

EHPS Newsletter

Newsletter of the European Health Psychology Society

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Editor's Foreword

This issue contains a lot of official information: the minutes of the meetings held at the Alicante Conference, instructions on how to pay the membership fees, with a separate arrangement for members from Central and Eastern Europe. Furthermore there are reports on the Alicante Conference, an invitation to the next EHPS Conference in Bergen and a report on the Erasmus course in health psychology. The Health Psychology in Europe section offers a detailed description of the situation of health psychology in Austria.

We wish you all the best for 1995!

Jan Vinck, editor

Minutes of the EHPS Members' Meeting

Alicante, Spain

Thursday, July 14, 1994

1. President's Report

The President opened the meeting and welcomed those present.

The President reported on the activities of the Executive Committee over the past two years.

She reported on matters pertaining to membership issues, Conferences, Newsletter, publishers, organizations with related objectives, and about the discussions with Dr Orley (WHO Geneva). She announced that the EHPS will try and fulfil a more proactive role concerning health psychology issues: office holding members of the Executive Committee will work on a Strategic Document in which these issues will be discussed.

2. Treasurer's Report

The President said that the accounts of the EHPS were audited by Derek Johnston and France Kittel; the auditors have stated that the accounts are correct. The EHPS account now stands at DM 15,240 and £ 875.

The money that has been spent up to now has served to pay for producing the Newsletters and for Conference Organizers and costs of Board Meetings of the Executive Committee.

3. Article 19 amendment

The President explained that the present wording of Article 19 is too restrictive. A motion was carried to amend this Article. No one voted against, the motion was carried (see minutes of the meeting of the Executive Committee for the current and new Article 19).

4. Elections

The President reported that two nominations for memberships of the Executive Committee were received: Hannah McGee, Secretary, and Ralf Schwarzer, Vice-President. She announced that, given the Standing Orders and Articles of the EHPS, Sibilina,

(continued on next page)

Membership Fees

Lothar Schmidt (Trier) did a wonderful job taking care for our "treasure" during several years in his efficient and reliable style. Thanks a lot Lothar. Now Juhani Julkunen took over his responsibility and announces that we can pay our membership fee of 120 FIM by a bank transfer to the account of EHPS :

EUROPEAN HEALTH PSYCHOLOGY SOCIETY
226218 - 32168 with
Union Bank of Finland (Branch 2262)
by S.W.I.F.T.
(UNITFIHH)

Please make sure to mention "membership contribution" together with your name and address.

Minutes of the Members' Meeting

(continued from page 1)

Vinck and Weinman can no longer serve on the Executive Committee. She thanked these three members for all their work for the Society. She mentioned that Schmidt resigned, and she thanked him for his work for the Society. The President said the following names and positions were now put forward as representing the new Executive Committee of the EHPS:

Marie Johnston, President; Ralf Schwarzer, Vice-President; Hannah McGee, Secretary; Ordinary Members: Ad Kaptein, Stan Maes, Juhani Julkunen (to become Treasurer/Membership Officer as of January 1995), Jesús Rodríguez-Marín, Kazimierz Wrzeniewski; Jan Vinck, Newsletter Editor, co-option.

5. Future Conferences

The President announced the 1995 EHPS Conference, Bergen, Norway, August 28-30, and 1996, Dublin, Ireland, September 4-6.

Bruno Quintard announced that he will propose to have the 1997 in Bordeaux, France.

6. Matters arising

McGee suggested changes in the format of Conferences. It was agreed that she will send these suggestions in writing to the President. The issue of reduced fees was discussed; this will be discussed in the 'Strategic Committee'. Holte, Norway, announced the Workshop on applied health psychology (held during the Conference).

The President thanked all those present and closed the meeting.

Ad Kaptein

Minutes of the Meeting of the Executive Committee of the EHPS

Alicante, Spain

Tuesday, July 12, 1994

Attendance :

Marie Johnston (President), Juhani Julkunen, Ad Kaptein (Secretary), Stan Maes, Ralf Schwarzer, Lucio Sibilia, Jan Vinck, Kazimierz Wrzeniewski

Apologies :

Lothar Schmidt, John Weinman

1. President's opening welcome

The President welcomed those present and opened the meeting.

2. Minutes of the meeting of the Executive Committee (EC), Brussels, August 1993.

The minutes were accepted.

It was agreed that Kaptein will send copies of the EHPS Membership list to the National Representatives. This should give the National Representatives the opportunity to play a proactive role within their countries with respect to involving EHPS members in health psychology activities.

Vinck will represent the EHPS at a Forum discussion, on international psychology associations in Europe, at the IAAP Conference, Madrid, July 1994.

3. Matters arising

The organizers of the 1995 Bergen EHPS Conference have been allotted £ 500 in order to help cover costs. The Executive Committee will discuss with future conference organizers that if a Conference makes a profit, the support given by the EHPS should be paid back to the EHPS.

Kaptein stands down as Co-Editor of the Newsletter as of July 1994. It was agreed that Vinck, Editor of the Newslet-

ter, will try and involve EHPS members from various regions in Europe as correspondents for the Newsletter.

4. Elections

Nominations for Vice-President (Schwarzer) and Secretary (McGee) were received. The President explained election rules and procedures. She and the other members of the Executive Committee expressed regret that Lothar Schmidt decided to step down as Treasurer and Membership Officer. The Executive Committee will propose to the Members' Meeting the following new Executive Committee:

Marie Johnston, President; Ralf Schwarzer, Vice-President; Hannah McGee, Secretary; Juhani Julkunen, Treasurer and Membership Officer, as of 1 January 1995; Ad Kaptein, Stan Maes, Jesús Rodríguez-Marín, Kazimierz Wrzeniewski, Ordinary Members. Jan Vinck, Editor Newsletter: co-option.

The issue of regional representation of Executive Committee members was discussed. It was agreed to propose to the Members' Meeting to change Article 19.

Current text :

Article 19.

The Executive Committee, which consists of eight members, is elected by the members. This may take place both during an ordinary or extraordinary Members' Meeting and direct elections outside of the Members' Meeting, or through a combination of both. The eight members of the Executive Committee must be as representative as possible of the

following five regions of Europe:

- a) United Kingdom, Ireland
- b) Benelux, Scandinavia
- c) Federal Republic of Germany, Switzerland, Austria
- d) France, Spain, Portugal, Italy, Greece
- e) Eastern Block

Proposed new text:

Article 19.

The Executive Committee, which consists of eight members, is elected by the members. This may take place both during an ordinary or extraordinary Members' Meeting and direct elections outside of the Members' Meeting, or through a combination of both. The eight members of the Executive Committee must be as representative as possible of the regions of Europe.

No more than two members of the Executive Committee may come from any one country.

5. Treasurer's report

France Kittel and Derek Johnston audited the EHPS account in the Spring of 1994. The current account is DM. 15,740 and £ 875. Vinck mentioned that producing and distributing the Newsletter costs £ 750 per year (two issues) and that he did not yet receive bills for these costs of producing Newsletters in the past two years.

Wrzeniewski explained that EHPS members in Eastern European countries with non-transferable currencies are being charged 1% of their net monthly salary as EHPS membership dues. It was agreed that Wrzeniewski will report annually to the Executive Committee about the various accounts in Eastern European countries. It was also agreed that the Executive Committee will review the issue of membership dues for members in those countries in the light of developments in Central and Eastern Europe.

6. WHO

Dr John Orley, senior medical officer of the Division of Mental Health at WHO Geneva, joined the meeting.

He explained that WHO intends to set up a network of collaborators in the area of psychosocial and behavioural research on health and human development.

The President said that the EHPS is certainly interested in cooperating with WHO in this regard. She mentioned that there are other organizations (e.g., ISBM) which may be interested as well.

It was decided that Orley will write about his plans in our Newsletter. It was suggested that WHO gives a presentation (e.g., panel discussion, workshop) at the 1995 EHPS Conference in Bergen.

Orley expressed his thanks and left the meeting.

7. Secretary's Report

Ad Kaptein reported about the correspondence on behalf of the EHPS over the past two years.

8. President's Report

Marie Johnston raised the issue of how the EHPS, in addition to organizing conferences annually, could play a proactive role in the area of health psychology in Europe. It was decided to have a meeting (Spring 1995) where office holding members of the Executive Meeting (Presi-

dent, Vice-President, Secretary and Treasurer/Membership Officer) will discuss strategic issues. Documents will be produced by these members, which will be distributed to all members of the Executive Committee. Various topics were suggested (e.g., relationships with other Societies, training issues, stimulating cross-national research, membership fees (including fees for students), non-European members, non-psychologists members, frequency of EHPS Conferences, relations with media); all Executive Committee members were invited to produce suggestions and send these to the Secretary.

9. National Representatives

It was agreed to discuss the issue of support for National Representatives from their respective national organizations during the upcoming meeting with the National Representatives.

10. Newsletter

It was agreed to publish the Newsletter every Spring and Autumn.

11. Future Conferences EHPS

In 1995 the Conference will be held in Bergen, Norway, August 28 to 30. The 1996 Conference will be held in Dublin, Ireland, September 4 to 6.

The President will suggest names as members of scientific committees for future conferences.

As far as venues for EHPS Conferences after 1996 are concerned, it was decided to bring to the Members' Meeting that EHPS seeks competitive bids for the organization of future conferences. These bids should be in writing and public.

European Congress of Psychology, Athens, July 2 to 7 1995.

EHPS will organize a round table discussion and two symposia: one on primary prevention (convenors: Tanya Anagnostopoulou and Stan Maes) and one on coping with chronic illness (Marie Johnston and Ad Kaptein). Howard Leventhal is invited speaker.

12. Resigning members of the Executive Committee

The President thanked Lothar Schmidt, Lugio Sibilia and John Weinman for all their work for the Society. She stated that they all have been involved from before the beginning of the EHPS and mentioned that she hoped they would continue their involvement with EHPS.

13. Any other business

a) The launching of two new journals in the area of health psychology was discussed. It was agreed that it was important to assure the continued publication of existing journals.

b) In response to a letter written by David Marks in his role as Convenor of the task force on health psychology (EFPPA), it was decided that

(a) EHPS will pay Marie Johnston for costs associated with her attending three previous meetings of the task force, not covered by EFPPA,

(b) Jesús Rodríguez-Marín will attend a meeting of the task force in Paris in October 1994 and will represent EHPS,

(c) Kaptein will respond to Marks' letter, stating that

(continued on next page)

Minutes of the EC Meeting

(continued from page 3)

EHPS considered the plans of EFPPA regarding training issues, and that EHPS will be continuing to consider training programmes.

c) With regard to an initiative by Burckhardt on a European Master training scheme for health psychologists it was considered that EHPS is already working on a document on training. EHPS will consider Burckhardt's initiatives as interesting but will be discussing this issue in

the 'Strategic Document' which will be produced.

d) Sibilía asked how a recently published book by Sibilía et al. could be made available to the attention of EHPS members. It was decided that names of interested persons would be collected at the registration desk during the 1994 Alicante Conference. The meeting welcomed the generous offering of the book to the National Representatives of Central and Eastern European countries for free.

The President closed the meeting.

Ad Kaptein

Minutes of the EC Meeting

Alicante, Spain

Thursday, July 14, 1994

Attendance : Marie Johnston (President), Ralf Schwarzer (vice-President), Hannah McGhee (Secretary), Juhani Julkunen (Treasurer), Ad Kaptein, Stan Maes, Jesús Rodríguez-Marín, Jan Vinck, Kazimierz Wrzesniewski.

1. 1997 conference proposal : French colleagues asked to submit written proposal to Executive Committee (EC). All EC members to provide their comments on this to M. Johnston.

2. Journal/EHPS link : Fax from Harwood re. obligatory price subscription to *Psychology & Health* (UK £ 20 per year and £ 1 per issue = £ 26). H. McGhee to check details for similar offer made to International QoI. Research Society. S. Maes and a. Kaptein to investigate and feedback to EC.

3. EHPS treasurer/membership secretary : L. Schmidt to be asked to continue with duties until December 1994

(M. Johnston) with J. Julkunen commencing Jan. 1995. EC agreed to provide financial support to J. Julkunen to set up accounts spreadsheet.

Re. membership secretary task : EC agreed that a standard invitation to join package and membership generation strategy are needed. J. Julkunen to consider if he wishes to have this position separate from the role of treasurer and will inform president. If yes, EC has approved that Ladislav Valach (Switzerland) be invited to join EC for this role.

4. Strategic review : all members are requested to provide ideas for this in writing to M. Johnston. Agreed that officers (MJ, RS, HM, JJ) would meet next Spring to advance strategy. Venue not yet decided.

5. The meeting expressed thanks to Ad Kaptein as retiring secretary for his work.

Hannah McGhee, Secretary

Minutes of the National Representatives Meeting

Alicante, Spain

Thursday, July 14, 1994

Attendance :

National Representatives (see attached list for names and addresses); Johnston, Julkunen, Kaptein, Maes, Schwarzer, Vinck; Sibilía and Wrzesniewski, as National Representatives.

1. Updated list

The list with names and addresses of the National Representatives was updated (enclosed). Kaptein will send the National Representatives a copy of the EHPS membership List in order to facilitate national activities by the National Representatives with regard to health psychology and the EHPS.

Marie Johnston stressed the importance of making sure that the correct procedures were followed concerning the National Representatives truly representing their national organizations.

2. Issues discussed

a. The relation between the Executive Committee of the EHPS and the National Representatives.

It was agreed that at the Meeting of National Representatives the Executive Committee consults with the National Representatives. Consultation and the exchange of information concerning EHPS matters are the goals of such meetings.

The President announced that office holding members of the Executive Committee will be meeting next Spring in order to come up with proposals regarding duration of term of National Representatives and procedures regarding nomination and election of National Representatives (and related issues; see minutes of the meeting of the Executive Committee, published in the Newsletter).

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Austria

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Up to the present time the situation of Health Psychology in Austria may be regarded as a concept somewhat roughly outlined. Academic education is able and competent to offer Health Psychology as an outlined area of study. Research is still mainly concentrating on those fields Health Psychology emerged from. Since 1991 there has been a nationally regulated education for health psychologists as well as the legal protection of the title Health Psychologist. The public knowledge of this field and the offer of health psychological services are, however, still limited. Because of the generally positive associations with this term and its relatively high acceptance within the medical profession, both the theoretical and practical areas of Health Psychology are expected to expand noticeable over the next few years.

Summary

Since the 1980's the term Health Psychology has established itself as a part of scientific psychology in Austria. Health and illness are classified from a typical psychological viewpoint, in other words psychological variables of experience and behaviour are taken as main characteristics for the cause, development, formation and maintenance or influence of health or illness processes respectively. While Behavioural Medicine, which is also a relatively new field combining elements of psychology and medicine, looks mainly at etiopathogenetical processes of illnesses and the relating possibilities of cures, Health Psychology devotes itself primarily to prophylactic areas. Health Psychology deals particularly with those psychological factors which are substantially involved in maintaining health, preventing illness, treating existing illnesses (the rehabilitation process) and in adjusting to chronic illnesses. Frequent topics such as Health Support, the possibilities of changing health relevant behaviour, social support, mastering stress, or family and health shall be considered as examples. Research on illnesses is contrasted with research on health even if this represents only a shifting of focus or a displacement of the crucial point of existing theoretical approaches closely related to medicine.

The reception of the term Health Psychology by Austrian psychologists can be described as having been incredibly quick and enthusiastic. In contrast

to the term Behavioral Medicine which contains the notion psychology in the word behavior and which is semantically dominated by the term medicine, the term Health Psychology has been understood by psychologists as a term that definitely belongs to their domain and which avoids any crisis of identity on their part.

The present situation of Health Psychology in Austria may be regarded as a concept somewhat roughly outlined. The academic education is principally able and competent to offer this field as an independent area of study. Research is still mainly concentrating on those areas which Health Psychology emerged from (Clinical Psychology, Social Psychology, Medical Psychology, Social Medicine, Psychotherapy). In the practical application of Health Psychology an astonishing phenomenon can be described: although a regulated training programme for Health Psychologists has been introduced and legal protection given to the professional title (national law for psychologists), there is little public knowledge of this subject and health psychological services are still only on the fringes of health care. It is, however, predictable that the theoretical as well as the practical areas of Health Psychology will expand noticeable over the next few years, due to generally positive associations with the term itself and its relatively high acceptance.

Health Psychology in Europe

Health Psychology in Austria

1. Introduction

Since the 1980's the term Health Psychology has established itself as a part of scientific psychology in Austria. Health and illness are classified from a typical psychological viewpoint, in other words psychological variables of experience and behaviour are taken as main characteristics for the cause, development, formation and maintenance or influence of processes concerning health or illnesses respectively. While Behavioral Medicine which is also a relatively young area in between psychology and medicine looks mainly at etiopathogenetical processes of illnesses and the relating possibilities of cures, Health Psychology deals particularly with those psychological factors which are substantially involved in maintaining health, preventing illness, treating existing illnesses (the rehabilitation process) and in adjusting to chronic illnesses (e.g. Schoberberger 1990). Frequent topics such as health promotion, the possibilities of changing health relevant behaviour, social support, mastering stress, or family and health shall be considered as examples. Research on illnesses is contrasted with research on health even if this represents only a shifting of focus or displacement of the crucial point of existing theoretical approaches closely related to medicine.

The reception of the term Health Psychology by Austrian Psychologists can be described as having been incredibly quick and enthusiastic. In contrast to the term Behavioral Medicine which contains the notion psychology in the word behavior and which is semantically dominated by the term medicine, the term Health Psychology has been understood by psychologists as a term that definitely belongs to their domain and which avoids any crises of identity on their part.

2. The Organisation of Public Health Care in Austria

2.1. General Points

The Austrian Health System - or rather Health Care - is regulated by national laws that are rather rigorous compared to the European standard. National social insurance (particularly sickness insurance) is a statutory requirement. People who have no job - in other words all those who do neither earn a salary nor an income (e.g. children, students, housewives etc.) have to be insured through a working member of the family (or retired relative). Besides this sickness insurance there is also the possibility of a voluntary insurance, if the national system does not apply in a certain case or if additional insurance is

needed, because a particular illness requires special services. This Health Care system is managed by a range of sickness insurance organisations (and pension insurance funds) which are corporations under public law - coordinated by the parent organisation of the Austrian social underwriters - covers almost all aspects.

2.2. Regulations for the area of Psychology

2.2.1 law for psychologists (Österreichisches Psychologengesetz)

Those two laws concerning psychology (law for psychologists) and psychotherapy (law for psychotherapy) which have only been effective since 1.1.1991 (Kierein et al. 1991), have a dominant position in the regulation of any kind of psychological services in the Austrian Health - or rather Illness Care System. This ended a legal uncertainty regarding the necessary training and competence in practical psychological areas that had lasted for decades (Bundesgesetzblatt 1990).

In article 1 of the Austrian Law for psychologists it says under 3 (1): The pursuit of the psychological profession in the area of Public Health is the examination, interpretation, change and prediction of human life and behaviour with the help of scientific psychological knowledge and methods. This has been made possible due to the acquisition of professional competence within the meaning of this national law. (2) The pursuit of the psychological profession covers particularly the following points:

1. the clinical psychological diagnostics covering fitness, personality characteristics, behaviour disorders, psychic changes and general suffering, and based on these counsel prognosis, reports and medical opinions
2. the application of psychological treatment methods for the prevention, treatment and rehabilitation of individuals and groups or the advising of legal personages or the research or theory of the areas mentioned above
3. the development of health promoting activities and projects

The acquisition of professional competence within the scope of the practical pursuit of the psychological profession is divided into specialised areas of theoretical and practical competence and both are required:

5 (1) The training of theoretical professional competence has to be at least 160 hours. It has to increase the practical knowledge and experience of Clinical Psychology and Health Psychology. (2) The knowledge of the following theories has to be increased:

1. Basis and methods of health provision and health promotion

2. Clinical Psychological Diagnostics
3. Intervening psychological strategies and basic attitudes concerning therapy
4. Rehabilitation
5. Psychological supervision
6. Group work
7. Psychiatry, Psychopathology, Psychosomatics, and Psychopharmacology
8. Preparation of medical opinions
9. Ethics
10. Institutional health legitimate and psycho-social conditions

6 (1) The training of practical professional competence has to be:

1. at least 1480 hours of psychological activities in psycho-social institutions of the Public Health or social system. At least 150 hours of which have to be spent working in a professionally relevant institution of Public Health within one year.
2. at least 120 hours of psychological activity accompanied by psychological supervision. This provides supportive aid and counsel on the basis of concrete cases plus the possibility of self reflection.

An essential innovation - introduced in 1991, not yet fully implemented on a provincial level - is the inclusion of psychotherapeutical services on the one side (national law for psychotherapy) and the clinical-psychological and healthpsychological services (national law for psychologists) on the other into the national Social Security System. A vast part of the population, however, wishes further reaching national social services to be added to the range of sickness insurance. At the moment preparations are being made for the legally regulated nursing insurance which shall come into effect in mid 1993.

The right to hold the title Psychologist - as it is legally defined - requires evidence of the acquisition of the special competences, the academic qualification, personal health and trustworthiness as well as the entry on the List Of Clinical Psychologists and Health Psychologists after having been interviewed by the psychologists' council. These requirements must be fulfilled before independent practice of the psychological profession.

Concerning the title Health Psychologist and Clinical Psychologist the law says:

12 (1) Whoever is entitled independently to pursuit the psychological profession (see 3 (1)) which means he has acquired all knowledge and experience required for his profession (art.13 (5)) has to carry the title :

1. Health Psychologist or
2. Clinical Psychologist if at least 800 hours of psychological activities at a professionally relevant institution have been completed.

The titles Health Psychologist and Clinical Psychologist as well as the general title Psychologist are legally protected, so that the use of any title that would be suitable for any person pretending to be a professional psychologist is a punishable offence.

Academy for Further Education of the Professional Association of Austrian Psychologists (Fortbildungsakademie des Berufsverbandes Österreichischer Psychologen BÖP) offers an already accredited educational programme for postgraduates (curriculum for the acquisition of specialised competence) since autumn 1992. This programme is based on the law and concerned with the training of postgraduates who wish to embark upon a career in the field of psychology and also carries legal status.

2.2.2. law for psychotherapy (Österreichisches Psychotherapiegesetz)

Together with the law for psychologists a federal law for psychotherapy came into effect on 1.1.1991. This law regulates (a) the title Psychotherapist (b) the training and (c) the licensing for the profession following the freelance regulations according to the federal Austrian constitution.

This also controls the pursuit of psychotherapy as a specific and normed profession dealing with public health. The title Psychotherapeut is bound together with a legally established training and is primarily designed as further studies for some completed professional trainings (e.g. degrees in psychology, medicine, pedagogics, theology or diplomas from social academies for social workers, nursing schools, medical-technical education etc.). Compared to European standards the entrance qualifications for licensing as a psychotherapeut are rather wide-spread. This is why psychotherapy is not an entirely academic profession. In order to level the different entrance qualifications of the trainees there is a so-called Psychotherapeutisches Propädeutikum which is the first part of the compulsory therapy school-neutral education. This is also partly offered at universities (e.g. within the scope of psychological, medical or pedagogical studies). Only established psychotherapeutic 'schools' which are organised under private law are responsible for the subsequent Psychotherapeutisches Fachspezifikum (special education programme in one of the legalized psychotherapeutic schools).

The recognition of psychotherapists as well as the formal control of the law is the duty of the Ministry for Health, Sports and Consumers' Protection in Vienna. The responsible secretary is professionally supported by a council for psychotherapy. Till

Health Psychology in Europe

the end of 1994, approx. 4000 entries will have been made on the federal licensing list for psychotherapists.

2.3. Healthpolitical Application of the Law For Psychologists

2.3.1. Considering the new legal norms for a health politically relevant application of Clinical Psychology and Health Psychology stated in the latest amendment of the General Law for Social Insurance (Allgemeines Sozialversicherungsgesetz, ASVG) in Austria. One year after the federal laws for psychology and psychotherapy came into effect, the ASVG was partially adapted to the new situation. In its 50th amendment it is stated that area of Clinical Psychology, psychological diagnostics, and for the area of Health Psychology health promotion have to be taken care of by the Austrian social insurances. Although this has not changed a great deal for Health Psychologists and the insured, it is an important step away an 'illness treatment system' towards a health system (see Kisser 1992). Concerning this relevant part it says in the ASVG (1.1.1992):

116 (1) "Health insurance takes care of (...)
 (a) early recognition of illnesses and maintainance of public health
 (b) medical actions concerning rehabilitations
 (c) health promotion."

It is also very interesting to note that the sickness insurance organisations are now responsible for information concerning health and security, in other words for health and security education. This used to apply only to industrial accidents, through the legal accident insurance.

In 154 it is stated as follows:

"The underwriters generally have to give information about health hazards and prophylaxis of illnesses or accidents - except in the case of an industrial accident. They also have to give advice on how to prevent health hazards, illnesses and accidents."

This made it possible to ignore the harsh reality that the sickness insurance organisations could not invest in prophylaxis. Up to the present time it was not possible to finance such a prophylactic research.

In 116 (2) it is stated with added force:

"Moreover it is possible to invest in actions concerning stabilization of health and prophylaxis by means of the health insurances." This includes the possibility of using means for "research on illness and accident causes in the future - except in the case of an industrial accident (...)." (see ASVG 116 (4))

3. Health Psychologists in the Austrian Health System

The existing federal law for psychologists which contains the protection of the title psychologist as well as the standardised regulation of the education and the professional title Clinical Psychologist and Health Psychologist in Austria is a special feature within the scope of the European regulations governing professions (see EHPS 1992).

Although not all areas of the psychological professions are legally controlled, there are two fields which are regulated by the government:

- (a) The training of Clinical Psychologists and the practice of their profession
- (b) The training of Health Psychologists and the practice of their profession.

These regulations have been considered in the latest amendment of the ASVG and the changes have come into effect on 1.1.1992.

As Kisser (1992) comments on the 50th ASVG amendment, this leads to health promotion as a challenge for psychology in Austria, particularly for Health Psychology. In his opinion the crucial points to be made shall not be oriented according to the variety of services in Health Psychology, but according to the needs of such services. He gives reasons for this new orientation of the health system in which Health Psychology presents a new factor, by referring to the WHO-concept Health for everyone by the year 2000. (Resolution WHA30.43, quot.fr. WHO 1985/1)

At the present moment no reliable statement can be made about the effect of the law on the healthpolitical status of Health Psychology in Austria.

4. Health Psychology within the scope of the Organisation of Professional Psychologists in Austria

The development of the Section Clinical Psychology in the Association of Professional Psychologists (Berufsverband Österreichischer Psychologen BÖP) which is the largest organisation of professional psychologists in Austria, is quite interesting. In 1990 the section Clinical Psychology was broadened by the field of Health Psychology and is now called 'Section for Clinical Psychology and Health Psychology' in BÖP (BÖP 1992, Schoberberger & Greimel 1992).

94 members - which is about 20 % of the total of 500 members of the section at this time (1992) - took part in a questionnaire on the topic Health Psychology (Schoberberger 1991). Those 94 peo-

ple who had an average working experience of 13 years in their profession said that their main areas of work were concerned with

- advice (19 %)
- theory , research (17 %)
- treatment, therapy (16 %)
- clinical psychology (13 %)
- diagnostics (8 %)

The interviewees said that an average of 70 % of their work deal with healthpsychological work. 27 % of which put more than 3/4 of their occupation in the field of Health Psychology.

The following areas are regarded as very important in Health Psychology:

- development of programmes and methods for health promotion and health education (58 %)
- investigations on health behavior (57 %)
- advice and care in the course of rehabilitation actions (54 %)

The following health relevant areas are considered as very important:

- health behaviour (82 %)
- alcohol and drug prevention (65 %)
- stress and stress management (61 %)

Areas such as job behavior (6 %), communication (5 %), nutrition (4 %) research on conflicts (3 %) and psychosomatics (3 %) were added to the list of health relevant areas.

Further professional-political activities:

In March 1992 the third conference of the Clinical Psychology and Health Psychology section took place. The topic was 'Clinical Psychology, Health Psychology and Psychotherapy in the Health Care System - Claims and Reality'. The administration of the section (chairman R. Schoberberger Ph.D./ Department for Social Medicine at the university of Vienna) tries to clarify the Clinical Psychological Diagnostics - stated in the ASVG - and the concrete technical and financial handling transparent. Another concern is to embody clinical psychological treatment in the next ASVG amendment as well as the possibility of the embodiment of the health promotion in the service catalogue of the National Social Insurances in Austria.

The 'Health Psychology' workshop which was organised by the section , deals with possible strategies of public work. Its aim is to introduce this still rather unknown field to the public as well as to people of other professions dealing with health. Less than half of the approx. 3000 Austrian psychologists are members of the Austrian Association of Professional Psychologists (BÖP). Approx. 550 of them also belong to the section Clinical Psychology and Health Psychology.

5. Health Psychology in Research and Theory

5.1. Health Psychology at Austrian Universities

There are four universities in Austria which offer a complete curriculum for psychology in accordance with the governmental schemes. These are the Departments for Psychology in Vienna, Graz, Salzburg and Innsbruck. In addition there are some departments or sections for special or related areas of psychology at the universities of Klagenfurt and Linz. Although there are no formal structures for the field Health Psychology at the Departments of Psychology at Austrian universities (neither posts for professors of Health Psychology, nor sections) many courses on Health Psychology are, however, offered at each university (e.g. Huber 1993, Egger 1993, Janig 1994). Clinical psychology and applied psychology units do a lot of research projects including dissertations on Health Psychology (e.g. Huber 1994). It has to be noted that these efforts were significant for the implementation of the term Health Psychology in the national law for psychology (Huber 1993).

University departments dealing with psychology outside the formal curriculum for psychology - especially the clinical departments for Medical Psychology and Psychotherapy on the Medical Schools in Vienna, Innsbruck and Graz - and some other comparable research oriented institutions reacted fast to the introduction of the (apparently attractive) term Health Psychology, which was not surprising. The psychological departments at the Austrian universities - they are either a part of the Faculty of Natural Science (Graz, Salzburg, Innsbruck) or the Faculty of Basic and Integrative Science in Vienna - are concerned with the realisation of the high sophisticated, wide ranging and intensive curriculum for Psychology. At the Medical faculty on the other hand, Health Psychology was able to establish itself as a practical and theoretical part of the university duties, particularly in the fields of Medical Psychology and Social Medicine with their in- and outpatient care units (e.g. Egger 1994, Sonneck 1994).

Since 1986 there has been an Department for Behavioral Medicine, Health Psychology and Empirical Psychosomatics (head: Univ.-Prof. Dr. Josef Egger) at the University Clinic for Medical Psychology and Psychotherapy of the Medical School in Graz. This organisation is responsible for lectures and research in the fields mentioned above (according to University Organisation Law, Austria, Egger 1989, 1993). It also offers courses in all areas of Health Psychology (for the first time in 1980 at the Department of Psychology in Graz and since 1983 at the University Clinic for Medical

Psychology and Psychotherapy, Graz). A wide range of research projects - particularly theses and dissertations and co-operation with Health Care institutions - were realised as well as senior and post-graduate studies in the scope of the clinical outpatient department of the University Clinic of Medical Psychology and Psychotherapy in Graz (Egger 1992).

The area Health Psychology also exists at the Department of Social Medicine at the Medical School at the University of Vienna. Since the winter semester 1989/90 the lecture "Health Psychology" is offered. Apart from the basic knowledge about prevention and health promotion from the psychological point of view, it deals with current topics such as drug prevention, Health Psychology at work or stress and stress work up. (Schoberberger 1992). For many years research and lectures dealing with health psychological topics have been also carried out at the Department for Environmental Hygiene.

5.2. Institutions for Health Psychology outside the University system

The Department for Birth Control and Pregnancy Care of the Ludwig Boltzmann Stiftung was changed into the Ludwig Boltzmann-Institut for Health Psychology of Women (head: Univ.-Prof. Dr. Beate Wimmer-Puchinger) and is now also one of the healthpsychological institutions in Austria. It specialises on the area of women's healthpsychological problems such as the preventive effects of prepartal maternity care, lifestyle analyses of women or youth sexuality and AIDS (Wimmer-Puchinger 1992, 1994).

Healthpsychological and recently also health sociological activities have established themselves particularly in Vienna because of the WHO-Europe Center in connection with the project Healthy Life Styles (Kickbusch). The WHO-project "Vienna-healthy town"; healthy living, traffic, healthy schools or healthy hospital; which includes a women's healthcenter in a women's hospital are parts of these activities. These projects are based on the concept of the multiplicatores and further education (Wimmer-Puchinger 1992).

A variety of other healthpsychological activities enlarge the service catalogue of the austrian healthpsychology even if they are not institutionalised or only show a small degree of formal structures. This leads to the research done by Egger & Schoberberger(1992) about healthpsychological activities in Austria which says that psychological services exist in following areas (the results of the research should not be taken as a complete service

report but it can characterise the variety of the psychological offers):

- Marriage-, family- and life counsel in education houses of the church (Wehle 1992)
- Health-resort psychology in individual psychology-practices and rehabilitation institutes
- psychological co-operation in precautionary medical institutions (Wisiak 1992)
- a variety of lectures and seminars in bussineses , communities or private institutions (institutions for further education ,culture centers ect) about health psychological topics (health relevant life-style, stress work up, behaviour psychological health-hazards) (e.g.Egger 1992a, Wisiak 1992, Schoberberger 1992, Wimmer-Puchinger 1992)
- prevention of flying accidents and Human Resource Managements (Größenbrunner 1992)
- traffic psychology as health psychology (Kaba & Panosch 1992, Bukasa, Fleck & Risser 1991, Gheri o.y.)

6. Future Aspects

The possibilities for the practical application of healthpsychological interests result from the legal reforms in Austria mentioned before. It is, however, to early to talk about results or effects. An international positive psychoclimatic condition for the success of healthpsychological projects is to point out WHO initiatives, which are considered to be legitimations or challenges for a more intensive consideration of health psychological perspectives within the health care. The resolution of the 30th world-health-convention which took place in 1977 contains in its aimcatalogue concerning 'Health 2000' (WHO, 1985) a variety of direct or indirect challenges for psychology particularly for Health Psychology (see Kisser 1992):

In order to reduce heart and blood circulation illnesses behaviour hazards, such as nicotine, wrong food and adiposity, lack of exercise or alcoholism - in other words psychological topics of the individual and general life style, play an important role. Apart from the influence of such risky behaviour, a more adequate organisation of environment for human beings is required in order to reduce the frequency of accidents. This forms another area for psychodiagnostics and preventive psychology.

The aim of promoting a healthy life is a genuinely psychological topic and requires co-operation of Health Psychologists. The same applies for the aim of positive health behaviour regarding balanced eating habits, non-smoking, adequate exercise and positive stress work up.

Another aim is to reduce health damaging behaviour - such as too much alcohol, pharmaceutical products or use of illegal drugs and dangerous substances - as well as dangerous driving and vio-

lent social behaviour. Needless to say that this does not only represent a psychotherapeutical and general socio-political task, but also particularly needs the co-operation of Health Psychologists.

In order to broaden Health Care, a variety of health promoting, curative, rehabilitative and supplementary services is aimed at. By this the basic needs concerning health of the population shall be satisfied and at the same time endangered, discriminated and not sufficiently supported individuals as well as groups shall be treated more intensively. It is obvious that for the realisation of such concepts psychodiagnostics, psychological treatment and psychotherapy have to be offered as services as well.

It has to be taken into consideration that the research strategies - such as the research of attitude and behaviour and efficient methods of how to influence them - which are necessary for the realisation of the aims mentioned above, are genuinely psychological research topics. This will have to be put into practice inside and outside universities in the near future.

7. Concluding Evaluation

Up to the present time the situation of Health Psychology in Austria may be regarded as a concept somewhat roughly outlined. Academic education is principally able and competent to offer this field as an independent area of study. Research is still mainly concentrating on those areas which Health Psychology emerged from (Clinical Psychology, Social Psychology, Medical Psychology, Social Medicine, Psychotherapy, and so forth). In the practical application of Health Psychology an astonishing phenomenon can be described: although a regulated training programme for Health Psychologists has been introduced and a legal protection given to the professional title there is little public knowledge of this subject and health psychological services are still only on the fringes of Health Care. It is, however, predictable that the theoretical as well as the practical areas of Health Psychology will expand noticeably over the next few years, due to generally positive associations with the term itself and its relatively high acceptance.

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Report on the 8th EHPS Conference in Alicante (Spain)

“Quality of Life and Health Psychology”

by

C. De Valck, C. Put & J. Vinck

The conference was well organised and there was always a nice southern friendly atmosphere culminating in a sparkling farewell dinner.

The main topic of the conference was "quality of life". This topic appeared to be very important and a large portion of the program really centered around this aspect of the field of health psychology. For example most of the main lectures treated aspects of quality of life. The addresses by Marie Johnston and Hannah McGhee set the stage. They were followed by the lecture by Winefield, who provided an overview and evaluation of several rating procedures of quality of life in chronic illness. Next came the lecture by Kaplan who showed that the strong emphasis on technological aspects of medicine was not contributing to health and that quality aspects should be considered when "years of life" were used as an index of the success of any treatment.

Later on many more aspects of quality of life were treated in symposia paper sessions and posters. The quality of life focus proved to be very rich and pervasive.

The other symposia and paper sessions covered the whole range of health psychology topics from new theoretical models linking health and behaviour, work and health issues and health promotion programs to more clinical problems like compliance, chronic illness and women's health.

Also there were contributions on training and even some exceptional contributions on environmental issues (e.g. Kals, Dull).

A large portion of the contributions to the conference was presented in posters - a good tradition that is continued now for some years in EHPS conferences. A committee chaired by Pepe Hurtado gave awards for best scientific contribution to Kent and Owens (Bangor, North Wales) for their poster on "Nurses' attitudes to organ donation", for best presentation to Molnar and Csabai (Budapest, Hungary) for their posters on "The nature of change in illness representations" and for best overall quality to Röder and Boekaerts (Leiden University, The Netherlands) for their posters on "Stress and coping in children with asthma".

Concerning the organisation of the poster presentation, two suggestions for next conferences may be (1) not to expose all posters simultaneously and (2) to restrict poster discussions to those posters for which this makes sense; this allows to combine posters that are related to each other and that do offer elements for discussion.

The methodological quality of the contributions was quite variable which, again, raises the question of the balance

between quality and quantity in the selection of the contributions by the scientific committee.

In several events more professional aspects of health psychology were treated. David Marks chaired the discussion on training needs of professional health psychologists. In the round table on the possibility of having a masters degree in health psychology at a European level, introduced by Ruth Burckhardt, a rather strong opposition appeared between those who felt that health psychologists should contribute exclusively at a scientific level and those who felt that health psychologists might as well apply their science to (help) solve problems.

Altogether, Alicante was a rewarding experience. Jesus Rodriguez - Marin and his group have to be congratulated. We look forward to meeting again in Bergen with our Norwegian colleagues, who, by the way, according to the data presented at the Alicante Conference by Stig Matthiesen, are quite happy with their professional situation. We will have to go and see.

Information for EHPS members and candidates from countries in Central and Eastern Europe

The EHPS Board on the last meeting in Alicante, July 12, 1994, decided that psychologists from Central and Eastern Europe, who have difficulties with transferring foreign currency abroad, should pay the EHPS membership fee in their own currency to the National EHPS Division (Section or Group) bank account.

The annual membership fee for these psychologists has been established as 1 % of average monthly salary in their respective countries.

Lists of persons that have paid their membership fees should be sent to the EHPS Treasurer and Secretary by National Representatives.

*Kazimierz Wrzesniewski,
EHPS Board Member, responsible for
Countries in Central and Eastern Europe*

Report on the 4th Erasmus Course in Health Psychology “Cardiovascular Disease”

The European Academy at Otzenhausen (Trier, 1994)

by

Olga Evans (St Andrews) & Catherine Scorer (Brussels)

The fourth ERASMUS course in Health Psychology was organized, from the University of Trier, by Prof. Dr. Lothar Schmidt and Prof. Dr. Peter Schwenkmetzger. Twenty-two students from Germany, Switzerland, Italy, Spain, The Netherlands, Belgium and the UK congregated in a forest on a Monday in May. The distinguished teaching team consisted of our hosts plus John Weinman, Marie Johnston, Ruth Burckhardt, Derek Johnston, Petra Hank, Lucio Sibilia, Stefania Borgo, Michael Eid, Jesus Rodriguez-Marin, France Kittel, Stan Maes and Jan Vinck. The course focused on the topic of cardiovascular disease as a means of reinforcing and expanding participants' knowledge and understanding of the diversity of psychological input into health care, from basic research, psychophysiology, and epidemiology to prevention and rehabilitation. Lectures were followed by a variety of work in small groups. This rare opportunity for close international contact allowed us to identify similarities and differences in educational and health care organization, in emphasis in training, in lifestyles and in humour.

A view from the UK :

As an aid to the writing of this report, Dr Jan Vinck kindly sent me copies of reports from previous years. I noticed that, in Rome 1991, it had been foreseen that the students' work would include self-monitoring of risk behaviours. In 1994 this activity did not feature formally in the course but became a preoccupation of many participants. Our personal experiences reinforced what we were learning on the course i.e. health information alone did not lead to change in behaviour. Our concern increased as we gained further understanding of behavioural risk factors for coronary heart disease and observed their escalation in ourselves over the two weeks of the course.

The (traditional ?) German fare amiably served every day was guaranteed to raise cholesterol levels. Most of us reported being more sedentary than usual. Cigarette smokers increased from one or two individuals on the first day of course to most of the group by the last evening. The effects of living at close quarters 24 hours a day varied from beneficial social support to stress inducing overcrowding.

Luckily, being aspiring health psychologists, some took remedial action in the form of : lengthy football matches, walks to explore the beautiful forests and Celtic remains at Otzenhausen, forages in the local shop for fruit, increasing vegetarianism, and a large dose of laughter therapy on the last evening.

The course was memorable in numerous ways and sincere thanks are due to our German hosts and organisers, and to all the participating lecturers. I would also like to thank all the other students, to congratulate them on coping with the

English language and to echo Catherine's wish that we meet again.

A view from Belgium :

The theoretical and social aspects of this course will be mixed in this report because this is the way I lived these 15 days : a period of high intellectual and emotional intensity. After the first day, with an introduction to the European perspective on health and to the European faces and smiles, we immersed ourselves into the topic of health psychology and cardiovascular disease. We began with psychological models of response to illness and symptom perception; in a workshop we evaluated their usefulness in understanding cases and planning intervention.

Next came psychophysiological aspects of stress. We were provided with the theoretical background, an opportunity to experiment amongst ourselves, and details of a study of ambulatory blood pressure and anger expression.

Study was interrupted by an excursion to Strasbourg including a guided tour of the European Parliament.

The course continued with a session on the pathological significance of certain psychological predispositions (Type A behaviour), their identification and methods for change. Amongst the behavioural styles to be avoided was extreme competitiveness, so that evening we played football aiming not to win. After our defeat, we sang and danced to get over it.

Next morning we encountered structural equation modelling and considered methodological problems in experimental research. This highlighted a major dilemma : in experimental research we have to restrict the number of variables we consider, but then we run the risk of not being able to generalise to real life.

The weekend was for relaxation. Some went to visit towns in the region, others explored nature. At night we went to dance. Always there was a lot of talking..

The second week began with discussion of definitions of quality of life. A workshop followed where we tried to construct questionnaire measures and realized how difficult a task that was. In the afternoon we considered epidemiological data. In groups we tried to find explanations of differences in cardiovascular mortality between our countries.

We had two lectures on cardiac rehabilitation. The first focussed on different strategies and their effectiveness; we analysed a case vignette for diagnostic and therapeutic purposes. The second lecture was on comparisons of rehabilitation programmes in different countries. The two were separated by a visit to Trier.

We again looked at behavioural change and various underlying concepts. The focus was on stress management which we tried out with role play in the group.

That night an other football match followed, but, as the opposition was still less competitive than us, this time we won. Our last lecture was on use and design of questionnaires. Then we embarked on the task of designing a research proposal to be presented on the last day.

We worked in small groups as usual. The "brainstorming" was always interesting even if lack of time sometimes led to some tensions. On the last morning presentations went ahead in spite of exhaustion. The previous night we had celebrated with a barbecue, entertainment from each country, singing and dancing. Following the presentations we parted, but after sharing such an experience we really hope to meet again.

Minutes of the National Representatives Meeting

(continued from page 4)

b. Central and Eastern European countries
Wrzeniewski reported that he wrote a letter to National Representatives in Central and Eastern European countries about whether any national health psychology organization exists. Results will be announced later. He also reported on the special accounts that have been opened in order to collect membership fees. These accounts will be made known to the Executive Committee in order to check them.

Open agenda

In Hungary a B.A. health psychology programme has been set up. Various medical schools have now included a course in health psychology.

In Finland the first post-graduate course in health psychology has been developed and taught. A Behavioural Medicine organization was established. Presentations at a health psychology symposium were published in a Finnish medical journal.

In Greece training of young health psychologists is still somewhat problematic because 'psychosomatics' is still the dominating approach in medical schools.

The Swiss National Representative announced a round table discussion on training in health psychology, to be held at the current Conference.

In Norway a full professorship in health psychology has been established at Oslo University. In Tromsø a full professorship and an associate professorship have been accepted. The 1995 EHPS Conference will take place at Bergen.

In Denmark health psychology is flourishing. The National Association of Health Psychology has some 160 members. Copenhagen University has a health psychology programme.

In Poland a summer course in health psychology will probably take place in 1995.

It was decided to include in the Newsletter a questionnaire inquiring about the status of health psychology in Europe.

Ad Kaptein

9th EHPS Conference 1995 Bergen, Norway

"The Social Dimension in Health : Cognition, Biology and Behaviour"

The 9th conference of the European Health Psychology Society will be held in Bergen (Norway), August 28-30, 1995. The programme will be devoted to advances in research and intervention in the social dimension in health, i.e. how cognitive, biological and behavioural functions are influenced by social factors. Participants are invited to present theories and models, as well as to provide empirical contributions to the conference. The scientific programme will include key note addresses, symposia and round-table discussions, and paper- and interactive poster sessions. Deadline for submission of abstracts is April 1, 1995. The official language of the conference is English, and the conference will take place at Hotel Norge in the city center.

A conference secretariat has been established. Here you may be able to obtain more detailed information about the conference. A second announcement and call for papers will be mailed to all EHPS-members in November/December.

Bergen is Norway's second largest city with 215 000 inhabitants. The city is beautifully situated by the fjord, surrounded by seven mountains, and can offer the charm and intimacy of a small town as well as all the amenities of a larger city. The conference will have a special programme for accompanying persons.

We look forward to seeing you in Bergen in 1995.

Arild Raaheim
Conference President

Conference Secretariat :

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Announcements

19 - 24 Februari 1995 - Montreux, Switzerland
Seventh International Montreux Congress on stress
@ Biotonus Hôtel Excelsior, Montreux, Switzerland
Organized by the American Institute of Stress

Highlights of the programme:

- Presentation of the Hans Selye Award to Ray H. Rosenman.
Title of the Hans Selye Lecture: "Global Type A Versus Coronary Prone Behavior"
- Special Round Table Discussion with prior Award Recipients on "Stress and The Quality of Life"

Registration is limited.

For further information, please contact:

Jo Ann Ogawa
The American Institute Of Stress
124 Park Avenue
Yonkers
New York 10703
USA
Phone (914) 963-1200
Fax (914) 965-6267 or (914) 377-7398

28 May - 1 June 1995 - Helsinki, Finland
The Fifth European Congress on Research in Rehabilitation
@ University of Helsinki, Finland
Organized by the European Federation for Research in Rehabilitation

Main topics of the scientific programme:

- Rehabilitation needs and services
- The effectiveness of the rehabilitation process
- Target groups and methods
- Rights and priorities in rehabilitation

For further information please contact :

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