

EHPS Newsletter

Number 16

Semi-annually

June 1998

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Editor's Foreword

In this summer issue of the EHPS Newsletter, many items have, as is usually the case, to do with the EHPS conferences. There are the minutes of the national delegates meeting in Bordeaux and information about the proceedings of the Bordeaux conference; also, of course, you will find information about the upcoming Vienna conference and about health psychology in Austria. As a foretaste of the scope of the conference – prevention and intervention, Schoberberger and his colleagues discuss the unhealthy correlation between nicotine dependence and carbohydrate craving.

As a further contribution to our overview of what's going on in European health psychology, we present information on recent Finnish health psychology publications.

We wish you all a nice and relaxing summer and look forward to meeting you in Vienna.

Jan Vinck, Editor

Message of the President

Dear EHPS Members,

It's election time.

At the upcoming meeting in Vienna, some officers will move to different positions in the Executive Committee, whereas other positions will become vacant. The Executive Committee consists of eight members: President, Past-President, President-Elect, Secretary, Treasurer, and 3 Ordinary Members.

Hannah McGee will become President, and I will become the Past-President. The following positions need to be refilled: President-Elect, Secretary, Treasurer, and 3 Ordinary Members.

Deadline for nominations was June 1st. Eleven candidates have been nominated for these positions. I would like to thank those who have made the nominations as well as the nominees, who are willing to serve the Society.

Ballots will be mailed out by the end of July. Please attend the Business Meeting in Vienna this year, make use of your privileges as a member, and help improve the functioning of EHPS as a democratic society.

Ralf Schwarzer

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Minutes of EHPS National Delegates' Meeting

Held at Bordeaux, France, Friday 5th September, 1997

Countries represented: Austria, Denmark, Finland, Greece, Ireland, Italy, Norway, Poland, Turkey, Switzerland, Portugal, Romania, Russia, The Netherlands, Spain, Sweden.

Apologies received from: Bulgaria, Estonia, Germany, Hungary, UK.

1. National Delegates Reports

Ralf Schwarzer thanked the National Delegates for their work over the past year. Reports have been received from most National Delegates. These are available for inspection at the EHPS desk during the conference. In addition, a number of these reports have been added to the EHPS website. Delegates were asked to provide further information that could be added to the EHPS website.

2. Appointment of National Delegates

Ralf Schwarzer outlined the procedure for the appointment of National Delegates. The Executive Committee is responsible for appointing National Delegates. Written nominations are put forward to the Executive Committee. These should include brief C.V. details about the nominee and a letter of endorsement from the national society.

3. Communication between National Delegates

Tanya Anagnostopoulou introduced a discussion of ways in which communication could be increased between National Delegates. Following the Dublin meeting a letter was sent to all National Delegates on this subject. Two possibilities were highlighted. First, most delegates were in favour of an informal lunch for the National Delegates during the annual conference. Unfortunately, it was not

possible to arrange this for the Bordeaux conference. However, a lunchroom has been requested during the Vienna conference for an informal meeting of National Delegates. This has been provisionally scheduled for Tuesday 1st September, 1-2 p.m. Second, there was some support for the suggestion for a poster session for National Delegates. A number of National Delegates produced posters for the Bordeaux conference, outlining the activities of the Health Psychology section/division within the national psychological society/organisation. A National Delegates poster session has been organised for the Vienna conference and National Delegates are encouraged to produce a poster for this session.

4. National Sections

Spain and France have asked whether it is possible to use the EHPS logo to create EHPS National Sections. The meeting discussed the various different ways in which health psychologists organise themselves in different countries. It was felt that in countries where health psychology is not represented in the national society it may be appropriate for members to form EHPS National Sections.

5. Membership Flyer

Paul Norman informed delegates about the new membership flyer. Copies of the flyer were available at the EHPS conference desk and delegates were encouraged to take copies to help recruit new members in their country. Delegates were reminded that the preferred method of payment for membership fees is by credit card or by Eurocheque.

6. Florence Conference

Saulo Sirigatti distributed posters and brochures to delegates to advertise the EHPS conference in Florence, 1999.

✍ Paul Norman, Secretary

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At the Bordeaux meeting a new Dutch delegate was elected, replacing Erwin Seydel. His name is Erik Taal, affiliated with the Department of Applied Communication Sciences (WMW), University of Twente, Enschede, The Netherlands. He can be reached by e-mail at the following address: e-mail@wmw.utwente.nl.

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We would like to thank Erwin for all the work he has done for the EHPS.

Conferences

12th Conference of the EHPS: Prevention and Intervention

Vienna 31 August - 2 September 1998

The purpose of the 12th Conference of the EHPS is to provide a forum for the exchange of information in the discipline of Health Psychology. The theme of the conference, Prevention and Intervention, should draw attention to the wide range of activities in this special field of health care. The scientific programme will extend over three full days. The conference will include invited lectures, workshops and symposia, submitted papers and posters. A 'meet the professor' session will be provided for students and young scientists. A pre-conference will offer special workshops and training.

The congress organiser is the Austrian Professional Association of Psychologists in Co-operation with the Institute for Social Medicine, University of Vienna. President of the

congress is Dr. R. Schoberberger. The scientific committee consists of J. Egger (Graz, Austria), H. McGee (Dublin, Ireland), A. Kaptein (Leiden, Netherlands), M. Kunze (Vienna, Austria), P. Norman (Sheffield, UK), B. Rollett (Vienna, Austria), R. Schwarzer (Berlin, Germany), Wimmer-Puchinger, B. (Vienna/Salzburg, Austria).

Registration fees are for members \$270 (before May 1st) or \$320 (after May 1st) and for non-members \$340 (before May 1st) or \$400 (after May 1st). Students and delegates from the eastern European countries are entitled to reduced fees (\$110 before May 1st and \$140 after May 1st). Reduced fees are also being offered to a limited of young scientists (<30 years of age). Full registration fees include a conference Gala Diner.

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☞ <http://ehps.net>

The Second International Conference on the (Non)Expression of Emotions in Health and Disease

Tilburg University (The Netherlands), June 9-11, 1999

The three-day conference will offer a broad scope of topics on the way people express their feelings and on factors inhibiting the display of emotions. The conference is organised for behavioural scientist involved in fundamental research as well as professionals active in clinical and re-

lated areas. Many leading experts in the field will participate, amongst others: Nico Frijda (University of Amsterdam), James Pennebaker (University of Texas, Austin), Charles Ford (University of Alabama, Birmingham), James Gross (Stanford University), Bernard Rimé (University of Louvain), Peter Salovey (Yale University, New Haven), Graeme Taylor (University of Toronto). Deadline for symposia proposals: 1 November 1998-06-12; Deadline for early registration fee and for abstracts: 1 March 1999.

Fax +31 (13) 4662370

E-mail: Emotions@KUB.NL

Call for Nominations for EHPS National Delegates (1998-2000)

The term of the current National Delegates of the EHPS will expire at the next EHPS Conference (see elsewhere in this issue). Nominations are therefore invited for National Delegates for the period 1998-2000. Nominations should be forwarded to the secretary of EHPS to arrive no later than 21st August 1998. The Executive Committee of the EHPS will appoint the National Delegates at the Vienna Conference. Letters of nomination should include brief cv. details about the nominee and a letter of endorsement from the nominee's national society.

The National Delegate is the main contact point for EHPS members in their country and they are expected to disseminate information about EHPS and to encourage membership. In addition, National Delegates are expected to attend a National Delegates meeting at the annual EHPS conference and to produce an annual report outlining activities in their country.

Letters of nomination should be forwarded to the secretary, Dr Paul Norman to arrive no later than Friday, 21st August, 1998.

✉ Paul Norman, Secretary

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Health Psychology in Austria

The Austrian Law for Psychologists (since 1991) has a dominant position in the regulation of any kind of psychological services in the Austrian Health Care System. The titles 'Health Psychologist' and 'Clinical Psychologist' as well as the general title 'Psychologist' are legally protected. Illegitimate use of these titles is a punishable offence. To be able to practise the profession of psychologist

one is required by law to acquire specific theoretical knowledge and practical skills. More than 2,000 psychologists have been registered as health psychologists by use of transitional arrangements and additionally about 500 psychologists have finished the postgraduate training which started in 1992 or have enrolled in such a training.

✉ Rudolf Schoberberger

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An Unhealthy Correlation: Nicotine Dependence and Carbohydrate Craving

A random sample of 942 men and 1058 women older than 14 years of age who were representative of the Austrian population were asked about their smoking behaviour and nutritional habits, using face-to-face interviews. 33% of the adult population are regular smokers (41% of the male population, and 26% of the female population). According to the results of the Fagerström Test for Nicotine Dependence (FTND)¹ 36% of them are medium or high dependent on nicotine, 32% are low dependent, and another 32% can be classified as (nearly) not nicotine addicted. The Body-Mass-Index (BMI) for 61% is lower than 25, 29% have a BMI between 25 and 30, and for 6% the BMI is higher than 30 (no response: 4%). Among men there are significant more overweight people within the group of smokers than non-smokers (BMI >25: 49.4% vs. 40.8%; $p < .05$).

Smokers also have a significantly reduced nutrition-consciousness than non-smokers. Only 23% of the smokers, as opposed to 39% of the non-smokers show interest for healthy nutrition ($p < .01$). This tendency for a reduced positive eating-attitude is much hither among medium and high nicotine dependent smokers than among low or non nicotine dependent smokers (low: 31%; medium: 24%; high: 16%; $p < .001$). There are also some indications that craving for carbohydrate is more common among smokers. According to Wurtman² the craving for carbohydrates is attributed to the "calming and revitalising" effect of carbohydrates on the mood. 37% of smokers, but only 28% of non-smokers report such a craving ($p < .01$). Medium and high nicotine addicted smokers have a more distinct craving in situations of annoyance than low or non dependent smokers and feel a greater reinforcement if they have satisfied their eating desire (see also Figure 1).

The data suggest that there is a clustering of risk factors which should be taken into consideration providing preventive measures especially smoking cessation interventions. Hence, in future it will be necessary to pay more attention to the diagnosis of carbohydrate addiction. Before patients go on to a smoking cessation therapy, their eating behaviour should be examined carefully. Causes of depression should be analysed and alternative measures to control these factors should be proposed.

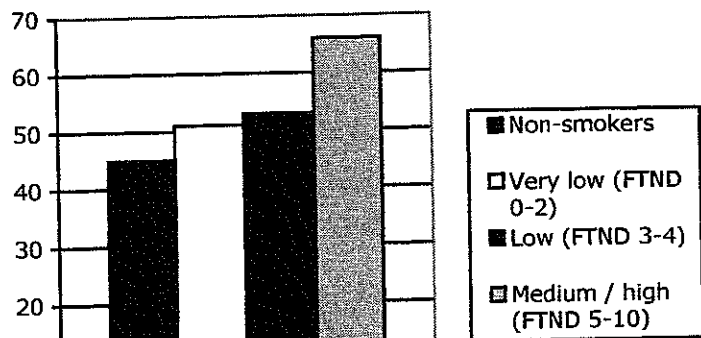


Fig. 1: Feeling of reinforcement after snacking for four groups of nicotine dependency

Smokers in general and very probably also ex-smokers have a higher risk than non-smokers, when it comes to overweight and reduced nutrition-consciousness, particularly if they are nicotine dependent. It will be necessary for the former group to control eating habits during the treatment for nicotine abstinence. This programme should enable the patient to acquire

alternative behaviour patterns and to favourably influence their moods without additional intake of carbohydrates.

References

Heatherton, T.F., Kozlowski, L.T., Frecker, R.C. & Fagerström, K.O. (1991). The Fagerström test for nicotine de-

pendence: a revision of the Fagerström tolerance questionnaire. *British Journal of Addiction*, 86, 119-1127.

Wurtman, J. The involvement of brain serotonin in excessive carbohydrate snacking by obese carbohydrate cravers. *Journal of the American Dieticians Association*, 84, 1004-1007.

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Recent Finnish Health Psychology Publications

• Siren-Tiusanen, H. (1996). *Can a child sleep, move and live to his/her own rhythm? Perspectives on the stress tolerance of younger day care children*. Reports of Physical Culture and Health.. Jyväskylä: LIKES-Research Center for Sport and Health Sciences. ISBN 951-790-129-1.

This study focused on the youngest day care children (10 months to 3 years, n=60) in terms of two thematic problem areas: 1) To what extent were the children's sleep-wake-rhythms successfully maintained in day care groups?, and 2) What forms did their motor activity take in day care groups? What factors generated, directed and regulated it? Thematically focused ethnographic participant observations were used, sleep-wake-rhythm logs were kept by the parents, and taped interviews with day care personnel were conducted. Enormous variation in sleep-rhythms was found, and insufficient sleep caused the children to sleep even less. Behind long-term disorganisation of sleep-wake rhythms lay irregularities in parental work schedules and family life. Co-operation between parents and day care staff is needed, as well as ways to replace rigid schedules with more dynamic stability in daily rhythms. In physical outdoor activities day care groups differed especially in importance attached to these activities. Children actively shaped their environment to suit their own needs only if the day care personnel allowed them to.

• Marttila, J., Salo, S. A., Haapa, E., Heinonen, L., & Puomio, M. *Effectiveness of educational courses for insulin-treated working-aged persons with diabetes*. UKK-institute, and University Hospital of Tampere, Tampere.

The aim of the study was to evaluate the effectiveness of six-day educational courses for insulin-treated working-aged persons with diabetes. Effectiveness was defined as subjective evaluations of treatment outcome, self-care practices, attitudes towards diabetes and its self-care, and quality of life. Subjects were 110 patients in the intervention group and 80 patients not attending the courses. The measures were based on the Health Belief Model and perceived control of self-care. HbA_{1c} values were used as

measures of blood glucose levels. Measurements were done 1 month before, and at the beginning of the course, and 3 and 12 months after. The HbA_{1c} values of the intervention group were significantly lower ($p < .01$) 3 months after the course ($M=8.54$, $SD=1.39$) compared to the values before the course ($M=9.17$, $SD=1.55$). The course attendees also considered some aspects of self-care, especially nutrition, more effective and less demanding, and had more trust in their ability to practice self-care in these areas. The reference group did not show similar changes. One year after the course there was not much left of the positive effects. To ensure longer lasting effects closer and more frequent co-operation between the patient and his/her local health care unit is recommended.

• Suominen, S., Vahtera, J., & Uutela, A. (1996) Standard of living, sense of coherence or human relations: Which of these maintains life satisfaction and health? In *Risks in life and choices - well being in Finland during the times of recession*. Edita. Helsinki 1996:86-105.

The aim of the study was to investigate whether sense of coherence was associated with perceived state of health, number of disturbing symptoms, or life satisfaction, respectively, when age and five possible confounders (income, property, number of very close friends, perceived social support, and amount of provided social support) were included into the statistical model. The subjects (n=8 650, age >14 years) of the Finnish Level of living interview study from the year 1994. Logistic and linear regression analyses were used as statistical methods. A strong sense of coherence for both genders was associated with good, perceived state of health, small number of disturbing symptoms or good life satisfaction, respectively, even when adjusted for confounders. When studying the confounders, also being prosperous, having high income, having more than two close friends or sufficient social support showed an independent association with good, perceived health or good life satisfaction. In conclusion, sense of coherence showed an independent association to perceived health or life satisfaction. However, also material resources or human relations had a role of their own in relation to the response variables.

- Aalto, A. M., Härkäpää, K., Rissanen, P., & Puolanne, M. (1997). *Health-related quality of life and psychosocial resources of the asthma sufferers using rehabilitation services. Report of the pilot study* (With English summary) Themes 17. Stakes.

This pilot study was part of a study project on costs and outcomes of pulmonary rehabilitation. The aims were to validate instruments, to examine health-related quality of life and psychosocial resources of asthma rehabilitation participants, and to examine the relationships between psychosocial factors and health-related quality of life. The data (n=111) were gathered among the participants of pulmonary rehabilitation courses. Referents were from a health survey of the general population. The instruments included: the Finnish version of RAND-36 item Health Survey 1.0, asthma-specific scales for coping and self-efficacy, questions for asthma severity, self-management, scales for psychological distress (General Health Questionnaire), general coping, optimism, generalised self-efficacy, social support and asthma stigma, and global quality of life (visual analogue scales - one for personal and another for average estimation). Lung function was assessed using FEV1 (% of reference value). RAND-36 showed good construct validity and at least satisfactory reliabilities. Asthma trait version coping scale had 6 dimensions with reasonable reliabilities in the study group, state version was 3-dimensional with good reliabilities. Asthma-specific self-efficacy scale seemed to function as uni-dimensional. Participants in asthma rehabilitation reported poorer health-related quality of life than general population in all dimensions, and especially so in perceived health, physical and physical role functioning. They also perceived their global quality of life poorer than the general population. No differences emerged in general psychosocial resources. In multivariate analyses severity of asthma was related to all 3 quality of life dimensions, but its effects were partly mediated by psychosocial factors. Better lung function was related to better perceived health. Those patients showing stronger dispositional optimism, stronger tendency for positive reinterpretation of stressful events and lower tendency for seeking social support reported better quality of life. Also asthma-specific coping increased the amount of explained variance in quality of life. Particularly stronger tendencies for worrying about asthma and ignoring asthma in everyday life may be maladaptive strategies in dealing with the illness.

- Aro, A. R. (1996). *Psychosocial factors associated with participation in mammography screening for breast cancer* (With English summary). Publication of the National Public Health Institute A2. ISBN 951-740-020-9.

The aim was to find out how psychosocial factors (social factors, health history), cognitive factors (knowledge and beliefs), health behaviour, and affective factors (anxiety and depression) were related to participation in an invitation-based nation-wide cost free mammography screening for breast cancer. The subjects were 50-year old Finnish women to be invited to their first screening. Participants (PTs) were a random sample (n=1680) of the target population (n=16 886). 1479 women (88%) of the sample participated in screening. Non-participants (NON-PTs) included all women from the study population who did not participate (n=1695). Baseline (bl) was 1 month before screening invitation, and follow-up for reasons 2 months after the screening date. Response rate (bl) was 64% (n=964) for PTs, and 38% (n=641) for NON-PTs. 449 women with bl measurement provided reasons for not participating. Standardised measures included Breast Cancer Susceptibility Scale, Illness Attitudes Scale, Health Locus of Control Scale, Anxiety Inventory, and Depression Inventory. Discriminant function analysis was used to analyse the data. PTs were typically married, and also attended regularly to pap screening. NON-PTs consisted of mainly two distinct groups: those whose reason not to participating was a mammogram taken elsewhere (n=233), and real NON-PTs (n=155). Women who had had mammogram elsewhere, were more often urban, well-to-do women who perceived themselves susceptible to breast cancer, took care of their health by own initiation, e.g. by visiting gynaecologist regularly. Real NON-PTs used health care services less frequently, were socially more often isolated, depressed, smokers, and had psychological barriers in early detection of breast cancer. To maintain high participation in screening importance of early detection of breast cancer has to be emphasised, as well as customer satisfaction among PTs. NON-PTs clearly consists of two subgroups which differ in social, cognitive, affective, and behavioural aspects. Part of women who attended mammography elsewhere could be motivated to attend screening by providing flexible invitation, booking and service facilities. Both informational and social support, but respecting their choice, is needed for real NON-PTs.

✉ Arja R. Aro

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Miscellaneous Items

Errata in the Report on the 11th Conference

The report on the 1997 EHPS Bordeaux Conference (EHPS Newsletter, nr 15, p.3), contained some inaccuracies: Some names of the local organizers were misspelled and some responsibilities for the Conference were inaccurately described. The conference was presided by Prof. Marilou Bruchon-Schweitzer with the assistance of Bruno Quintard, and not vice versa, as was stated in the report. A former collaborator of the group, Isabelle Paulhan, unfortunately died some years ago and was incorrectly mentioned as having collaborated in the organisation. Finally, the name of the Bordeaux researcher and keynote speaker should be Dantzer rather than Danzer. We apologise for these inaccuracies.

✉ Jan Vinck

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Proceedings of the 11th Conference of the EHPS

The proceedings of the 11th conference of the EHPS will be published on CD-ROM:

- Schwarzer, R. (Ed.) (1998). *Advances in health psychology research. CD ROM Vol.1*. Berlin: Berlin Free University.

A copy of this CD-ROM can be attained for 10 Euros (or US\$10, 20DM, HFL20; Eurocheques will be accepted) at Ralf Schwarzer (see address below). The CD is divided into four sections – please visit this web site for the full table of contents:

🌐 http://klig01.fsw.leidenuniv.nl/cd_rom/contents

- Section I: Stress and Emotions
- Section II: Coping with Chronic Disease
- Section III: Health Behaviours and Risk Behaviours
- Section IV: Psychometric Tools for Health Psychology Research

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Post-Doctoral Study Grants

A French group - Fondation Fyssen (address below) sponsors post-doctoral researchers (under 35 years of age) up to 120.000 FF per year for the subject areas: ethology & psychology (nature and development of the cognitive processes in man and animals both ontogenetic and phylogenetic), neurobiology, anthropology-ethology, human palaeontology-archeology. Grants are for French scientists wishing to work abroad or foreign researchers wishing to work in France. Closing date for 1998 was 31st march 1998, but we assume that these grants are annually available. Also an international prize (topic: "Origins of Man") of 200.000 FF is awarded to a scientist who has conducted research in the areas supported by the Foundation; deadline October 30, 1998.

✉ Forms from Fondation Fyssen / 194 Rue de Rivoli / 75001 Paris

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EHPS Membership Application Form

Join EHPS! EHPS is a friendly and wide-ranging society that promotes high-quality health psychology research and practice. Members enjoy reduced fees for the yearly congress. They also receive *Psychology & Health*, an international journal issued six times a year. Members also receive this Newsletter, which is an excellent source of information on health psychology throughout Europe, upcoming conferences, sources of funding, and many other issues. A listing of EHPS members is produced periodically and it provides a valuable resource for members to contact colleagues with similar interests across Europe. Please fill in the form below if you like to join EHPS. Your membership needs to be supported by an EHPS member.

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I confirm that the details provided about the applicant are correct to the best of my knowledge

Signature

• Membership / subscription fees

Please enclose the appropriate amount (payable in Finnish Marks) to 'European Health Psychology Society' directly by bank transfer (No. 226218-32168 with Union Bank of Finland (Branch 2262) by S.W.I.F.T. (UNITFIHH) mentioning your name and 'EHPS Membership Contribution') or by Eurocheque, or by credit card.

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