

EHPS Newsletter

Newsletter of the European Health Psychology Society

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Editor's Foreword

Best wishes for 1993!

The fifth newsletter is sent out with some delay because we had to wait for some of the copy that was to be included.

In this second issue of 1992, you will find in the first place a message from our new president, Marie Johnston, in which, among other things, she rightly thanks her predecessor, Stan Maes, for his work. We all join her in this applause.

Next, there are the minutes of several Society meetings during the Leipzig Conference, a review of this successful Conference in Leipzig and an invitation to the next EHPS Conference in Brussels.

Furthermore, you will find a report on the ERASMUS course on "Health Psychology as applied to Cardiovascular Disease" and, finally, an introduction to the "Buzz-word Generator".

The reader will note that there is no "Health Psychology in Europe" section in this issue; we did not succeed in getting material from any country this time, but we don't give up. Note also the new board and some names of newly appointed national representatives.

Jan Vinck, editor

Message From The President

The European Health Psychology Society owes not only its success but also its very existence to the work of its first President, Stan Maes. It began with a conference organised by Professor Maes in Tilburg, NL, in 1986, when he brought together a group of European health psychologists along with some from the USA. A second conference in Trier, Germany, in 1988 inspired the confidence that a European Health Psychology Society was viable and Stan worked to ensure that it was created and flourished. Since then conferences have been held annually, in the Netherlands, UK, Switzerland, Germany and, in 1993, in Brussels. Stan Maes has worked unstintingly to ensure that conferences were well organised with high quality scientific papers and a good social ambience.

In addition, Professor Maes has endeavoured to place the Society on a secure footing by encouraging others to work on the Executive Committee of EHPS with him and giving them all possible support in carrying out their duties. He produced rules and standing orders for the society, thus providing a basic framework for building an international society. In his period as Presi-

dent, Stan Maes has done all that is humanly possible to create a successful scientific society in Health Psychology and we owe him an enormous debt of gratitude.

For the future, it will be task of the Executive Committee to build on what was established by Stan. There are at least three important tasks that we need to address. First, we need to ensure that the organisation is representative of the Health Psychology throughout Europe and that there are no economic or organisational barriers to participation. Second, it will be important to establish clear benefits of membership of EHPS; for example, as a substantial multi-nation society we should be able to attract favourable journal rates for members. Third, EHPS will have to consider the training needs of members, bearing in mind the diverse training provided in different countries.

We are fortunate as a Society that, because of the contribution of Stan Maes, we can move on to address these complex issues.

Marie Johnston, president

Forthcoming EHPS Conferences

- **Brussels, 1-3 September 1993** • *Psychological Theories And Health Practices - Exploring The Scientific Foundations Of Health Psychology.*

Information can be obtained from: Dr. Omer Van den Bergh, Department of Psychology, Tiensestraat 102, B-3000 Leuven. Fax: +32-16-286000. See also on page 10.

- **Alicante, during the week of 11-17 June 1994 (exact date to be determined)**

Information can be obtained from: Dr. J. Rodriguez-Marin. Universidad de Alicante, Department of Health Psychology, Campus de Sant Joan, Ap. Correos 374, E-3080 Alicante, Spain. Fax: +34-96-5940015.

Minutes of EHPS Meetings

Executive Committee

Leipzig, Monday 24 August 1992

Present: M. Johnston, A. A. Kaptein, S. Maes, L. Sibilila, L. Valach, J. Vinck, and J. Weinman.

1.1 Approval of Minutes

The minutes of the Executive Committee Meeting in Lausanne, 29 August 1991, published in the Newsletter (no.4), were approved.

1.2. President's report

The President reported on his involvement with the preparations of the Leipzig Congress. He checked local facilities, including hotel arrangements. He attended a meeting of the Scientific Committee in Hannover. At this meeting methods of maintaining a balance regarding the selection of oral presentations from members from various countries were discussed. Also, issues concerning finances were on the agenda.

The 1993 Conference will be held in Brussels. All Belgian universities will be involved with the organisation of the Conference.

The 1994 Conference will be held in Alicante, Spain. The Executive Committee stressed the importance of trying to link EHPS-Conferences with other conferences which are relevant for EHPS-members.

In February 1992, an informal Executive Committee meeting was held during the ERASMUS course in Health Psychology.

Following this report of the President the exact roles of members of the Executive Committee were discussed. It was decided that the current members of this Committee would write down their responsibilities and tasks.

1.3. Treasurer's report

The Treasurer reported on the financial state and balance of our Society. In the Articles of our Society it is stated that the administration of the pecuniary resources will be checked and reviewed by an independent auditor appointed by the Executive Committee. The treasurer was delegated to appoint 2 auditors.

The treasurer mentioned three issues which should be solved:

- the appointment of independent auditors
- technical problems regarding paying in foreign currency, having full details on names, addresses etc. of persons sending cheques
- the precise delineation of responsibilities of the treasurer and the Membership Officer (see also 1.5 of these minutes on 'membership')

1.4. Newsletter Editors' report

The Newsletter Editors reported on discussions with Harwood and Wiley. Both publishers expressed an interest in publishing the Newsletter. It was decided to ask both publishers for details on their conditions. Also, the Editors announced plans to approach various organisations (e.g., WHO, EC) for their views on the relevance for their organisation of health psychology.

The meeting suggested approaching EHPS-members via the Newsletter to find out which publishing companies work with EHPS-members. This information may be useful when publishers are going to be approached for sponsoring purposes.

The costs of producing the Newsletter should be specified via receipts.

The meeting suggested including interviews, and English abstracts of publications by EHPS-members that are not written in English in upcoming issues.

1.5. Membership

It is the role of the treasurer to check that EHPS-members have paid their membership dues. Membership dues are DM 40,- per year (£ 14). As soon as a person has become an EHPS-member, a Newsletter should be sent to this new member.

Various possibilities of offering publications to EHPS-members and benefits of becoming and staying an EHPS-member were discussed.

It was decided that the reduced conference rate should be at least 25% lower than the regular conference rate.

It was also decided to offer the option of subscribing to the International Review of Health Psychology (£ 14) and Psychology & Health (\$ 60 or £ 28) per year. The secretary will negotiate with Harwood about a lower price for Psychology & Health. Wiley and Harwood will be asked to offer a selection of their books at reduced rate to EHPS-members.

1.6. Conferences

Johnston proposed that EHPS develops guidelines for the organisation of future conferences, to assist organisers and protect interests of EHPS.

Possible items were :

- The Executive Committee (EC) of EHPS will appoint a liaison conference organiser who will be the contact point between the EC and the Conference Organisers.
- The conference fee, dates and duration must be agreed by the EC.
- The EC must be consulted in advance about sponsors and how sponsors are going to be used and credited.
- Members of EHPS pay a reduced conference fee. The proposed reduction is 20%.
- Dates of the conference should not clash with ISBM, other Health Psychology conferences or major International Conferences in Psychology.
- The Scientific Committee should have at least 4 members. At least half of the Scientific Committee should be

appointed by the EC.

- The conference language is English.
- Invited speakers should mainly be European, with no more than a quarter being non-Europeans. No other part of the programme should run in parallel with Invited Speakers.
- Poster Presentations (Parallel Presentations) are an important part of the conference and at least half of the papers should be posters. Conference organisers might consider having Invited Poster Presentations.
- There should be no more than 4 parallel sessions.
- Time should be allotted for a Members Meeting. This requires at least one and a half hours and should be scheduled at a central point in the conference and certainly not at the beginning or end.
- There should be facilities for an EC meeting the day before the conference.
- The Scientific Committee should provide guidelines for presenters of papers and posters. These should advise on content, indicating the essential information that should be presented e.g. the number of subjects, as well as advising on technical presentation.
- The conference folder should contain an EHPS membership form.
- If proceedings of the conference are published, at least one editor must be appointed by the EC.

The Executive Committee agreed with these suggestions.

1.7. Elections

As referred in EHPS rules, it was decided to appoint as scrutineers Glyn Owen, Theresa Marteau, Therese van Elderen and Peter Schwenkmezger to assist the Secretary with the election procedure during the Members Meeting on Thursday 27 August 1992. It was agreed that the Treasurer and the Membership officer would assist and provide the most recent list of EHPS-members.

1.8. Additional Points

- Two additional points were discussed and it was agreed that
- the minutes of the present meeting

should be sent to current and future Executive Committee members

- the involvement of EHPS National Representatives in EHPS would be stimulated (e.g. via a national representative meeting during a Conference) and that this would be the responsibility of the President.

1.9. Agenda Members Meeting

- Opening and welcome
- Minutes of the Lausanne Conference Meeting
- President's report

- Treasurer's report
- Newsletter editor's report
- Membership, including the offers regarding Int Rev Health Psychology and Psychology & Health
- Conferences 1993, 1994 and following years
- Elections
- Closing of the Members Meeting.

Leipzig, 25 August 1992
Ad A. Kaptein, Secretary

Members' Meeting

Leipzig, Thursday 27 August 1992

The President, Stan Maes, opened the meeting and welcomed those present.

2.1. Approval of Minutes

The minutes of the Members' Meeting in Lausanne, 29 August 1991 were approved.

2.2. President's Report

The President has been actively involved with the preparations of the Leipzig 1992 Conference. He thanked Schröder and Reschke and all others on the local organising committee for their activities.

In 1993, Brussels will be the venue of our Conference; September 1 to 3.

In 1994, Alicante will host the EHPS Conference. Competition with related conferences should be avoided. Maes and Johnston will speak with Rodriguez-Marin about this issue; July 1994 and October 1994 will be the options.

Ireland is a suggestion for the 1995 Conference. Norway, Finland and Czechoslovakia may be future locations for Conferences.

2.3. Treasurer's Report

John Weinman reported on the financial situation of the EHPS. David Marks (UK) on behalf of the auditors gave their report and conclu-

ded that the Treasurer's work has been performed as it should. Reacting to questions from some members, it was decided that the Treasurer would find out whether interest on the account could be paid, without running the risk of having to pay taxes on the account. It was decided that the Treasurer would find out whether payment of membership dues could be done via credit card.

2.4. Newsletter

Jan Vinck reported that one issue of the Newsletter was published this year. He suggested including in the Newsletter abstracts of non-English papers (in English) that have been published by EHPS-members in their own language. He mentioned that two publishers (Wiley and Harwood) are interested to help in producing the Newsletter.

2.5. National Representatives

Stan Maes announced that professor Tomas Radil (Prague, CZ) and Edwin Seydel (Enschede, NL) are new national representatives.

2.6. Elections

Stan Maes and Ad Kaptein provided the meeting with details on the election procedure. Four scrutineers

(continued on page 5)

Report on the Second Erasmus Post-Graduate Course On Health Psychology: The Prevention Of Cardiovascular Disease

Eleventh to twenty-second of May 1992 at the Hartenak, Bilthoven.

As one of the participants of the Erasmus intensive course on health psychology, I would like to give a brief review about the course; to express my enthusiasm and gratitude towards the organisers of the course, who gave us the opportunity to learn about Health Psychology the European way. Also I would like to encourage those students and teachers who missed this year, to join the course next time.

Attending the course were twenty eight graduate and post-graduate health psychology students from Universities of seven different European countries including Spain, Italy, Switzerland, Belgium, United Kingdom, Scotland, Germany and Holland. This year's host and main organiser of the course was Prof. Dr. Stan Maes of the Health Psychology Department of the University of Leiden. The team of teachers and fellow-organisers consisted of M. Johnston, D. Johnston, J. Weinman, S. Borgo, L. Sibilila, J. Rodriguez-Marin, J. Vinck, L. Schmidt, F. Kittel, M. Chartrou, Th. van Elderen, H.Scholten.

This course was organised with the intention to provide students with theoretical knowledge as well as practical skills considering Health Psychology. Apparently intercultural exchange other than health related occurred as well. Right at the start of the course the opportunity arose to get to know each other during a dinner party where food and drink from different parts of Europe was displayed. Every participant had stuffed into their luggage some traditional food or drink from its country. Taken together it provided for a grand European dinner party and a promising start of the Erasmus course.

The major topic of the course was the prevention of cardiovascular disease, a very broad topic, which touches a lot of different fields in Health Psychology. In this way the course

could be useful to all participants who, as it turned out, had quite different backgrounds in Health Psychology. Instead of an in-depth analyses of a certain topic, the course was focused on the enhancement of basic knowledge on the prevention of cardiovascular disease. The lectures therefore, covered diverse topics as there were: epidemiology, psychological models, impact and assessment of various risk factors, social support, community intervention programmes.

The lectures and workshops were given every week-day and lasted about six hours a day. The morning sessions consisted of a lecture, followed by a workshop on the same topic. The afternoon sessions were held according to the same pattern. This combination of lectures followed by work shops turned out to be fruitful. This way theory could be better integrated and skills could be practised. Occasionally during the lectures, some language problem would pop up among the students. In this case various translations were offered and an agreement was formed on what the lecture was about. References and additional information was handed out after the lectures.

The workshops following the lectures offered a more practical way of learning. Usually students were grouped in several small groups (the grouping methods became more inventive following the course) and were given an assignment. Various skills and behaviours were required during the

se workshops. Depending on the subject we... measured blood pressure while solving raven matrices, calculated the percentage of male high risk population in North Karelia, designed intervention programmes for several high-risk behaviours, practised counselling on various persons and were confronted with a type-A personality by video. The workshops usually finished with a group discussion, where every group had the opportunity to present their results and give an outlet to their experiences.

In total, during the workshops diverse skills were thought such as: epidemiological research, assessment of risk factors or high-risk behaviour, introspection of our own (un)healthy life style, intervening in large groups and communities as well as counselling individuals, who show high risk behaviour, practising some relaxation methods, learning various ways to assess social support.

Towards the end of the course, students had gathered enough information to be able to design their own health psychology research plan. They divided into small groups and spent a whole day till early evening discussing and preparing their propositions. Presentation of the results was held on the final day of the course. Some research plans consisted of detailed intervention programmes at the work site, others were less detailed and gave an outline of several ideas on Health Psychology research. Every research plan though, was created by

hard work and long discussions.

Healthy life style was not only lectured during the course but was also acted on. Some serious walking and cycling-tours were organised. Especially the cycling-tour made some demands on those who were not used to it. The accommodations were wonderful and added to the success of the course. The food was delicious and every morning we were woken up by the gentle sound of a waking bell.

Some sight seeing trips were organised as well. The one that stood out was a boat trip on the canal of Amsterdam by night, which provided for an especially lovely and romantic view of Holland.

The Erasmus course ended the way it started. The final evening was celebrated with dinner and a night of festivities. The participants of the several countries gave their impressions on the course by means of play, song and dance. The teachers showed up in, what could be called, a European interlude. The question about the Scottish "Haggis" that puzzled most of us for a whole week was answered. After lots of song and dance and silly games the evening finished with an impressive Spanish warrior dance.

Concluding this review, it can be remarked that attendance to this course meant one step further on the way to becoming a professional Health Psychologist. The European perspective broadened our view of Health Psychology beyond the borders of our countries. The natural integration among students and teachers from different countries and cultural backgrounds that occurred during this course holds promises for the future of Health Psychology.

Sonja van der Toorn

Minutes of EHPS Meetings

(continued from page 3)

(Therese van Elderen, Theresa Marteau, Glyn Owen and Peter Schwenkmezger) were asked to see that the election was carried out in the way that is described in our Articles and Standing Orders.

Theresa Marteau reported on the results of the election; 74 votes were cast. After consulting the members on balancing for regional representation, she declared that the following candidates were elected: Weinman, Maes, Vinck, Kaptein, Sibilia, Schmidt, Wrzesniewski.

The new EHPS President, Marie Johnston, thanked Stan Maes, the outgoing President, for his excellent work and many accomplishments which have helped the successful development of our Society. She thanked the scrutineers for their work, and stressed that she will do her utmost to further develop and expand the EHPS.

*Leipzig, 27 August 1992
Ad A. Kaptein, Secretary*

Executive Committee

Leipzig, Thursday 27 August 1992, 6 to 7 p.m.

Present: Johnston (President), Kaptein (Secretary), Maes, Schmidt, Sibilia, Vinck, Weinman, Wrzesniewski.

3.1. Welcome

The President welcomed the newly elected members of the Executive Committee

3.2. Sixth Region

She stated that it is unfortunate that no representative from the Nordic countries had been elected. She would like the Executive Committee to consider adding a sixth region. It was decided that the issue of the regions from where Executive Committee members can be elected should be considered at the next Members Meeting. It was also decided to ask Juhani Julkunen (Finland) to accept an observer status. The Secretary will invite Julkunen.

3.3. Role distribution

Pending changes in the EHPS organisational structure, the following roles were accepted by the various

members of the Executive Committee:

- Marie Johnston, President
- Lothar Schmidt, Membership Officer and Treasurer
- Ad Kaptein, Secretary
- Jan Vinck, Newsletter Editor (co-editor Ad Kaptein)
- Stan Maes, member
- Lucio Sibilia, member
- John Weinman, member
- Kazimierz Wrzesniewski, member, with special responsibilities for the countries of Eastern Europe.

3.4. Eastern Europe

Lothar Schmidt and Marie Johnston will work out details on how much the membership fee should be for EHPS members from Eastern Europe.

*Leipzig, 27 August 1992
Ad A. Kaptein, Secretary*

Report on the 1992 Leipzig Conference

A Memorable Event

(Report prepared with the collaboration, in alphabetical order, of M. Conner, J. de Ruiter, N. Girault-Lidvan, M. Ignatov, M. Kopp, J. Neusser, K. Scheuch, L. Sibilia, J. Udriş, M. Upanne and K. Wrzesniewski)

Leipzig showed itself as a city in transition, with elements of a beautiful past and a promising future. The Health Psychology group of Leipzig University showed itself as a very well-organised group that is able and prepared to play a leading role in the further development of health psychology in Europe. They, and in the first place our colleagues Schröder and Reschke, deserve our congratulations for this Conference.

The Conference featured many interesting scientific (and social!) events. A review of a number of these will be presented.

Poster Sessions

Before coming to a review of some symposia, it should be pointed out that the organisers succeeded in bringing the poster sessions at the same level as the other presentations. First of all, the Conference was peculiar with respect to the number of posters. There were over two times more posters, in comparison with the poster session at the 5th EHPS meeting in Lausanne. The topics of the posters reflected the main streams of the discussions in Leipzig. The organisers of the Conference secured very good condition of the presentation of the posters, and they awarded seven prizes: four for the scientific value, two for the artistic expression, and special one for the topic related to the political or ecological problems.

The international jury, whose chairman was Prof. E. D. Lautermann (Kassel, Germany), assessed posters and awarded the following persons:

- J. J. Mira (Mental Health Unity, Alicante, Spain) - first prize for the scientific value;
- P. Janne (University of Louvain, Belgium) - second prize for the scientific value;
- S. Seegers (University of Leiden, the Netherlands) - third prize for the scientific value;
- J. H. Barlow (Coventry University,

United Kingdom) - fourth prize for the scientific value;

- M. Havlinova (National Institute of Public Health, Prague, Czechoslovakia, - first prize for the artistic expression;
- U. Ratzmann (University of Leipzig, Germany) - second prize for the artistic expression;
- P. Sparks (AFRC Institute of Food Research, Reading, United Kingdom) - special prize related to the political and ecological problems.

The participants of the Conference were very much interested in the poster sessions. Direct contact and discussions with the authors were a very attractive and fruitful form of communication. This form of presentation would be recommended for the next EHPS Conferences.

Unfortunately, not all contributions can be mentioned. Apart from the posters and the invited addresses by Maes, Kolominskij, Schwarzer, Hodapp and Johnston, most information was presented in symposia. Hereafter we review a number of these, hoping that this will give the reader some flavour of the rich content of what was presented and reminds those who were present of what happened at the conference.

Health Psychological Aspects Of Social Changes In Central And East Europe

Health psychology in a changing Europe was the main perspective of

this conference. Much interest, therefore, was aroused by the symposium on Health-psychological aspects of social changes in Central and East Europe: The main aim of the organisers of this symposium was to present a multifaceted approach to the enormous problems of the transition towards market economy in Central and Eastern Europe. Laima Bulotaite from the School Psychological Service Centre in Vilnius, Lithuania, presented a programme for monitoring and eventual controlling of health hazards at schools. Similar unstable political and economical problems were reported also by O. Kirschtental from Riga, Latvia. A. Lipand, A. Kasmel and E. Tasa reported about a representative empirical assessment of health behaviour of the Estonian population. M. Havlinova from the National Institute of Public Health in Prague described the difficult implementation process of a nation-wide health promotion programme at schools. M. Ignatov connected the social and behavioural dilemmas in Bulgaria with the problems of uncontrolled emigration to the countries of the European Community. Great sympathy arose out of the emotional commitment, with which A. Dangelia described the difficult situation in Albania. S. Rudwan from Syria reported on the development of the health psychology in his country. Impressive efforts to tackle psychological war stress problems in Belgrade and Zagreb were reported by Z. Josic and J. Golub. Through their personal

commitment to peace both of them showed that psychologists can contribute a lot in conflict resolution and negotiation processes.

Training And Education

Also in the Symposium on Training and education the main input came from colleagues from Central and Eastern Europe. Hahn, S. and Roth, M. (Germany): Concepts and health education exhibits in Germany. The first exhibition of Int. Hygiene, Dresden was in 1911. Until 1930 the central question was the human body in art. From the thirties until the last years the ideology was: to stay healthy is obligatory. The exhibitions at that time were anxiety provoking, gave no information, and the aim was to be dependent on the state. Kopp, M. S. (Hungary): Health education in Hungary. Despite the fact that two of the founders of health psychology, Franz Alexander and Hans Selye, were born in Hungary, teaching concerning health has been systematically ignored for many years. In Hungary the life expectancy is the lowest in Europe, therefore there is a pressing need for the introduction of health education programmes in the integrative spirit of the great predecessors. A psychophysiological based health education programme was presented. Scheuch, K., Koppisch, V. (Germany): Postgraduate study "Public health" at the Medical Academy of Dresden. An interdisciplinary programme was presented. The teachers of the two year programme are medical doctors, psychologists, economists, social workers and mathematicians. It is needed in the reorganised social security and health management fields and a possible new working facility for unemployed psychologists and medical professionals. Kolip, P. (Germany): Postgraduate studies in public health at the Technische Universität of Berlin. The aim of the planned postgraduate study is to promote health in the community and at workplaces, and improve the planning and management in these fields. Kreegipuu, M. (Estonia): The health psychology programme for teachers. The purpose was to increase the perceived self-efficiency. The basic principle: active participation of the

students in developing the programme, constructive feedback: say something positive first instead of criticising. The results were: active participation, habituation to reinforcement, and weakening of the effect of the traditional soviet education.

Social Cognition Models In Health Psychology

A number of symposia, like the one on Social Cognition Models in Health Psychology: Problems and Possible Solutions explored more conceptual issues. The aim of this symposium was to bring together health psychologists working with social cognition models, to discuss the problems with using such models and possible solutions to identified problems. The main body of the symposium consisted of presentations by four expert users of social cognition models, each talking to the title of the symposium. This was followed by a discussion of the themes raised in the presentations. The first presentation was given by Ralf Schwarzer. In this presentation Professor Schwarzer set the scene by outlining some of the most frequently used models in this area (Social Cognitive Theory, Health Belief Model, Theory of Planned Behaviour, Protection Motivation Theory), evidence supporting their use and potential problems in their application. Schwarzer's principal criticism of these models is that none of these models constitute a dynamic model of health behaviours; rather each constitutes a "snap shot" of the factors likely to influence health behaviours. Schwarzer's answer is what he calls a Health Action Process Approach which posits differing models at differing levels of action. For instance, one model covers the contemplation stage and is similar to a Social Cognitive Model, while a second model (a Volitional Process Model) covers the influences on behaviour at the action stage. While such an approach undoubtedly takes us some way forward, we are still left with a series of cross-sectional models of the influences upon behaviour rather than a truly dynamic model. Charles Abraham considered the limited success of social cognition models in predicting sexual beha-

viours and two possible responses to this lack of success. A first response is a radical discourse analysis (DA) critique of the derivation of social cognition measures from verbal responses. A DA approach suggests that verbal response variability makes the current social cognitive approach untenable. Dr. Abraham argued that rather than making the approach untenable the critique points to the need for those using a social cognitive approach to explicitly study variability in verbal reports. In particular it was suggested that we need further understanding of where such variability in verbal reports comes from and when it occurs. This might be achieved through using a variety of methods to ascertain the degree of variability in verbal report data used in social cognition models. The second response focused on is the fact that social cognition models do not always adequately tackle the links between intentions to perform a health behaviour and actual performance. The problem here is that no matter how strong the intention is, the performance of many health behaviours is dependent upon domain specific motor and social skills. It was argued that the prediction of social behaviour would be enhanced through the development and application of domain-specific behavioural-competence measures to complement social cognition measures. The third presentation was given by Joop van der Plicht. In his presentation Professor van der Plicht sketched some of the history to social cognitive models of preventive health behaviours. Whilst early models were to be praised for developing standardised measures and for testing the relative effects of differing variables they also tended to ignore human information processing limitations, and motivational, affective and emotional factors. More recent models have attempted to correct some of these faults and begun to take an integrated approach to testing the causal role of relevant factors. However, even recent models have tended to ignore individual and group differences and the need for differing models for differing behaviours and differing groups. They have also failed to adequately take account of habit and the dynamic nature of decisions about

health. In conclusion, it was suggested that social cognition models do work in predicting health behaviours but need to be related to cognitive reality (i.e. be relatively simple), be flexible enough to allow for differences between target groups and behavioural domains, and pay more attention to the dynamic nature of decision making. The final presentation was given by Hannah McGee. Dr. McGee's presentation drew upon her experience with quality of life research and focused on the need to place social cognition models in a broader social context than is currently the case. Social cognition models tend to focus upon decisions to perform health-related behaviours as discrete events and to ignore the social context in which they occur. Beginning with Fishbein and Ajzen's theory of reasoned action Dr. McGee showed how differing components of the model could be linked to broader social context considerations. For instance, the relation of behavioural beliefs to philosophy of life and the self, and of normative influences to socialisation process were considered. It was concluded that applications of social cognitive models in health psychology could benefit from consideration of the broader context in which research questions using these approaches are formulated.

Overall this symposium indicated that social cognition models are alive and gainfully applied in health psychology. It also reflected the fact that research in this line is facing a number of conceptual problems. Researchers are trying to solve these in a variety of different ways. The solutions being offered partly reflect the researchers' varying interests in understanding the way people think about health behaviours, the way people perform health behaviours, or the way in which we might change health behaviours.

Work And Health I - Resources And Prevention

The application of health psychology outside the medical context was stressed in symposia like those on work and health and on health risks and life events.

Work and Health I - Resources and Prevention: This symposium included

papers by Raija Kalimo, Mailis Olkkonen & Merja Matilainen (Helsinki, Finland) on Work, personal resources and health; Ueli Kraft, Carin Musmann, Martin Rimann, Ivars Udris & Mathias Muheim (Zurich, Switzerland) on Resources of salutogenesis; Personal and organisational factors; Winfried Krieger & Peter Becker (Trier, Germany) on Measuring psychosocial strains and resources at the working place; Peter Richter & Doris Domke (Dresden, Germany) on Job content and coping of demands as risk factors in myocard infarction; by Frank D. Pot (Leiden, the Netherlands) on Assessment and redesign of work organisation and by Gunnela Westlander (Soina, Sweden) on Organisational change and health at work.

The papers of this symposium focused on the attempt to overcome the traditional negative view of health which still predominates Health Psychology as well as Work and Organisational Psychology. Objective (environmental, social, organisational) resources and subjective (individual, personal) resources which help people to stay healthy or to re-establish health, play an eminent role in interactive models of positive health presented in the papers, leading to the conclusion that health is a dynamic state and a result of effects of individual and social resources.

Health Risks And Life Events

The symposium on Health risks and life events may be the symposium, which most expanded the traditional individual / behavioural approach to an approach of individual / environment interaction. The topic of the symposium, the importance of taking the contextual / social / environmental interchange with human behaviour into more serious consideration in psychological research, was stressed during the congress several times. The mere description of behaviour is not enough.

- The symposium discussed several kinds of risks, methods of describing risk factors and on the other hand, human reactions to risk factors and methods of describing psychological reactions. Interventions focusing on risk factors - like suicide prevention

strategy in Finland - are seemingly waiting for their time to become a relevant topic for psychological expertise.

- The topics discussed mapped quite a wide range of environmental factors psychologists have considered worth while studying as psychologically relevant matters. Topics ranged from events in personal life to social circumstances, like unemployment and ecological risks (e.g. pollution). The widest and most severe circumstance discussed was the research going on in Byelo-Russia (Otchik) concerning psychological reactions of children after the catastrophe in Chernobyl. Some preliminary results (e.g. greater aggression in girls) was discussed.

- One of the most interesting presentations (no abstract) was a study being conducted in Russia (Shaposhnikov) on hypokinesia as a risk factor in psychosomatic illness. Experimentally prolonged immobilisation of healthy volunteers resulted in many somatic, psychovegetative and hypochondriac symptoms, as well as fatigues and sharpening of personal traits. The results, a kind of "cosmonaut-effect" and experience of preventive measures applied, seemed to have great clinical applicability.

AIDS

Other symposia treated more traditional topics like AIDS, cardiovascular problems, addictions and coping.

Symposium on AIDS: Three main themes emerged from the 6 papers presented in this symposium:

- 1) Attitudes towards AIDS and people with AIDS, determinants of those attitudes;
- 2) Perceived risk, preventive behaviours and techniques adapted to the enhancement of those behaviours;
- 3) Relationships between protective behaviours and attitudes towards prevention, on the point of view of health models.

The general conclusions of these papers are rather pessimistic and / or challenging for future research in this area. They put in evidence:

- The necessity to adapt health belief models according to the nonrational and rational aspects of attitudes towards preventive behaviours (Van den

Bergh, De Wit, Victoir & Baele - Belgium) and to psycho-social factors like gender and sexual experience (Abraham, Sheeran, Abrams & Spears - Scotland);

- The need to deepen the research about the role of self-efficacy in protective behaviours (Otten, Vinkenburg & van der Plight - the Netherlands) and about optimistic bias of risk perception (Rise - Norway; Kraft - Switzerland);

- The weight of societal negative factors like societal authoritarianism which make difficult to change discriminating behaviours towards AIDS-patients (Hornung, Haettich & Helming - Switzerland), and the weight of moral social norms (Girault - France) leading to strong external constraints imposed to information about AIDS in an organisational context, though its necessity and efficiency has been proved.

Cardiovascular Disease

The symposium on Cardiovascular Disease has exposed the audience to 6 presentations of studies all showing good to excellent experimental standards. The studies were addressed to different problems, ranging from the role denial in CHD, to the role of psycho-social risk factors either in predicting "classical" factors (as in the paper by Sibilia et al.) or in predicting outcomes of myocard infarction, including social adjustment (as in Julkunen & Saarinen). Referring to interventions, detailed effects of a programme (by Heiligtag, et al.) of regular exercise, anger expression and social support raised much interest, and so did the report (by Gallagher, et al.) of a minimal stress management programme (perhaps too minimal) for angina patients; coping strategies, however, have been shown to exert an influence on the outcomes of a health education programme for

coronary patients, as shown by van Elderen. Dialogue was lively so that time allowed for discussion was felt as somewhat too limited.

Addictive Behaviour

Symposium on Addictive Behaviour: Lectures were given on empirical and experimental studies in alcohol and smoking related problems.

Schippers and Brokken (the Netherlands) reported on an early intervention programme which aimed at motivating high-risk drinkers for adequate treatment. John (Germany) presented results indicating that defence mechanisms in the acknowledged to be an alcoholic are a serious barrier to abstinence motivation.

In the "smoking section" of the symposium Neuser and Gehrke (Germany) gave a report on an experimental study indicating that physiological effects of smoking are modified by psychological variables. Chatrou and Seegers (the Netherlands) reported on a cross-validation study of Leventhal's smoking prevention approach. Relevant variables turned out to be identical in both studies. Schoberberger and Kunze (Austria) focussed on the advantages of a nicotine replacement therapy yielding a 45% rate of quitters. Another way of smoking cessation therapy was undertaken by De Vries, Willemsen and Seydel (the Netherlands), who gave a report on a large scale intervention programme including mass media messages, individual and group support, as well as a telephone quit line. The special needs of subgroups defined according to the Fishbein and Ajzen model of attitude change were also shown.

The lectures covered a wide range from basic research to intervention. Discussion was sometimes controversial, even though fruitful for all participants.

Coping With Disease

During the symposium on Coping with disease, the study reported by Quintard et al. (Tallence, France) attempted to describe inter-individual differences on adjustment strategies to hospital stressors, with a Principal Component Analysis of a rating scale, in subjects suffering from various somatic pathologies (cancers, burns, digestive disease...). It yielded a first meaningful and discriminative axis of psychic and somatic adjustment/maladjustment. The paper presented by Weinman et al. (London, United Kingdom) described the development of a new questionnaire to measure illness representations. It demonstrated the range of illness representations in chronically ill patients and the links between specific representations, coping and mood. Coping reactions during the course of cancer chemotherapy change considerably, regarding individual values as well as sample means were explored in the paper by Schulte et al.: interindividual differences in coping stability appeared to be predictable by treatment distress due to side-effects.

The paper presented by de Ruiter et al. dealt with the direct and indirect effect of social support on the quality of life of cancer patients compared with healthy controls. The latter group showed a stronger direct effect of support while the indirect effect of support for patients is determined by physical complaints.

Finally Weiss & Koch (Germany) reported on an investigation on the work related problems of former cancer patients returning to work and the changes of their work situation as well as problems of vocational integration after cancer.

Newly Appointed National Representatives

For Czechia (and Slovakia): Tomas Radil
Prague

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Seventh European Health Psychology Society Conference

Psychological Theories and Healthy Practices

Exploring the Scientific Foundations of Health Psychology

Brussels, Belgium, 1-3 September 1993

We all know that the growth of health psychology in recent years has been explosive, and we are proud of the fact that we could play a role in this development. However, in order to avoid that this large and still growing body becomes amorphous, we have to carefully strengthen its back-bone, which is its foundation in psychological science. For that reason, we chose to focus, in this conference upon these scientific roots of health psychology. We decided to do so at the conference by reserving a large portion of each morning to plenary sessions, where two distinguished scientists discuss important aspects of health psychology from two different perspectives: one from the perspective of more fundamental psychological science and one from a more applied "health psychology" perspective. The first will offer health psychologists a fresh look at their problems and the second will explore the possibilities and problems implied in such new perspective.

At the Conference in Brussels, the first day's plenary session will focus on prevention. Paul Eelen (Leuven, B), will critically review, from the perspective of learning theory, the attempts of health psychologists to achieve behaviour change. Whereas Gerjo Kok (Maastricht, NL) will discuss, from the perspective of health education, prevention and the suggestions from learning theory. Stress, as an important pathogen, will be the central theme of the Thursday plenary session. Robert Dantzer (Bordeaux, F) will challenge traditional ideas about stress and stress-management on the basis of his psycho-biological research, while Andrew Steptoe (London, UK) accepted to join this discussion from a real health psychology perspective and try to build on these and his own ideas. Treatment will be the focus of the 3rd day: Jerry Suls (Iowa City, USA) will critically examine the explanatory possibilities

of a self regulation perspective; Theresa Marteau (London, UK) will join this discussion and explore these issues on the basis of her experience both in research and practice.

Many other currently researched topics will be discussed in symposia where contributors will carefully explore implications for practice. Already now symposia are planned on worksite health, stress at work, health promotion, AIDS prevention, health monitoring, cardiovascular reactivity, cardiac rehabilitation, physical exercise, visceral perception, psycho-immunology, nutrition, behavioral pediatrics, social support, psychosocial oncology, patient decision making, stress coping and illness.

Ideas can be explained, research data can better be shown and discussed. It is our opinion that there is no reason to believe that oral presentations are superior to or more valuable than posters. Upholding a status difference between both presentations formats therefore seems unproductive. We believe that the format of presentation should be determined by the materials presented. Oral presentations are better suited than posters to review and to discuss ideas and conceptual issues before a larger audience. A poster session, on the other hand, offers better opportunities than a lecture to explore and discuss actual research data interactively with highly interested colleagues. Therefore, we decided to follow the line, that was initiated in previous conferences, to promote posters. We will do so by grouping posters by theme, making posters available for the participants during a full conference day at an easily accessible place and by providing programme-time for interactive discussions, animated by invited poster discussants.

Social Programme. Much detail

about the social programme cannot yet be revealed, but those who missed it will be sorry, not in the least because we intend to offer it at minimal cost.

Brussels, a city waiting to welcome you. Geographically Brussels is situated between northern and southern Europe and combines the best from both.

The Conference Centre is situated right in the heart of historical Brussels, five minutes walking from the famous Grand Place and the shopping area, almost next to the Royal Palace and many other interesting places.

Many typical and good restaurants are situated in the immediate vicinity of the Conference Centre.

The Conference Centre itself is also very attractive, featuring not only comfortable and well equipped meeting rooms, but also large and beautiful wall paintings by some of our most renowned painters like Paul Delvaux.

Respond Quickly. A call for abstracts will soon be sent to all members of EHPS. Carefully note the deadline for submitting contributions and registration. Early registration will be rewarded.

Money should be no problem. Since we are a young discipline and many colleagues are in a financial unstable situation, we decided to reduce registration fee as much as possible for students and for colleagues from Eastern Europe. Additionally, inexpensive accommodation is available in university sport centres and youth hostels located in the vicinity of the Conference Centre. Only immediate response ensures a reservation at these accommodations.

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How To Become A Famous Scientist

(From R. Hodgson and S. Rollnick,

More fun, less stress : How to survive in research. In: G. Parry and F.S. Watts, Behavioural and mental research: A handbook of skills and methods. Lawrence Erlbaum Associates, Hove/London. 1989)

"The Research Game

...we would just like to provide one very simple method of surviving in the research field without really trying. Table 1.1 shows young researchers everything that is really needed to make a name for themselves if they are researching psychological phenomena. In all fields of exploration and discovery those lucky individuals who are able to put a catch-phrase or title to a new phenomenon will not only survive but will be put on a pedestal by their colleagues. We will now reveal how this can be accomplished. It is often thought that research workers discover a phenomenon and then put a name on it, but actually the reverse is true. We have discovered that impressive-sounding labels are first of all generated and then a search is mounted for a phenomenon that fits the label. This is how many psychological phenomena were originally discovered including cognitive dissonance, erogenous zones, the inverted Oedipus complex, the reinforcement retraction paradox, waxy flexibility, dementia infantilis, critical fusion

frequency and the abstinence violation effect. Now, for the first time, we are publishing the buzz-word generator that was used to produce these and many other labels within the field of psychology. The words displayed in Table 1.1 can be put together in over 2000 ways and only 55 combinations

have so far been used to label psychological phenomena. If you play around with this buzz-word generator your perceived self-efficacy will be enhanced and from an instrumental relativist orientation your future functionally autonomous self-actualisation will be guaranteed."

Table 1.1 Buzz-word generator

1.	Dementia	Retraction	Complex
2.	Abstinence	Self-	Therapy
3.	Perceived	Restructuring	Fixation
4.	Oral	Violation	Efficacy
5.	Learned	Dependence	Questionnaire
6.	Anal	Helplessness	Syndrome
7.	Instrumental	Dissonance	Effect
8.	Cognitive	Autonomous	Paradox
9.	Reinforcement	Oedipus	Frequency
10.	Inverted	Infantilis	Self-actualisation
11.	Critical	Relativist	Construct

To form acceptable and influential psychological terminology randomly choose one number for each of the three columns. For example: 432 = Oral Restructuring Therapy; 618 = Anal Retraction Paradox; 865 = Cognitive Helplessness Questionnaire.

Offers For EHPS-Members

As was announced at the Members Meeting in Leipzig, reduced subscription rates for leading publications in the field of health psychology are offered to members of EHPS by Wiley and Harwood:

Harwood Academic Publishers offers "Psychology and Health" for \$ 60 instead of the regular \$ 94 price.

Wiley offers the "International Review of Health Psychology" for £ 14 instead of £ 40 - 45.

Take advantage of these very interesting offers.

Abstracts

Selected from "Gedrag en Gezondheid" (1992, 20, 6)
(Behaviour and Health), a health psychology journal run
by Dutch and Flemish psychologists.

Chronic terminal renal insufficiency among youngsters : Psychosocial aspects and psychological interventions.

Els van der Vlist en Elisabeth H. M. Eurelings-Bontekoe

This article describes the psychosocial aspects of chronic terminal renal insufficiency among youngsters during the period before dialysis, the period during dialysis and finally, the transplantation period. It is concluding that this condition can induce severe feelings of inferiority, preoccupation with bodily processes, feelings of social and cognitive incompetence and feelings of anger, anxiety, loss of control, depression and overdependency. The condition moreover leads to disturbances in the family of the youngsters, by influencing both the life of the parents as well as that of the siblings. Adequate psychosocial care should imply the provision of an emotional relationship, in which information is provided in a way adapted to the particular patient and in which emotional support and skill-training is included, to enable the patient and his family to cope more adequately with the consequences of the disease, resulting in a higher level of self-efficacy and control in patients and family. Finally the importance of involving the social environment of the patient in treatment is stressed.

Affective consequences of social comparison under stress : A study among disabled persons.

Jan Febke Ybema en Bram P. Buunk

Social comparison processes can be important in coping with stressful situations. Comparison with other worse off (downward comparison) is often described as a strategy for cognitive reappraisal of one's own situation to enhance well-being. Upward comparison, on the other hand, can be used for evaluation and improving one's situation or coping behaviour. It is generally assumed that downward comparison generates positive affect and the upward comparison generates negative affect. Recent studies indicate, however, that this is not always the case. In the present study, the affective consequences of upward and downward comparison are examined among 162 individuals falling under the Disablement Insurance Act. It was found that downward comparison generated both more negative and more positive affect than upward comparison did. In addition, perceived stress correlated with the occurrence of positive and negative affect after social comparison. Upward comparison generated both more positive and more negative affect to the degree that more stress was experienced. Downward comparison generated more negative affect, but an equal degree of positive affect as subjects experienced a higher level of stress results for social comparison theory and coping theory are discussed.

The Medical Psychological Questionnaire for CARA patients.

R. A. M. Erdman, N. J. M. Cox en H. J. Duivenvoorden

In this research note psychometric aspects of the Medical Psychological Questionnaire for CARA patients (MPVC) are discussed. Data are presented on the factorial structure, reliability and validity of the MPVC, a modified version of the Dutch Heart Patients Psychological Questionnaire (HPPQ). The MPVC was completed by 524 CARA patients of whom 42% suffered from asthma and 58% from Chronic Obstructive Pulmonary Disease (COPD). The MPVC contains 4 subscales (wellbeing, feelings of being disabled, displeasure, social inhibition) assessing emotional experience in adult CARA patients. The results of reliability analysis varies from .60 to .92 and be considered as favourable. Validity measures are promising in particular with respect to discriminant validity: the test discriminates between 'happy' and 'unhappy' CARA patients ($p < .001$). Further research is needed to establish the usefulness of the MPVC for application in medical practice.

Psychosocial problems in recently diagnosed breast cancer patients.

Henk Boer, Erwin R. Seydel, Karin van Rijn, Albert G. Boekema en A. C. A. Mak

The nature of psychological problems of recently diagnosed breast cancer patients ($n=52$) is described. The role of objective health status, perceived health, generalised self-efficacy, perceived quality of medical care, age and level of education in the emergence of psychosocial problems is investigated. Findings reveal that perceived health and generalised self-efficacy are major predictors of the amount of psychosocial problems encountered by recently diagnosed breast cancer patients. The implication for psychosocial interventions are discussed.

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