Since 1984, Flemish health psychologists involved in research meet regularly under the auspices of the National Fund for Scientific Research.

In 1988 the same group of health psychologists formed an association aiming at the propagation and the elaboration of health psychology in the Flemish speaking part of the country. This Flemish Association for Health Psychology is associated to the Belgian Federation of Psychologists. The Association is responsible for the organization of the postgraduate course in health psychology mentioned above, brings together colleagues active in the field of health psychology and examines possibilities to ameliorate the input of health psychology in health care.

3.3 Tasks and responsibilities

Psychologists have full responsibility for training clinical psychologists.

Clinical psychologists are well integrated in most mental health care settings, where they usually function within multidisciplinary teams in clinics or hospitals. Their position as diagnosticians, psychotherapists and, in some instances, in administrative functions is undisputed.

Most facilities for drug and alcohol problems are considered to belong rather in the mental health care sphere, so that the position of psychologists in these settings is as described for mental health care.

In general health care, the position of psychologists is less evident. A number of psychologists started working in this area while being employed in some mental health setting, e.g. a regional mental health center or a psychiatric department in a general hospital. Some were directly hired to work in a medical setting. Most of the time this is a medical department of a hospital or a specialized hospital and not in out-patient facilities or general practice. Only in some exceptional cases psychologists establish themselves in a private practice, usually in a loose cooperation with one or more general practitioners.

Psychologists are involved in the training of most health professionals, but usually this contribution to the curriculum is rather limited and sometimes disputed.

In general it can be said that psychologists are largely insufficiently represented in general health care. Those responsible for policy making, for action and for research in this field do not tend to think of psychology or psychologists as necessary collaborators. Psychologists themselves have until recently not firmly claimed such position. Fortunately, this situation is now changing. In the Flemish speaking part of the country, major contributions to such progress may result from two recent events. In the first place, health psychologists have suc-

ceeded in convincing political authorities of the importance of health psychology for public health. This has resulted in a number of research and policy-preparing appointments to health psychologists. This input from health psychology has been one of the factors that contributed to the recent establishment by the government of a Flemish Institute for Health Promotion. In the explicitly stated goals of this Institute, the role of health psychology and of a sound approach to health related behaviour are clearly recognized; furthermore, health psychologists are fairly well represented in the Scientific Council of this Institute. Secondly, the AIDS crisis has contributed to the recognition of the importance of health related behaviour and of the necessity of careful planning and evaluation of (public) campaigns aimed at changing such behaviour. As a consequence, a number of research grants have been made available to health psychologists and efforts are being made to coordinate these studies. While, therefore, there is reason to believe that the situation may ameliorate, financial, legal and organizational problems will probably continue to hinder the rapid integration of psychologists in health care. This will also be dependent on the amount of well trained health psychologists, and this training is now only beginning.

4. Major domains of professional activity

In this section an overview will be presented of the domains of activity of health psychologists. This overview is not based on empirical data.

4.1. As has been stated, psychologists are active (mostly part-time) in the training of virtually all medical and dental students, nurses and other health professionals. Often, however, these psychology courses are merely general introductions to psychology, not explicitly treating the subject matter of health psychology. There is also a large variation in the amount of teaching hours that is allotted to these courses: e.g. between 15 and 120 hours in different medical schools. In medical and dental schools, these introduc-

tory psychology courses are usually complemented by an introduction to psychopathology (usually by psychiatrists). Input in practical professional training is limited.

4.2. The largest number of health psychologists is actively engaged in clinical work. They typically are employed in hospital wards (geriatric, cardiac rehabilitation, pediatrics, lung cancer, pain clinics, clinic for hemophiliacs, orthopedic clinic, genetic counseling, pediatric oncology etc.) or specialized hospitals (e.g. M.S. hospital, epilepsy clinics). Their activity typically consists of direct individual diagnostic and therapeutic activity, sometimes with groups of patients and spouses. Occasionally they have more administrative responsibilities. Indirect patient care (counseling and training nurses, organizational duties, etc.) are less popular among the psychologists themselves and constitute only a small proportion of their work (Burssens, 1991). The involvement of psychologists in general health care is largely restricted to academic clinics or some larger and progressive hospitals.

A very small group of clinical psychologists attempts to build up a private practice in collaboration with one or more general practitioners. Practical, financial and statutory problems are however considerable obstacles to such undertaking.

4.3. While there are, of course, some important exceptions, prevention is largely a neglected field: only rarely is preventive work actively engaged in, and where such work is done, psychologists usually are insufficiently represented. Prevention has usually taken the form of health education and has more been undertaken by medical sociologists, school doctors and company doctors. Only a small number of psychologists work in the prevention of alcoholism, AIDS, cardiovascular disease and cancer.

As has been mentioned, it is hoped that this situation will rapidly change as a consequence of the establishment of the Flemish Institute for Health Promotion.

4.4. In industry, psychologists were generally not required or expected to contribute as health psychologists. Slowly, some interest in stress management and smoking cessation programs is now appearing.

4.5. A very small number of psychologists is active in research in health psychology. For only a few this is their main activity; some more are doing research that has some relevance for health psychology. About half of these researchers work as members of larger, multi-disciplinary research teams within a medical context; the others in predominantly psychological settings.

4.6. Psychologists are almost completely lacking at the level of health policy making. Again, the input of health psychology in the Flemish Institute for Health Promotion might change this situation.

5. Research

5.1. Funding

Funds for research are usually to be found within the academic structure. Funds from the National Fund for Scientific Research, the government or private organizations are difficult (but not impossible) to obtain; in the health care sector, funds tend to be awarded to biomedical projects. Recently, some funds have become available to behavioural scientists for research on AIDS prevention.

5.2. Major areas of research

Research efforts are, for each area, illustrated with one or two references in English.

A limited amount of basic research is being performed in the areas of:

- emotions, cognition and psychophysiological reactions (Rime, et al., 1990);
- cardiovascular problems: Type A ; hypertension (Kittel, 1986; Vinck, et al., 1988)
- risk perception and decision making (Evers-Kiebooms et al., 1987)
- evaluative conditioning (Bayens et al., 1989)

Applied research:

- eating disorders: anorexia nervosa; obesity; eating problems in babies (Kog, et al., 1989)
- cardiovascular problems: epidemiology and intervention on risk factors; relaxation and blood pressure; cardiac rehabilitation (Janne, et al., 1991; Lagasse, et al., 1986; Vinck, 1990)
- chronic pain (Vanderiet et al., 1987; Vluyen, 1991)
- information leaflets and use of medication
- AIDS (Hubert, 1990)
- decision problems in genetic counseling (Evers-Kiebooms, et al., 1987)
- pediatric problems (Van Broeck, 1992)
- health in work-setting (Janssens, et al., 1989; Verhaegen et al., 1987)
- promotion of physical exercise

5.3. Journals

No specific Belgian health psychology journal exists.

In cooperation with colleagues from The Netherlands, "Gedrag en Gezondheid" (Health and behavior) is published bimonthly and "Tijdschrift Sociale Geneeskunde" (Journal of social medicine) which also covers the field of medical sociology, is published monthly.

Regularly health psychology articles are published in other local and in international journals.

Most British and American journals are available to health psychologists.

6. Concluding comments

The general public, as well as the scientific world and those responsible for health policy are increasingly aware of the importance of behaviour for health and of the necessity to change behaviour to prevent illness. In Belgium a small group of health psychologists is gradually taking up that challenge. As has been explained, a number of difficulties face this effort: psychologists and their possible contribution to health care were, until recently, largely unknown to those in charge of health care; the group is small and legally unrecogni-

zed and has, as such, to find its way in the complicated health care system; training of health psychologists has only just begun so that the number of well trained health psychologists will not rise rapidly; health psychology as such is a young area in psychology and needs a much stronger theoretical and empirical background to convince those in charge. On the other hand, health psychology is believed to be growing as a science and as a factor that will also make a difference to health care in this country: national as well as international collaboration and coherence is growing. In this country, this evolution is favoured by some recent developments, and we hope that the organization of the 7th EHPS Conference in Brussels in 1993 will be a major step in the development of health psychology in Belgium.

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■

Reaction to the description by Ritva Nupponen and Maila Upanne

Finland

Research in health psychology

Liisa Keltikangas-Järvinen
Professor, Department of Psychology
University of Helsinki.

The review on the research in health psychology in Finland published in the Newsletter in June 1991 has evoked a lot of surprise among the researchers in this area. The review gives a very sad picture about the country wherein there are only a few researchers involved in health psychology, without opportunity for independent research and long-term jobs. They are described as publishing their few publications in their native languages and usually in non-psychological journals.

This picture has absolutely nothing to do with the active and living research in health psychology going on in the universities of Finland. I am not going to write a competitive review. I want only to present some comments to correct the most evident mistakes of the article.

1

The authors write: *"The role of research into health psychology has been considerably less prominent and its status has been more vague than the role status of professional psychologists. Studies carried out by psychologists, although of a high standard, have been few in number.*

... psychological research has focused mainly on clinical topics, that is on patients, illness and rehabilitation.

... There have been fewer psychological studies relating to health".

A brief look at Psyc.Lit and Medline shows that very active neuropsychophysiological research is carried out in Finland which also represents

the highest frequency of publications. This area has also gathered the highest amount of full-time researchers. The second most prolific is "health psychology". It has been the main area in the Department of Applied Psychology at the University of Helsinki, and is also very well represented at other universities in Finland. The output (papers and other publications, doctoral and graduate theses, etc.) has also been very substantial as can be seen from Psyc.Lit. and Medline.

2

"There have been few long-term research projects in psychology, and none relating primarily to health psychology".

In Finland there are, of course, several long-term psychological projects. The European register for longitudinal developmental projects has record of five projects in health psychology from the University of Helsinki, and some more from other universities.

3

"Psychologists are in demand as members of research teams, but the outline of topics and the implementation and leadership of the studies are nearly always medical.

... Health research has seldom offered psychologists long-term jobs or opportunities for independent research".

For a long time already psychological research on health has had independent status: psychologists have

worked as co-ordinators, supervisors and leaders of study groups, their role depending always on the design of the study. Psychological research has also been financially independent, i.e. sponsored by the Academy of Finland on the basis of psychological importance, not as a part of medical research. When compared with the situation of researchers in the country as a whole, the situation of health psychology has been very good. During the last ten years it has offered a lot of long lasting full time positions.

4

"Most of the research reports are published in Finnish or Swedish, but some have also been published in other languages, e.g. as monographs (means: not in international forum) in scientific publications. Finnish health psychologists have more often reported their studies in medical journals ... than in international psychological journals"

All the papers which reach an international standard have been published in international journals and in international languages, mostly in English. The papers have also been published in most appropriate journals, as can be seen from the Psyc.Lit.

5

The sentence: *"Extensive preventive programmes and current population studies on the social aetiology of cardiovascular diseases, for example, have been undertaken with almost no contribution from psychologists."* makes the many coronary-researchers in Finland totally confused. Because the prevalence and incidence of coronary heart disease in Finland is very high, this has been "a promised land" for CHD research and CHD researchers. We have at least six long term projects on cardiovascular disease, most of them being epidemiological, prospective studies, and the longest of them has been ongoing now for more than twenty years. They are: the North-Karelian Project, Cardiovascular Risk in Young Finns project, Helsinki Heart Study, Finnish Twin Cohort study, Mini-Finland Health Survey and Strip baby project. In addition, there are some

long term projects on rehabilitation after heart attack.

From the very beginning psychological contribution in these projects has been very significant, a fact which has been noted in many international congresses. Recently, psychology has a very established role in each of those projects: the oldest of these projects, the North-Karelian Project and Cardiovascular Risk in young Finns project have already produced two psychological academic dissertations and many are under process. Furthermore, of the publications of the Cardiovascular risk in young Finns project (about 30 per year) 30 - 40% per year have been written by psychologists.

The situation is similar with the Helsinki Heart study, Finnish Twin Cohort study, and Mini-Finland Health Survey. The Stripbaby project is just starting. It focuses on infants, and therefore knowledge of developmental psychology as well as the role of developmental psychologists is of importance here.

The peculiar picture of health psychology in Finland given in the article becomes understandable in the light of references used: from the point of view of living academic research two till five year old statistics are inadequate sources. In the days of many different search systems up to date information is as easy to reach as the out of date. ■

Rejoinder

to
the reaction of
Liisa Keltikangas-Järvinen

It is a special favour to Finland to get the opportunity to present activities in our country for another time.

It is true, that our description didn't give a detailed picture of individual research activities in each university or other research institute in Finland. Thorough description mentioning research topics and names is really another story. In the given frame for the article, research was only one of many subtitles, the main focus being the circumstances and volume for health psychological professional practice in the country. As a general description of the lines of health psychological research and development in Finland the discussed part of the article is, we still feel, adequate.

Still the comment makes a very good point as far as development of health psychology is concerned. There certainly is a lack of coordinated collection of activities and a lack of cooperation in professional and academic health psychology in our country and in many other countries as well. There is a lack of discussion and mutual confrontation. There might be a lack of shared definitions for, for example, concepts like health focused research in contrast to well established research fields in clinical psychology and psychosomatics. For more detailed information on this structural and societal background see WHO Health Policy Review, Health for all policy in Finland. WHO Regional Office for Europe, Copenhagen 1991.

Ritva Nupponen and Maila Upanne

New Book

from the EHPH Conference in Utrecht, 1989

Lifestyles, Stress and Health

New Developments in Health Psychology

Edited by **J.A.M. Winnubst** (Utrecht University) & **S. Maes** (Leiden University)

Series: *Psychological Studies* ISBN 90-6695-065-X - Pag.: 336 - Price: DFL 62,- (approx.)

The rapid adoption of the term lifestyle is amazing. Twenty years ago the word was rather unknown and nowadays the term stands widely for the individual behavior pattern which affects health status. The interest in the lifestyle theme has had its parallel in the development of health psychology. Health psychology has made interesting contributions to the understanding of healthy behaviors and to the study of dozens of aspects that threaten health and may lead to illness. This book brings together research into and reviews on behavioral change, prevention, effective intervention, and measurement in health psychology. Cancer and cardiovascular diseases are prominent diseases on which many of the contributions focus. Throughout the book the stress and coping paradigm plays an important role. This volume will be essential reading for students, researchers and practitioners in health psychology, medical psychology, behavioral medicine and public health.

Order from: **DSWO PRESS, Pieter de la Court gebouw, Wassenaarseweg 52, Postbus 9555, 2300 RB Leiden**
Telephone: +31-71-27 37 95 / 37 94 - Telefax: +31-71-27 36 19

6th European Psychology Society Conference
 under the auspices of Rita Sussmuth (President of the German Bundestag)
Health Psychology in a changing Europe
University of Leipzig, Germany, 25-28 August 1992

Programme Committee

Gianni Biondi (I), Marie Johnston (GB), Stan Maes (NL), Meinrad Perez (CH), Lothar L. Schmidt (D), Harry Schröder (D)

Local Organization

Harry Schröder (Chair), Konrad Reschke (Co-Chair)

Scientific Programme

The programme will cater to the interest of both practitioners and researchers and will provide state of the art overviews of several key themes in Health Psychology. It will focus on three areas:

- A. Society, Environment and Health
- B. Gender and Health
- C. Intervention Strategies and Programmes in Health Psychology: Development and Evaluation

A set of papers will be marked by a common concern to study the impact of social, political, economical and ecological changes in the world (especially in Europe) on well being and health of individuals and on the way they orientate themselves. That topic will be treated in a separate symposium.

The programme will include invited addresses and symposia for each of these themes, and special efforts are being made to make the programme truly interdisciplinary. In addition to lectures and symposia, there will be free paper sessions, panels, poster sessions, special interest groups and workshops.

Symposia

The symposia will cover:

Personality, Emotions and Health; Subjective Concepts of Illness and Health, Psychosocial Aspects of AIDS, Health Development in various Stages of Life, Work and Health, Psychology in Public and Community Health Care Settings, Quality of Life Concepts, Measures and Research, Health Behaviour, Education and Training in Health Behaviour, Life Styles and Health, Issues in Prevention and Health Promotion, Cross-cultural Perspectives in Health Psychology.

Invited Addresses

Invited addresses will be presented by leading researchers from different countries from West and East, e.g. Ralf Schwarzer (Germany), Jakob Kolominskij (Byelorussia).

A contribution will be devoted to Leipzig's famous psychologists Gustav Th. Fechner and Wilhelm Wundt and the relevance of their work from the viewpoint of Health Psychology.

Poster Session

In order to develop the quality of the poster presentation a poster competition will be organized. There will be a jury consisting of members of the Programme Committee and staff members of the Leipzig Art College. The posters will be evaluated in terms of their content, their design and how they strike the onlooker. The winners will be awarded prizes made available by the EHPS, the University of

Leipzig and German publishing houses.

Deadlines

* For proposals of papers was the 20 March 1992

* For early registration fees: 1 April 1992

Language

The official language is English.

Social Programme

* Organ recital in the St Nikolai Church (Tuesday 25th at 5 p.m.)

* Official reception (Tuesday 25th at 6 p.m.)

All the participants are cordially invited to attend the Welcome cocktail.

* Euro-Evening (Thursday 27th at 7.30 p.m.) at Moritzbastei

* A wide range of cultural events.

Location

University of Leipzig
 Building of lecture-halls
 Universitätsstrasse
 D-0-7010 Leipzig
 Germany

Accommodation

Hotels and hostels of the university. All reservation can be made through Organization Committee. Private accommodation by Leipzig information, Sachsenplatz, D-O-7010 Leipzig.

Congress Secretary's Office

Universität Leipzig
 Fachbereich Psychologie "Wilhelm Wundt"
 Gesundheitspsychologie-Kongress
 Tieckstrasse 2
 D-0-7030 Leipzig

Telephone: +37-41-3913214
 Telefax: +37-41-209325

Announcements

Health Education and Health Promotion Theory and Practice

Maastricht (the Netherlands), 29 June till 10 July 1992

Course objective

Understanding in the main theoretical principles underlying health education and health promotion, as well as in practical intervention techniques.

Program

A general health promotion planning model will serve as a basis, discriminating three major steps in health education planning: analyzing the health problem, developing and implementing behavioral interventions, and follow up of interventions. The program will include: the assessment of determinants of health problems and how they can be changed; theories on attitudes, social influences, self efficacy, relapse prevention and

goal setting, as well as how these principles can be applied, the determination of target groups; the development of behavioral interventions, several types of interventions such as: mass media approaches, community approaches, workplace approaches; the development of evaluation strategies for analyzing the impact of health education interventions; the implementation of interventions, implementation strategies, including the creation of networks and health promotion: the broader perspective.

Applicant profile

Health professionals, working in the field of health education, both researchers and practitioners. Advanced students in health education, health psychology, social psychology.

Tuition

Dfl. 1.750,-.

Period

Monday, 29-6 to Friday, 10-7-1992.

Deadline for application

22 May 1992.

Information

*The University of Limburg
Faculty of Health Sciences
Health Sciences and Medicine
Tom Kuiper
P.O.Box 616
6220 MD Maastricht
The Netherlands
Telephone: +31-43-88 73 96
Telefax: +31-43-25 56 43*

13th International Congress of the Stress and Anxiety Research Society

Leuven (Belgium), 17-19 July 1992

The Stress and Anxiety Research Society (STAR) is an international association of more than 300 researchers and practitioners, working on stress and anxiety in different settings (e.g., clinical settings, organizations, education, sports).

STAR organizes an annual congress for its members and for interested non-members. This year the STAR congress will be organized by the University of Louvain (Leuven), in collaboration with the University Centers of Limburg (Diepenbeek), Antwerp and Mons.

The main topics of the programme are:

- conceptualization and assessment
- test anxiety and performance criteria
- organizational stress: causes and treatment
- stress and anxiety in sports (with a panel discussion)
- stress, anxiety, and health problems
- stress management
- stress and anxiety in education: prevention, treatment, and acquiring copings skills
- stress and anxiety related to war, crime and migration.

Invited speakers are professors: Spielberg, Hagtvet, Mathews, Carver, Schwarzer, Maes, Boekaerts.

For more information regarding the programme, registration and accommodation, please contact:

*E. Depreeuw
Dienst voor Studieadvies
Naamsstraat 63
B-3000 Leuven
Belgium
Telephone : +31-16-28 43 23
Telefax: +31-16-28 43 42*

Minutes of the EHPS Board Meeting

Lausanne, 27 August 1991

The chairman opens the meeting and welcomes those present: M. Johnston, A. Kaptein (minutes), S. Maes (president), L. Schmidt, L. Vallach, J. Vinck. Excused: L. Sibilia, J. Weinman.

1. President's report

Minutes of the Board Meeting, July 1990 (published in the Newsletter 2): accepted.

The Erasmus programme 1991 took place in Rome. Some 24 students divided over six European countries took part in it.

The new Erasmus programmes will be held in Leiden, NL (1992) and in St. Andrews, UK (1993).

The WHO document on Psychology and Health has been submitted to an international journal.

2. Treasurer's report

The chairman received a report on the financial status of the EHPS from the treasurer by mail. The balance over 1990 sums up to £1875. There are 121 names on the EHPS membership list; approx. 30 members actually paid their dues for 1991. As some board members have not paid their dues, it is decided that all Board members will pay their dues before the Assembly (30 August 1991) meets.

3. Newsletter

J. Vinck reports that the production of one Newsletter issue costs about £500. The Board feels that the Newsletter fulfills a valuable need of the EHPS members. It is decided that both issues, to be published in 1991, should not be more expensive than £750. Sponsoring will be encouraged (e.g., via Wiley, Harwood etc.). J. Vinck will report the treasurer about the costs involved in producing the two Newsletters every year.

It is suggested that the Newsletter should include training issues (e.g.

through interviews with participants in the ERASMUS programme), contents of recent health psychology journals, publication announcements, and short reports on the 1991 Lausanne Conference (key note addresses, invited speakers). A. Kaptein and J. Vinck (editors) agree with those suggestions and will take the appropriate steps.

4. Membership

The board feels it is essential to keep as many health psychologists as possible involved in the EHPS. Efforts to increase membership and to ensure that members continue to pay their fees are essential. It is suggested to create a new position within the Board, a membership officer, who will assist to the treasurer with his duties, and keep records of the members up to date. Also this membership officer is to promote EHPS membership, encourage the regional representatives to promote EHPS in their own countries. L. Valach is willing to take up this position.

The Newsletter editors should try and help the membership officer as well: national representatives are the contact persons regarding activities of health psychologists in their countries. Names of the regional representatives will be included in the colophon of the Newsletter.

Regarding the national representatives from the former "Eastern" European countries some changes are proposed. The chairman will discuss these with the persons involved.

As money matters are not settled yet in the Eastern European countries, members from these countries will be unable to pay their fees. This issue will be dealt with in negotiations with

the national representatives by the chairman.

L. Valach will work out an (automated) system through which the EHPS membership registration, payment of dues and participation in the yearly Health Psychology Conference will become more professional.

5. EFPPA

The aim of EFPPA is to create a superstructure that encompasses all European psychology societies. The Board of the EHPS will discuss EFPPA's proposals in 1992 order to be able to take a clear stand when this matter is raised again at the 1993 EFPPA meeting in Finland.

6. Future EHPS conferences

1992: Leipzig (Germany)

1993: Brussels (Belgium)

1994: various possibilities

7. Standing Orders and Articles

Paragraph 19 should be changed with respect to the new political situation in Eastern Europe.

8. EHPS Assembly, Oxford, 1990

M. Johnston reminds us that four issues were raised during that assembly:

- a. reduction of conference fees for EHPS members;
- b. adopting a flexible policy regarding financial issues for Eastern European health psychologists;
- c. the Standing Orders and Articles are adopted;
- d. contacts with the International Society of Behavioral Medicine (ISBM) should be initiated and strengthened.

9. EHPS Assembly Lausanne, 1991

The following agenda is made:

- president's report
- treasurer's report

- Newsletter editor's report
- membership and membership officer

10. Vacancies in EHPS Board

M. Johnston reports that J. Weinman wishes to stay on as a board member. The chairman and M. Johnston will inform Weinman about the new post of membership officer. ■

Report of the First Erasmus Intensive Course

Rome, 1991

(continued from page 4)

views, discussion of epidemiological data related to own country and training in blood pressure measurement.

The final preparation of research plans through this work in small peer groups resulted in very interesting proposals, which were judged as well worth of being accepted by any reasonable funding committee!

Social life was not forgotten. A dinner with students and staff together offered many opportunities to interact in an informal way, with some amusing moments, which helped to better understand national differences among us. Last but not least, the city of Rome was generous in giving a sample of its June sunny weather, which somewhat competed with attending to the Course sessions.

Given to the novelty of the experience, and perhaps as a protection from future failures, a feed-back from all participants was considered helpful. We obtained this via a small questionnaire "instantly" developed by the Johnstons and administered at the end of the Course (but before the attribution of diplomas!) to all participants, observers included.

Student's evaluation of the course

**Ratios between "good" or "satisfactory" and "problems" or "unsatisfactory" response frequencies, for each question.*

Questions	Ratios*
Language problems	9,6
Total length of the course	5,86
Extracurricular activities	5,4
Time of year chosen	4,2
Level of difficulty of the course	4,2
Timing / scheduling of the course	3,39
Range of topics covered	2,5
Usefulness of the course for further work	2,4
Length of day of teaching	2,33
Quality of audiovisual materials	2,1
Costs of the course	2
Balance between lectures and workshops	1,44
Amount of work in advance	1,3
Reading materials of work in advance	1
Advertising of the course	1
Data collection for work in advance	0,9
Instructions for work in advance	0,84
Handouts	0,8
Time available for work in advance	0,2
Use in the course of work in advance	0,2

According to participants' appraisals, the strongest points of the Course were: the handling of language problems, its total length and the time of the year chosen, its level of difficulty, as well as the timing and the scheduling of workshops and lessons. Extracurricular activities have been particularly appreciated by most. Also, the range of topics covered in the course, its daily length and the use of audiovisuals satisfied the majority of students. Course's usefulness for future work was consistently felt as high by two thirds of participants; in this regard, it is to be noted that observers and some other students included in the sample were at professional level. Course's costs were a problem for less than a third of participants, still, however a significant proportion.

Even the best enterprises have their setbacks. A number of aspects was rated as satisfactory or good by as many as those who rated them unsatisfactory or problematic. These were: the balance between lectures and workshops, the amount of work required in advance, the use that was made of materials prepared in advance and the advertising of the Course. As regards advertising, a number of students understandably abstained from assessing it. However, the work required in advance, together with the quality and amount of handouts, was the only side of the Course consistently criticized by most students. Their criticism regarded either the clear-

ness of instructions or the amount of data that had to be collected, in particular in relation with the very limited time available during the Course for reporting and comparing these data. Their low usefulness in the Course was therefore regretted.

Unassessed in the questionnaire was the quality of lodgings, a matter not trivial in a two-weeks course. Unfortunately, the University of Roma seemed not to be ready to provide facilities for foreign students for such short periods, at least in a comfortable way. So, a charity organization had to be addressed to offer students adequate accommodation at a reasonable price. But the final solution was satisfactory for most.

I believe that it can be concluded from this experience that the Course is not only feasible and that it is perceived by participants as useful for their professional work, but also that it is worthwhile, and - if followed by similar (and expectedly improved) initiatives - it will have started something that will enhance the quality of professional background of European students in the field as well as their mutual understanding.

Dr. Lucio Sibilio

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** The present list contains two national representatives for the recently unified state of Germany: one for each of its former parts. As far as the editors know, the EHPS Board has not (yet) decided how nor when this incongruous situation will be resolved.*

New Book

The International Development of Health Psychology

Edited by

Mary A. Jansen

Alcohol, Drug Abuse, and Mental Health Administration
United States Department of Health and Human Services
Washington, DC, USA

&

John Weinman

The Medical School, Guy's Hospital
University of London, UK

Harwood Academic Publishers

1991 • 189pp • Hardback
ISBN 3-7186-5119-X
List Price: \$45.00 / €24.00
Price for Individuals: \$22.00 / £12.00

With any new area of research, particularly one in which development has been so rapid and influential, it is important to take stock of progress and identify the critical issues. Health psychology shows great potential both as a research area and a profession and the careful planning of good quality research and of appropriately structured training programs is imperative if this potential is to be realized. This book explores the way in which the discipline has developed internationally and the nature of the different types of training program which have emerged. Valuable comparison is also made of the development and application of health psychology in many countries with contrasting health care systems.

The book is intended for health psychologists who are interested in the latest developments in their field around the world. It will be particularly valuable to those responsible for training programs as it presents a balanced view of training both for research and clinical practice amongst health professionals.

Order from: STBS, Order Department
P.O.Box 786 Cooper Station, New York, NY 10276, USA
or P.O.Box 90, Reading, Berkshire, RG1 8JL, UK

Conference Agenda

1992

Bucuresti, 20-22 May

Mental health, societies and cultures

@ Françoise Lucchesi, MdM-France, BP 7185, 30914 Nimes Cedex, France

Gold Coast, Australia, 4-8 July

4th Congress of Behaviour Therapy

@ World Congress of Behaviour Therapy, Dept of Psychiatry, Univ. of Queensland, Clinical Sciences Building, Royal Brisbane Hospital, Herston, Q 4029, Australia

Hamburg, 15-18 July

Second International Congress of Behavioural Medicine

@ Dr Irmela Florin, Department of Psychology, University of Marburg, Gutenbergstrasse 18, D-3550 Marburg/Lahn, Germany

Leuven, Belgium, 17-19 July

13th International Congress of the Stress and Anxiety Research Society

@ E. Depreuw, Dienst voor Studie-advies, Naamsestraat, 63, B-3000 Leuven, Belgium

Brussels, 19-24 July

International Congress of Psychology

@ Brussels International Conference Center, Tontoonstellingspark, Belgiëplein, B-1020 Brussels, Belgium

Brussels, 27-30 July

First International Multidisciplinary Conference on Food Choice

@ Impacts Congress s.c., av. P. Hymans, 124/30, B-1200 Brussels, Belgium

Leipzig, 25-28 August

6th EHPS Conference on Health Psychology in a Changing Europe

@ Gesundheitspsychologie-Kongress
Tieckstrasse 2, D-0-7030 Leipzig. (Germany)

Paris, 1-5 September

International Congress on Stress and every-day life

@ UFR Médecine Pitié - Salpêtrière, Boulevard de l'hôpital, 75013, Paris, France.

St Andrews, 17-20 September

BPS Health Psychology Annual Conference

@ M. Johnston, Psychological Laboratory, University of St Andrews KY16 9JV, Fife, Scotland

1993

Tampere, Finland, 4-9 July

III European Congress of Psychology

@ III European Congress of Psychology, P.O. Box 905, SF -00101 Helsinki

Tokyo, 26-30 July

The International Congress of Health Psychology

@ Dr. H. Motoaki, Japanese Association of Health Psychology, Department of Psychology, Waseda University, 1-24-1 Toyama, Shinjuku-ku, Tokyo 162, Japan

Brussels, 1-3 September

Seventh EHPS Conference on Health Psychology

@ Dr. O. Van den Bergh, Department of Psychology, Tiensestraat 10, 3000 Leuven, Belgium

London, 20-25 September

European Congress of Behaviour Therapy

1994

Madrid, 17-22 July

23rd International Congress of Applied Psychology

@ COP, Cuesta de San Vicente 4/5, 28008 Madrid

*European
Health
Psychology
Society*

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**Note new address of A. Kaptein and
new telephone number of J. Vinck*