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# President's message



**Paul Norman**

*EHPs president*

*Dear Colleagues,*

It was a great pleasure to see so many of you at our recent conference in Crete. The conference was our largest conference to date and

was a fitting celebration of 25 years of Health Psychology in Europe. We are indebted to the enthusiasm, commitment and hard work of the many people who ensured that the conference was such a great success. In particular, special thanks are due to Evangelos Karademas, who was Conference President and Chair of the Local Organising Committee, and to Efharis Panagopoulou, who was Chair of the Scientific Committee.

Our Conference Officer and Past-President, Irina Todorova, has produced a glowing report on the Crete conference that appears in this issue of EHP. I would like to thank Natalie Schüz and Manja Vollmann for organising the technical aspects of the online survey and Irina Todorova for summarising the feedback provided by delegates. Delegates' ratings, as well as their written comments, were very positive for nearly every aspect of the conference. However, delegates highlighted two recurring issues that we will seek to address for future conferences. First, over recent years we have moved to only having an online version of the abstracts book. Delegates commented that they would like to receive the link to the abstract book earlier and to be able to download a single pdf file of the full abstract book. We will work with Taylor & Francis to ensure that both these comments are

addressed for future conferences. Second, delegates made a range of comments on the poster sessions. In particular, delegates commented that there were many no-shows (presenters and chairs) and that it was difficult to hear the presentations. Other delegates commented that the presentations made it difficult to move around the poster hall and look at all of the posters. In Cluj we dropped the poster presentation format, although in the online feedback most delegates indicated that they would prefer to have poster sessions with presentations, as they also did this year. The EC will look at ways to enhance the poster sessions at future conferences taking into consideration delegate feedback as well as local circumstances.

The society aims to "promote empirical and theoretical research in and applications of health psychology" which is ably supported by our annual conference, publications and grants. In recent years the society has sought to have a stronger influence on health policy through two main developments. First, EHPs is now associated with the Division of Public Information/NGO Section of the United Nations. Our Past-President, Irina Todorova, is currently working on the formation of an UN sub-committee to develop ways in which we can strengthen our association. EHPs members have already attended briefing events at the UN and the 64th Annual UN/NGO Conference in Bonn on "Sustainable Societies, Responsive Citizens". Reports on these activities are now detailed in the new UN section of the EHPs website. Second, over the past two years we have strengthened our links with EFPA (European Federation of

Psychologists' Associations). For example, I have attended meetings with other European psychology societies to discuss common issues of interest. In early November, EFPA organised a conference at the European Parliament on "Psychology for Europe". The conference sought to highlight the importance of psychology to EU policy-making in various areas including education, work, community, transport and health. The conference was attended by 120 delegates from 28 countries, including over 20 EU policy makers. European health psychology had a strong presence at the meeting with one of our Past-Presidents, Susan Michie, presenting on the psychological principles of behaviour change and implications for policy. EFPA are planning a follow-up conference specifically on "Psychology for Health" in autumn 2012, in which health psychology will represent a core focus. Our Founding President, Stan Maes, is the Chair of the Scientific Committee for this conference.

Having celebrated 25 years of Health Psychology in Europe in Crete earlier this year, we are already looking forward to our next conference in Prague, 21-25 August 2012, which is being ably organized by Vladimir Kebza (Conference President) and Aleksandra Luszczynska (Chair of the Scientific Committee) with the support of our Liaison Officer, Ralf Schwarzer. Abstract submissions open in early January and close on 14 February. I encourage all members to submit their work and ensure the continued success of our conference!

I would like to wish all members a very merry Christmas/festive season and I look forward to seeing you in Prague in 2012. ■

Paul Norman  
**EHPS President**

## opinion piece

# Functional MRI in Health Psychology and beyond: A call for caution

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Functional magnetic resonance imaging (fMRI) has emerged as a primary tool in psychologists' arsenal. The ability to peer inside the waking brain as it produces language, perceives visual objects, and interacts with the social world has provided unprecedented opportunities to investigate and understand the neural architecture of human cognition. But as Spider-Man's uncle, Ben Parker, once famously said: with great power comes great responsibility. Because of the high cost of fMRI data collection, the opportunity cost of a poorly conducted fMRI study is liable to be much greater than that of the typical behavioral study. And because of the unusually strong influence brain images wield over the popular imagination (McCabe & Castel, 2008), it may be easier to convince the public, other scientists, and even one's self, of conclusions that are not wholly supported by the data.

In this short opinion piece, I lay out several reasons for exercising caution when conducting fMRI studies. Although the piece is intended for a health psychology audience, one of the points I hope to convey is that the challenges that face health psychologists using fMRI are very much the same ones that face other psychologists. So while the examples I'll use may have particular relevance to health psychologists, they should also illustrate much more general principles that apply to many, if not most, fMRI studies. This is by no means a comprehensive overview of the methodological and conceptual challenges involved in designing, analyzing, and reporting fMRI studies; I simply highlight a few issues that

pose serious threats to the conclusions of many fMRI studies, and remain, in my view, widely underappreciated.

**The vagaries of low power**

When running an experimental study, it is desirable to ensure that the study is adequately powered; that is, if the targeted effect really exists in the population, the study will detect it with high probability. In practice, however, studies in most branches of psychology tend to be underpowered (Cohen, 1992), and fMRI studies appear to be particularly so (Yarkoni, 2009; Yarkoni & Braver, 2010). Because fMRI data acquisition is extremely expensive (typically several hundred dollars per hour), there's a strong pressure to collect as little data as possible. In practice, the modal fMRI sample size of 15 – 20 subjects often provides little power to detect anything but very large effects (Yarkoni, 2009). For example, a one-sample *t*-test performed on 20 subjects at a statistical threshold of  $p < .001$  (the modal threshold in the fMRI literature) has only 40% power to detect even a canonically 'large' effect of  $d = 0.8$ . For a correlational analysis, the same sample size provides only 12% power to detect an extremely large correlation of  $r = 0.5$ . And yet simulations suggest that even a seemingly stringent (by behavioral psychology standards) threshold of  $p < .001$  is insufficient to adequately control for false positives (Wager, Lindquist, & Kaplan, 2007). The inevitable conclusion is that the modal whole-brain fMRI analysis detects only a small minority of true effects while producing a high rate of false positives.

A related problem is that, when effects in underpowered studies *do* attain statistical significance, they tend to be grossly inflated (Yarkoni, 2009). The reason is that, when power is very low, the only way to detect an effect is to capitalize on chance. For instance, in a sample of 20 subjects tested at  $p < .001$ , the minimum statistically significant correlation is 0.67. A population correlation of, say, 0.3 will appear smaller or larger in any given sample due to sampling error; however, it will only be successfully detected in our small sample on those rare occasions when it is greatly inflated by chance. The problem is particularly acute in the context of the massive univariate analyses frequently performed in fMRI studies, because effects that may in truth be relatively weak and spatially diffuse will often appear to be spatially selective and extremely strong. For instance, if activity in half of the brain correlates 0.3 with some outcome variable in the population, we can expect the above sample to successfully detect the effect in fewer than 2% of voxels. And within the identified voxels, the observed correlation will be hugely inflated—averaging somewhere around 0.75 (Yarkoni, 2009). Paradoxically (and unfortunately), such biased findings may actually be easier to publish, because it's often more exciting to conclude that one has identified a highly circumscribed brain region that accounts for half of the variance in some outcome than to conclude that fully half of the brain is associated—but only weakly—with that outcome.

### **Not quite mind reading: the challenge of interpreting brain images**

A second set of challenges concerns the interpretation of fMRI results. As difficult as behavioral results can be to interpret, neuroimaging results add an additional layer of complexity. Perhaps the most common approach to interpretation of fMRI results takes the following form: *we observed activation in region*

*R*; given prior literature demonstrating that *R* is involved in process *P*, this suggests that differences in process *P*, mediated by region *R*, may explain differences in outcome variable *V*. This type of inference can be broken down into two strong claims: first, that there's a causal relationship between the observed changes in activation and some observed behavioral difference; and second, that we can readily infer what cognitive process such changes in activation reflects. In practice, both of these claims turn out to be surprisingly difficult to establish.

Consider the first claim. Suppose we observe, say, that the degree of right IFG activation in response to smoking cues predicts later success at abstaining from smoking. Can we conclude that IFG plays a *causal* role in mediating smoking abstinence? Not easily. Increased IFG activation in abstinent smokers could simply reflect the downstream effects of a critical upstream difference in a different process. For instance, smokers with greater motivation to quit might plausibly be more engaged with the task during scanning, and consequently expend more cognitive effort or spend more time attending to the on-screen stimuli. Because the blood-oxygen-level-dependent (BOLD) signal measured by fMRI sums approximately linearly over time, any increase in the amplitude or duration of neuronal processing will generally translate into a corresponding increase in the BOLD signal, irrespective of the efficacy of those processes in regulating behavior or other brain systems (Yarkoni, Barch, Gray, Conturo, & Braver, 2009). In other words, a change in IFG activation tells us only that there was *more* processing in IFG neurons; it doesn't tell us why. It certainly wouldn't imply that any cognitive process supported by IFG is the rate-limiting factor in ability to quit smoking. We can view the problem counterfactually: if we could manipulate smokers' brains to make them more

likely to quit, what systems would we target? Framed this way, it becomes clear that the mere presence of a correlation between regional changes in brain activity and some outcome variable provides little evidence of a direct causal relationship, because there are any number of other background processes where the critical causal locus could reside.

The second claim—i.e., that we can infer the cognitive processes involved in a task based on observed patterns of brain activity—is widely referred to as *reverse inference*, and is arguably still more problematic (Poldrack, 2006). The fundamental difficulty is in establishing *specific* mappings between cognitive states and activity patterns. To return to the above example, the right IFG is frequently implicated in emotion regulation and inhibitory control (Aron, Robbins, & Poldrack, 2004; Cunningham & Zelazo, 2007), so we might want to interpret our results as evidence that participants with greater inhibitory capacity are better able to regulate or inhibit their craving for cigarettes. But this type of claim, however intuitively compelling, is logically invalid. The fact that inhibitory control consistently elicits right IFG activity doesn't imply that right IFG activation is a *specific* marker of inhibitory control, because the same region could potentially also be activated by any number of other cognitive demands besides inhibitory control. Indeed, recent studies demonstrate that a distributed network of frontoparietal regions, including right IFG, is consistently and non-specifically activated by virtually all tasks involving goal-directed cognition (Duncan, 2010; Yarkoni, Poldrack, Nichols, Van Essen, & Wager, submitted). Such findings suggest that, absent direct quantitative support, reverse inferences—currently a staple of Discussion sections in many articles—should be minimized or avoided. In practice, it is rarely possible to make strong quantitative statements about the causal processes implied by a

particular pattern of brain activity.

### A call for caution, not avoidance

The point of highlighting such concerns and limitations is not to suggest that fMRI has no place in health psychology and related fields; to the contrary, when used carefully, it can provide valuable information. Quite simply, if one's goal is to study the large-scale neural substrates of cognition and behavior, there are few better tools. Moreover, the challenges discussed above, while serious, are all solvable: low power can be addressed by increasing sample sizes, conducting hypothesis-driven tests, and performing multivariate analyses; causality can be established by complementing fMRI with other experimental techniques (e.g., TMS); and reverse inferences can be minimized or directly supported with quantitative estimates (e.g., Yarkoni et al., submitted).

What these concerns do hopefully underscore is that there are many ways for an fMRI study to fail—and that, paradoxically, it is often difficult to recognize that a study has failed precisely because the results appear more compelling than the underlying reality would dictate. When applied carefully, fMRI has the potential to facilitate better understanding of any number of health-related questions: who's likely to successfully quit smoking; how health-related messages influence people's thoughts and feelings; how people reason about risks and benefits related to their health; and so on. But achieving these aims requires us to address some difficult technical and practical challenges. It requires us to choose our sample sizes based on power calculations rather than convenience or budget; to weaken the inferences we draw from our data even if the net result is a less exciting manuscript; and to recognize that fMRI is only one tool among many, and is not a panacea for the many limitations of behavioral psychology. Provided health psychologists take such concerns

seriously, and exercise caution when using fMRI and other neuroimaging techniques, Uncle Ben will be pleased with us, and functional neuroimaging should have a bright future in health psychology. ■

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## original article

# Time-sampling research in Health Psychology: Potential contributions and new trends

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Retrospective self-reports are the primary tool used to investigate inter-individual differences in thoughts, behaviours, and feelings across the social and behavioural sciences including Health Psychology (Schwarz, 1999; Shiffman & Stone, 1998). For example, a typical question might ask a research participant to think back over a specific number of weeks or months and rate the extent to which s/he used a certain coping strategy over the respective time period. However, individuals do not only differ in their general behavioural tendencies as captured by such an inter-individual differences approach. They also adapt their behaviours to the changing characteristics of momentary circumstances resulting in substantial intra-individual variability. For example, individuals might use different kinds of coping strategies when they are confronted with a social conflict as compared to having to deal with a piece of broken merchandise. In fact, recent evidence suggests that the lion's share of variability in such key health psychological constructs as coping and everyday problem-solving, as well as important health behaviors such as physical activity, originates at the level of the situation and not at the level of the person (Scholz, Keller, & Perren, 2009; DeLongis & Holtzman, 2005; Hoppmann & Blanchard-Fields, 2011). Furthermore, retrospective self-reports covering longer time periods can be surprisingly difficult, as we will elaborate upon. The purpose of this paper is to illustrate how obtaining repeated daily life assessments as individuals engage in their typical routines using time-sampling methods may complement and

extend previous health psychological research by addressing the daily life mechanisms underlying the interplay between psychosocial factors and health.

## Key elements of time-sampling and new trends

Time-sampling research is characterized by repeated assessments of momentary experiences as individuals engage in their typical daily life routines in their natural environment (Bolger, Davis, & Rafaeli, 2003; Shiffman & Stone, 1998). We use the term time-sampling methods but want to point out the existing array of related research methodologies that are identified by distinct labels such as diary methods, ambulatory assessment, experience sampling, real-time data monitoring, ecological momentary-assessment, intensive repeated-measures methods, or measurement bursts (Hoppmann & Riediger, 2009).

Typically, all of these methods include self-report based assessments of current cognitions, behaviours, or feelings. Yet, it is important to highlight that time-sampling methods are not restricted to self-reports. In fact, innovative new trends in time-sampling research are increasingly moving beyond an exclusive reliance on self-reports and toward an inclusion of objective measures. This helps alleviate common concerns about socially desirable responding. For example, if individuals are painfully aware that they fail to meet physical activity guidelines despite the fact that their doctor has repeatedly recommended that they be more active, they might be tempted to over-report physical

activity for the purpose of being 'good' patients or research participants. If researchers are concerned that their study may elicit socially desirable responding then they might want to add a control group or consider pairing self-report based time-sampling with concurrent objective measures. For instance, it is possible to combine daily self-reports with different kinds of ambulatory devices, such as heart rate monitors or accelerometers to gauge physical activity, or to implement supplementary measures as is often done by using saliva samples, for example, to assess stress-related substances such as cortisol (Hoppmann & Klumb, 2006; Hoppmann & Riediger, 2009). Another important feature is represented in the fact that time-sampling takes research out of the lab into individuals' real world environments, thus maximising the ecological validity of health psychological research employing such methods (Feldman-Barrett & Barrett, 2001). Hence, there are many available options for complementing self-report based time-sampling protocols using additional devices and this can be done in an ecologically valid fashion.

Researchers can draw on a broad spectrum of assessment methods ranging from daily phone interviews and paper diaries to pager-prompted, pocket computer, or cell phone assessments when conducting time-sampling research (Hoppmann & Riediger, 2009). All of these approaches offer unique insights into health-related processes and they all have their specific benefits and pitfalls (Bolger, et al., 2003). Therefore, time-sampling methods should be chosen based on the targeted phenomenon and the specific study population. For example, pocket computers may be the data collection tool of choice if the best assessment of a specific phenomenon involves the administration of timed tasks, random schedules, or branched questionnaires. Although still novel, pocket computers have been used successfully in many

different populations including older adults and various patient populations. However, computerized assessments also pose minimum requirements regarding cognitive functioning and sensory-motor skills that render them unsuitable for certain patient populations (Hoppmann & Riediger, 2009). In this scenario, other tools such as daily telephone interviews may be the assessment method of choice (DeLongis & Holzman, 2005). Researchers can therefore choose from a broad array of different time-sampling tools to examine daily life processes that ought to be selected based on the specifics of the research question and the targeted population.

### **Novel health psychological questions best addressed by time-sampling research**

In Health Psychology, there are several research questions that would particularly benefit from an implementation of time-sampling methods. For example, time-sampling methods allow researchers to take health psychological research out of the lab and into individuals' *daily life environments*. Hence, intra-individual variability in thoughts, behaviours, and feelings across different daily life situations is not treated as a nuisance. Instead, changing characteristics of momentary circumstances become a key part of the phenomenon under study (Almeida, 2005; DeLongis & Holzman, 2005). Importantly, by investigating inter-individual differences in intra-individual variability, health psychological research may elucidate the complex interplay between the person and the situation. For example, it has been shown that individuals high in Neuroticism (inter-individual differences) encounter more daily life stressors than individuals low in Neuroticism and that the former also react more strongly to daily life stressors (situation-specificity) than the latter (Bolger & Zuckerman, 1995). Time-sampling research thus provides means of addressing research questions that

uniquely capture between- and within-person differences in study variables of interest over and above what can be examined using retrospective self-reports. There are also ways to extend time-sampling research that might benefit health psychology to an even greater extent. One such means is the fruitful implementation of time-sampling to examine the daily dynamics inherent in social systems thereby allowing researchers to go beyond the level of the individual. For example, it is possible to simultaneously collect information regarding daily life stressors from multiple family members to examine how mothers, fathers, and children may influence each other to ultimately contribute to the health and well-being of everyone involved.

Furthermore, time-sampling research allows for the study of momentary, often fleeting, experiences that may go by undetected using retrospective self-reports (Shiffman & Stone, 1998). Specifically, time-sampling can capture *short term fluctuations and time-ordered relationships* in health-relevant processes that occur on small time scales. Modeling the temporal order of daily life processes can be used to detect intra-individual changes as well as inter-individual differences in such intra-individual changes (Bolger et al., 2003). As such, time-sampling research may shed light on the daily life dynamics of health related processes during transitional periods. For example, it may be of incredible value to know if patients who leave the hospital after major surgery with the instruction to be physically active experience less pain after they do their stretching exercises, or if they only do their stretching exercises when they experience little pain.

In addition, time-sampling methods may provide unique insights into the *association between intra-individual variability and long-term change* (Bolger et al., 2003; Hoppmann &

Riediger, 2009). This makes it possible to study health-related processes that occur on different time scales. For example, we have shown that older adults' engagement in daily activities relating to health, cognitive, and social goals was associated with concurrent elevated positive affect. In addition, older adults who reported many goal-related activities also had a higher probability of survival over a 10-year period than older adults who engaged in few or no goal-related activities (Hoppmann, Gerstorf, Smith, & Klumb, 2007). Hence, time-sampling research may provide an opportunity to identify daily life processes that may accumulate over time to affect long-term outcomes that could then be targeted in health psychological interventions.

Finally, time-sampling methods *reduce retrospective self-report biases and memory distortions* (Almeida, 2005; Bolger et al., 2003; Feldman-Barrett & Barrett, 2001; Schwarz, 1999; Shiffman & Stone, 1998) thereby enhancing data quality. Retrospective self-reports require complicated reconstructions of past thoughts, behaviours, and feelings that are cognitively demanding and prone to systematic biases (Almeida, 2005; Schwarz, 1999). For example, mood-dependent memory may reduce the accuracy of retrospective self-reports. In other words, if an individual who is in a good mood is instructed to think back over a period of weeks or months and rate how s/he coped with problems then s/he might have a hard time recalling information on past problems with obvious consequences for the accuracy of coping ratings. Similarly, if an individual is asked to report how much s/he used a particular coping strategy on average over the course of weeks, then s/he might try to answer this question by thinking of how s/he coped with a problem the previous day. In such a scenario, the individual's coping reports would be impacted by a recency-effect wherein s/he utilizes the most recent

memory of using this strategy to gauge an average rating. Related, individuals may also draw on particularly salient problems when rating their overall coping strategy use (Schwarz, 1999). Finally, honest forgetfulness may further distort average reports on coping with problems. The use of cognitive heuristics as outlined in the previous examples may provide a biased representation of the behaviour or experience under focus. To minimize the operation of retrospective biases, time-sampling research assesses thoughts, behaviours, and feelings as they occur. It therefore does not place the same demands on an individual's memory and it incorporates current situational influence as part of the design. Taken together, time-sampling methods may advance health psychological research because they (1) target daily life processes as they occur in an individual's own environment, (2) facilitate the detection of time-ordered relationships, (3) allow studying processes that occur on different time-scales, and (4) reduce problems associated with retrospective self-reports. Time-sampling methods therefore provide novel means of addressing multiple types of health psychological research questions because they uniquely capture daily life variability in study variables of interest that cannot be investigated using one time retrospective self-reports.

## Conclusion

Time-sampling research has the potential to offer insights into health psychological phenomena that could not be obtained using other methods. It may thus offer valuable and promising means of contributing to research in the field of health psychology that may complement traditional retrospective self-reports or even experimental approaches. The use of time-sampling methods is particularly appropriate when one suspects that a targeted behaviour or experience changes across different daily life situations and/or if it is particularly

prone to self-report biases.

In addition, time-sampling research benefits from a combination of subjective and objective measures. For example, it might be interesting to examine how situation-specific changes in emotional experiences as measured by subjective self-reports could be associated with important health behaviours such as physical activity that can be assessed using accelerometers. We thus believe that Health Psychology may benefit from the implementation of time-sampling research and that there are many different ways to capitalize on and extend its potential. ■

## Author note

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## health psychology review

# Review articles in health psychology: More important than ever!

Research in the field of psychology is burgeoning. There are more researchers and investigators, articles published, and journals than ever before. To a large extent, electronic databases and digital holdings for journals like Web of Science and Medline have revolutionized research and the process of locating articles has never been easier or more efficient. However, the sheer size of the psychology canon has, paradoxically, created new difficulties. Distilling, synthesising, and interpreting such a large body of literature presents a real challenge for scholars, particularly those wanting to identify a pithy, succinct précis of a particular field or area. As a consequence, researchers and academics increasingly turn to narrative and empirical reviews in order to get an up-to-date compendium of the research in their topic of interest. Furthermore, recognition of the importance of an evidence-base in the development of policy and practice in the field of health and medicine has also created the need for syntheses of research evidence in key areas. Such syntheses have been used extensively to inform practice in the health arena and will continue to do so (e.g., Cochrane database of systematic reviews). Finally, the rise of methods to conduct empirical syntheses of research evidence such as meta-analyses, systematic reviews, and, more recently, the meta-synthesis of qualitative research has also assisted in producing evidence-based summaries of the state of the literature in health psychology. Coupled with more traditional integrative narrative reviews, these syntheses are increasingly 'in demand' and highly-cited in the field.

As the editor of *Health Psychology Review (HPR)*, I view the journal as an essential forum for the dissemination of high quality empirical and narrative reviews of the literature. Its reputation is increasing with huge potential for making a lasting contribution to the fields of health psychology and behavioral medicine. The journal occupies a unique niche in the field as it is the only review publication of its kind and is clearly located as an essential reference for all psychologists seeking articles that summarise the state of the literature in the discipline of psychology applied to health, broadly defined. The journal has vast potential to attract citations and serve as an essential resource for academics, students, and practitioners of health psychology. It will serve as an important source of original thought in which theories and hypotheses in health psychology can be put forward, debated, modified, and refined. This will serve as an important step prior to future empirical and formative research that will verify theoretical developments. So, *HPR* is an essential reference and keystone publication that will summarize the state of the health psychology literature, catalyse future research, and spawn new, original thinking that will move the field forward.

**Martin Hagger**

*Curtin University*

The journal has three aims. First, the reviews published in *HPR* must be of high quality. To this end, the journal aims to publish only manuscripts that make a contribution to advancing knowledge, thinking, and future research. I will outline later my comments on

what makes a good review article. Second, the journal aims to encourage authors to submit new, original contributions to the journal that will be of interest to the readership and address fundamental questions and contemporary topics in health psychology and behavioural medicine alike. The journal must play an active and progressive role in moving knowledge forward. To this end, the editorial team actively encourages authors to submit contributions in new formats that complement standard full-length articles. These will include commentaries and articles on methodological and practice issues. Third, the journal is already making an impact based on reports on the quality and originality of the contributions published so far, but also in terms of important metrics such as numbers of citations of *HPR* articles, electronic articles downloaded, and visits to the journal website. There is a clear need to formally quantify this impact, and my aim is to bring about the first impact factor for *HPR* in the next year. We have already received data on citations for the journal and have computed an unofficial impact factor of 1.33 and we hope that this will be higher when the official impact factor is released in the year or so.

### What makes a 'good' review article?

Looking back on the hundreds of articles I read during the course of my doctoral research and tenure as an academic, a few have left a lasting and indelible impression on me and still influence my thinking to this day. Some of these articles fall into the 'classic' experiment or study category and represent ground-breaking research that changed the way psychologists viewed and theorised on a particular behavioural phenomenon or adopted a unique methodological approach that paved the way for future research. Others were narrative or systematic reviews of a particular field or area, but were equally as influential on my, and certainly many others', thinking and were highly influential in

advancing knowledge in the area and catalysed future research. Reflecting on these highly-influential review articles led me to further ruminate on the key ingredients that make a 'good' review article; a highly pertinent question for the editor of a review journal such as *Health Psychology Review* which has ambitions to be the lead forum for reviews on health psychology and behavioural medicine! Perusing the characteristics and features of the reviews that made such an impression on me, and likely many others, I have drawn up the following shortlist of candidate features that make a 'good' review article:

- (1) Originality
- (2) Advances knowledge and original thinking
- (3) Theory-based
- (4) Evidence-based
- (5) Accurate, comprehensive and rigorous
- (6) Recommendations for future enquiry
- (7) Stimulating debate

I will elaborate upon each of these features in a future editorial of *Health Psychology Review* in the hope that this will help guide those considering authoring a review in the field and submitting to the journal.

### The future

On behalf of the Associate Editors and Editorial Board of *HPR*, I encourage readers and researchers to submit their best research syntheses, in the form of systematic reviews and meta-analyses, and new ideas, in the form of narrative reviews and commentaries, to the journal. The journal will continue to grow and expand in the next few years and I predict it will

become a centrepiece in the field that will promote original scholarship, broadly summarize and synthesize the research in the field, and provide innovative new theories that will engender further empirical study. I want *HPR* to be the 'go-to' journal for scholars who seek narrative reviews, meta-analyses, and systematic reviews that inform and innovate the field. I am confident that in the next few years the journal will establish itself as the leading review publication in the field with high impact and considered the *Psychological Bulletin* of the health psychology discipline. ■

*This article is an updated version of an editorial that first appeared in Health Psychology Review:*

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# Psychology and Health: Stability and change

**Mark Conner &  
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The first issue of 2011 of *Psychology and Health* marked a transition in the editorship of the journal (see Conner & O'Connor, 2011 for an earlier version of this editorial). For the previous four years the journal had benefited from the experience of Rona Ross-Morris and Lucy Yardley as co-editors-in-chief. They along with their team of associate editors, editorial board members and reviewers took the journal forward to become one of the most prominent health psychology journals in the world. During this period the journal has reached a record impact factor of 2.08 for 2008. This achievement is a testament to the hard work and vision of the previous editors' and their editorial team. *Psychology and Health* is the official journal of the European Health Psychology Society and the society has played an important role in supporting and publicising the journal in this period. In addition, the publishers, Taylor and Francis, also deserve thanks for their work in the running of such a successful journal. Obviously the reputation that *Psychology and Health* now enjoys is not the result of just four years hard work. With this in mind we would also like to express thanks to past editors John Weinman, Ad Kaptein, and Paul Norman and their editorial teams who have made important contributions over the years since its inception in 1987 to the status the journal enjoys. In becoming co-editors-in-chief it is our hope that we too can make a useful contribution to taking *Psychology and Health* forward during our period in office (2011-2014) and to developing it further in terms of international standing, circulation and impact.

## Stability

Our own decision to apply as a team to become co-editors-in-chief was in part driven by how well the previous co-editors-in-chief of *Psychology and Health* had made such a joint arrangement work. The way they and their editorial team have run the journal over the past four years is something we will aspire to replicate in our own term. With this in mind we hope that the transition from the previous to the new editorial team will be seamless. Indeed the first few issues of 2011 (Volume 26) almost exclusively contained articles accepted by the previous editorial team. Another aspect of stability during the transition is the large proportion of the associate editors from the previous editorial team that have agreed to stay on during our editorial 'term of office'. We look forward to working with and learning from such an experienced team over the next few years at *Psychology and Health*.

We hope that the journal will remain a highly respected outlet for the best quality theoretical and empirical work in the health psychology domain as well as publishing new and critical approaches. With the steadily increasing number of submissions the pressure on journal space will continue to grow despite *Psychology and Health* moving to 12 issues per year in 2011. Although this inevitably increases the workload of the editorial team it also provides an opportunity to further drive up the quality of the work published in the journal and as a consequence increase the status of the journal. We hope that authors will continue to submit their very best work to *Psychology and Health* whatever area of

health psychology the work falls in and that the journal becomes the first “port of call” for research excellence. The journal will continue to publish high quality work on the role of psychological factors in health and illness, including psychological aspects of the etiology, experience and treatment of health and illness, health cognitions and behaviour, the interface between individuals and health care systems, randomised controlled trials of public health and clinical health psychology interventions, and other areas of health psychology. Not only do we welcome submissions across this wide range of topics, we also welcome a range of methodological approaches to research. We would particularly welcome submissions from researchers working in areas that have to date received less attention in the pages of *Psychology and Health*. For example, work on psychobiological processes of health and illness such as psychoneuroimmunology is something we would like to see more of in the journal. Building on the work of the outgoing co-editors-in-chief, we plan to continue to invite Guest Editorials by world leading health psychologists on advances in the field of health psychology and behavioural medicine. We also encourage researchers to approach us to discuss ideas for future special issues on important and emerging areas of research. As under previous editorial teams the key criterion for publication in *Psychology and Health* remains the quality of the work.

### Change

In addition to ensuring the stability of the journal during the transition to the new editorial team we also have introduced a number of changes. The most obvious one will be the change to a structured abstract. A number of key journals in health psychology and behavioural medicine have switched to using such abstracts and it is our belief that when appropriately used they can be an aid to rapid and clear

understanding of the research being reported. The primary headings for the structured abstracts will be: Objective, Design, Main Outcome Measures, Results, Conclusion. As a consequence the word limit for the abstract will also increase from 200 words to 250 words. A second change will be less obvious but we believe will be crucial to maintaining and increasing the status of the journal. We plan to work with our editorial team and publishers with the aim of further reducing the time between submission and publication. We will aim to reduce the time taken to reach an editorial decision on a manuscript, the time taken between acceptance and the appearance of online first publications (which will include a citable Digital Object Identifier [DOI]), and the time between an article appearing online and appearing in print in the journal. This will be a difficult task but one we believe is essential if the journal is to continue to compete with the very best journals in the area in providing a rapid outlet for the latest advances in health psychology.

### 2011 Issues

*Psychology and Health* published a total of 12 issues plus a special issue in 2011 reflecting the high number of quality articles we receive. In addition to a large number of high quality regular articles we published one special issue and two themed issues. Special issues are guest edited by key researchers in an area and involve a specific call for papers on this issue. The special issue in 2011 (volume 26, issue 2) was edited by Charles Abraham and Blair Johnson on ‘Health Promotion Interventions (Abraham & Johnson, 2011) and contained articles on changing health behaviours such as physical activity, school-based diet, condom use and promoting the health of pregnant women. We plan for *Psychology and Health* to publish one special issue each year and are happy to receive proposals for the content of these special issues.

Themed issues bring together sets of regular articles accepted for publication in the journal and group them together in a single issue along with an editorial from key researchers in that area. The first themed issue of 2011 (volume 26, issue 9) was on Ajzen's (1991) theory of planned behaviour (TPB) and its application to health behaviours. This themed issue brought together 8 articles on different aspects of the TPB. The editorial (Ajzen, 2011) by the developer of the theory, Icek Ajzen, provided an overview and critique of these articles along with a number of insightful comments on research in this area. This themed issue was also timed to coincide with the publication of a major meta-analysis of the TPB (McEachan, Conner, Taylor, & Lawton, 2011) in the September issue of *Health Psychology Review* (the other journal of the European Health Psychology Society; EHPS). Together these 'cross-over' issues of the two EHPS journals make an important contribution to research on the TPB and health behaviours. The second themed issue of 2011 (volume 26, part-issue 11) was on measures of self-rated health. This is an important an emerging topic in health psychology. The themed issue brought together 4 articles on this issue along with an editorial from Yael Benyamini who is a key researcher in this area and also an Associate Editor at *Psychology and Health*. Benyamini (2011) uses these 4 articles plus a number of others (a majority of which have been published in *Psychology and Health*) to discuss different explanations of why self-rated health is such a good predictor of future health outcomes. We expect the themed issue to prompt further research in this area. Further themed issues of *Psychology and Health* are planned for 2012.

### Summary

In summary, we are proud to continue the traditions of *Psychology and Health* and look forward to working with our editorial team, with authors and with readers to further develop the

journal. The journal is already one of the top journals in health psychology, over the period of our editorship (2011-2014) we will work hard to consolidate and where possible improve on the international standing of the journal. ■

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# "Connecting the Dots": EHPS and the United Nations

Conference report of the *64th Annual United Nations Department of Public Information Non-Governmental Organizations (UN DPI/NGO) Conference*, 3rd-5th September 2011, Bonn, Germany

Invoking its audience in one of the opening keynote speeches, renowned ecological activist and feminist Vandana Shiva exhorted an alarming proportion of 60% of the world's ecosystems to have exceeded their capacity for renewal. The current ecological state, eminent threats and its repercussions for humanitarian affairs call for urgent action not only by the United Nations (UN), various governments and Non-Governmental Organisations (NGOs), but also crucially that of communities and individuals of the civic society —henceforth the 64th annual UN Department of Public Information/NGO Conference (UN DPI/NGO)'s integrated theme of 'Sustainable Societies; Responsive Citizens'. 'Sustainable Societies' encompasses the need to disregard economical development and ecological conservation as antagonistic to one another, but instead entreat the undertaking of a new economic paradigm that integrates both domains. 'Responsive Citizens', on the other hand, embraces the notion of empowering citizens to bring about engaged and informed societal members capable of contributing to the promotion and advocacy of sustainable development. The 64th annual UN DPI/NGO Conference provided an important platform for NGOs representatives to showcase their current work in areas relevant to sustainability and ecological conservation, contribute to international discussions about UN-related activities, forge networks with other NGOs, and to develop pre-agenda for the upcoming Rio+20 UN Conference on Sustainable Development in 2012. Having highly anticipated its new status

as an UN-affiliated NGO this year, EHPS saw its first participation in the annual UN DPI/NGO Conference in Bonn, Germany, in September 2011. The need to "connect the dots", an appeal by the UN's Secretary-General Ban Ki-Moon to understand the inter-relationships between climate change, water, food and energy (UN DPI/NGO, 2011) was a theme repeatedly resonated throughout the conference. This view stresses the importance of understanding the interconnectedness and intricacies between the current world challenges we are facing: pollution, hunger, poverty, economic inequality, illiteracy, population dynamics and human rights infringement to name a few. It is essential to tackle these global problems holistically while considering the interconnectedness between them. EHPS can certainly form a major thrust to this noble vision with its key assets and interests, but we must first seek to "connect our dot" with the UN, its related agencies and the work they are pursuing. This conference report presents a summary of the EHPS Bonn Conference delegates' reflections, conclusions and recommendations. It is hoped that this article will serve as an emergence for EHPS and its members to consider the potential role we can play as an UN-affiliated NGO, and how we can join the global forces in their pursuit to tackle world challenges concerning the humanity at large.

**Alden Lai &  
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## Main themes and principles

The conference was held in the form of roundtable discussions, workshops and youth initiatives running in parallel. Through our participation in various sessions, we identified several recurring themes and principles relevant to this UN DPI/NGO conference:

**Activism:** A stance taken by citizens of all nations to fight, in a democratic fashion for issues of common interest: democracy, economy, ecology, sustainability and health.

**Civic Society:** A society comprised of free, volitional and active individuals who work together to pursue their interests and well-being.

**Climate Change:** A long-term change in weather conditions due to numerous processes including global warming, floods, volcanism etc.

**Department of Public Information (DPI):** serves as the public voice of the UN, promoting global awareness for the UN's work. DPI also works closely with NGOs to assist them in pursuing their causes (see <http://unic.un.org/around-world/unics/en/whoWeAre/aboutDPI/index.asp>)

**Green Economy:** An economic system that is concerned not only with fiscal growth and prosperity but also with the ecosystem, social equity and well-being. Green Economy is a core value advocated by the United Nations Environmental Programme (UNEP).

**Illiteracy:** 20% of the world is still illiterate, and 67.4 million children are not enrolled in schools (United Nations Education Scientific and Cultural Organization (UNESCO), 2011). Literacy is a basic human right, but it is highly lacking at the global scale, adversely affecting individuals' civic

participation and volunteerism, and in turn their ability to address global problems.

**Non-Governmental Organisations (NGOs):** Organisations founded by individuals or institutions operating independently from governments, which are working in the interest of common good. They are the epitomes of active participation and volunteerism, which was the focus in this conference.

**Ecosystem Pollution:** An introduction to the environment toxic materials (contaminants) that harm the natural environment in various ways. Pollution causes considerable health problems, including respiratory and cardiovascular disease, rashes, birth defects, neurological symptoms and cancer.

**Food, Energy and Water Security:** Humans' basic needs of food, energy and water are being compromised with environmental degradation and non-sustainable development. Sustainable practices must be advocated in ensuring the security of these essential items to meet the needs of the current population and future generations.

**Poverty and Hunger:** The lack of material possessions, particularly financial means, quintessential for human survival. The exact definition and quantification of poverty is highly contested, but it was estimated that over a billion people around the world are poor, and that millions die from poverty-related causes. Hunger is a drastic manifestation of poverty – many children are suffering from malnutrition globally, and this irrevocably affects their physical and psychological development.

**Rio+20 United Nations Conference on Sustainable Development:** This upcoming UN conference will be held in Brazil between June 4th – 6th 2012, marking the 20th anniversary of

the 1992 UN Conference on Environment and Development in Rio de Janeiro (see <http://www.uncsd2012.org/rio20/>). Rio+20 has been referred to by many in this conference's panels and is much anticipated, as many of the principles and plans for actions laid out almost two decades earlier have not been implemented.

**Volunteerism:** Individuals' tendency and capacity to act on behalf of themselves, others, and the common good without expecting remuneration. It is a key manifestation of active civil participation, and a crucial vehicle for sustainable development.

In an attempt to categorise the salient themes and principles relevant to this UN DPI/NGO Conference, we derived four main groups: 'Millennium Development Goals (MDGs)', 'Challenges for Sustainable Development', 'Paradigms' and 'Agents' (refer to Figure 1). The MDGs are eight specific global targets committed by world leaders in September 2000 to achieve by 2015 (see <http://www.un.org/millennium-goals/bkgd.shtml>), with three of them being reflected as recurrent themes in this year's conference. Eminent from these categories are the existence and interplay of diverse issues, frameworks and stakeholders relevant to sustainable development – further accentuating the need to “connect the dots”.

## Conclusions and recommendations

The authors proffer five conclusions from this UN DPI/NGO Conference, simultaneously offering recommendations for EHPS's considerations. First, health psychology is a discipline intimately tied to public health, public policy and politics, especially with its twofold competitive edge within the health sciences: (1) the focus on psychological processes, and (2) the emphasis it puts on these processes by employing research

methods common in psychological science. Researchers in psychology, however, tend to overlook other disciplines as they over-occupy themselves with the elegance of their concepts and methods (Taylor, 2009). This conference not only strongly highlighted the link between health psychology and medical research and health policies, but also other fields such as ecology, economics and political science. With respect to this, we believe it is high time for health psychology and EHPS to actively pursue knowledge and initiate contact with experts in these diverse fields. It is also pertinent to keep in mind the international-global nature of UN's operations. While EHPS is understandably a Europe-based society, it should still seek to broaden its reach beyond Europe to allow more rapid transfer of knowledge, extensive opportunities for research collaborations, and greater influence on policy-related matters. On the same note, 'Global Partnership in Development' is also listed as one of the MDGs. The authors further recommend the branching out of health psychology into other disciplines and the increase of its international-global scale to be reflected in EHPS's two key publications, *Psychology & Health* and *Health Psychology Review*.

The second conclusion is the difference in the



Figure 1. Categorized list of salient themes and principles

nature of EHPS as an academic society, as compared to the majority of NGOs present at this conference. Being current organisations implementing actual practice directly relevant to, or advocating sustainable living/development, these NGOs are involved in participatory programmes in direct contact with certain community groups; EHPS on the other hand primarily consists of academics, professionals and graduate students involved in the specific field of health psychology. This difference renders some form of discrepancy between EHPS and other NGOs in terms of the roles we can play in particular at the UN DPI/NGO Conference. Being aware of this discrepancy is crucial, but it does not undermine EHPS's potential contributions in future conferences; EHPS can instead offer its key assets of expertise in the study of health from a psychological perspective, and further serve as a pivotal point between academics, UN and its agencies, governments, other NGOs, and community activists/citizens (see UN Academic Impact <http://academicimpact.org/index.php>). With each group of stakeholders providing their separate set of perspectives and concerns, teamwork among all is, and will be the sought-after paradigm for tackling global issues like sustainable development and empowering citizens.

Thirdly, in stark comparison to the 63rd UN DPI/NGO Conference, which had a central theme of 'Advance Global Health: Achieve the MDGs', there was an apparent lack of mention about health or health-related outcomes at the 64th Conference. We felt a strong need to advocate health as an ultimate objective in UN's DPI/NGOs' envisioned goals, instead of viewing it as by-product while striving to achieve the MDGs. EHPS could thus form a coalition with other UN-affiliated NGOs also having health as an important agenda, and this 'Health UN-NGO Network' should interact synergistically and congregate to advocate health as an ultimate

goal to achieve in future conferences via collaborative organising of workshops/symposia. Similarly, EHPS could also strengthen its ties with an estimated dozen other UN-affiliated professional psychological associations, joining the collective effort to apply psychological science as a tool to realise UN's work.

The fourth conclusion links the major notions of civic engagement and volunteerism in this conference with that of basic psychological science. The theme of agency has emerged as an intriguing topic of interest across diverse disciplines such as neuro-cognitive, developmental, social and personality psychology. Individuals are depicted as forward looking, goal-oriented, and intentional (Amati & Shallice, 2007; Austin & Vancouver, 1996) and such qualities are further relevant in one of the author's work on psychotherapy intervention (Shahar, 2010; Shahar & Davidson, 2009). Embracing the theme of agency would enable health psychology as a field—and EHPS—to position itself as a bridge between basic (neuro)psychological sciences and public policy.

Lastly, youth participation, both on the part of EHPS and that of UN DPI/NGO should be emphasised. Youth delegates representing various NGOs were able to gather together and brainstorm, propose and present ideas for the 'Road to Rio+20 Global Youth Mobilisation Initiative (see <http://www.roadtorioplus20.org/>) during youth workshops. This initiative subsumes under Rio+20 Conference as a platform for youths to contribute their share of ideas and beliefs towards sustainable development and the positive changes they envision for the future. Differing from the main workshops, youth workshops comprised of a higher degree of interaction between delegates and opportunities for youths to voice their opinions during proposals and presentations, which ultimately lead to an adoption of Youth Rio+20 goals.

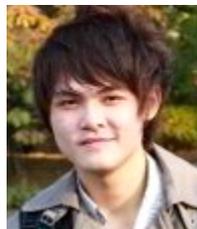
Participation in such youth workshops has multiple advantages—increasing awareness of other youth activities, mutually educating/introducing about one's NGOs, creating a sense of camaraderie as youths commit to Road to Rio+20 benchmarks, and lastly forming an instrumental network of youths with visions for the future. EHPS is strongly recommended to send youth delegates to future DPI/NGO conferences or other relevant activities in lieu of these significant benefits.

EHPS's participation in the 64th annual UN DPI/NGO Conference was an important milestone in celebrating our formal association with the UN. We believe that the insights gained from this conference, coupled with the appointments of EHPS representatives to the UN and the recent emergence of an EHPS-UN committee would be instrumental in allowing EHPS to ally itself with the UN, and in the process contribute to societal good. ■

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*The authors' individual reports can be retrieved from the 'EHPS at the UN' section of the EHPS website.*



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# Delegate feedback about the 2011 Conference of EHPS, Crete, Greece



**Irina Todorova**

Past president &

Conference officer

The 2011 Conference of EHPS took place in September, in the city of Hersonissos, Crete, Greece. It was hosted by the University of Crete, and the Hellenic Psychological Society.

The overarching theme of the Conference was *Engaging with*

*Other Professions: Challenges and Perspectives*, underscoring the importance of inter-professional dialogue in health psychology and public health. The EHPS expresses our gratitude to the local organizers for their hospitality and a very successful conference!

After the conclusion of the conference, the EHPS Executive Committee asked delegates to evaluate different aspects of their visit and participation in the 2012 EHPS annual event. Last year we developed an on-line evaluation survey, and are very grateful to Natalie Schüz and Manja Vollmann for setting up the on-line technology and processing the data. Here are some of the results of the feedback we received from the delegates of the 2011 EHPS Conference:

This year, we received feedback from 455 delegates, which is half of the registered delegates. Of those completing the survey, 42.6% were EHPS members and 54.5% were not members, which is almost identical to the distribution for the 2010 Conference evaluation.

The overall quality of the conference was well evaluated, with 14.3% of the delegates stating it was good, 54.7% stating it was very good, 25.9% that it was excellent. On a 5-point scale, the quality of the symposia was rated as 4.17, of the keynote lectures as 4.05, and the quality of oral

presentations as 3.93, chairing and moderation as 4.17 and poster presentations as 3.65. The overall time schedule was rated as 4.11, the conference venue received the highest rating of 4.40, and the social program of 4.16.

The extent to which the conference included a wide range of theoretical approaches received 3.90, theoretically based interventions 3.90, range of methods 3.8, provision of opportunities to meet colleagues, 4.3. Regarding the scope of theoretical and methodological approaches represented, in the open ended questions there were comments regarding low representation of qualitative methodologies and calls for expanding such representation in the future. For the 2010 conference the Scientific Committee had decided to have poster sessions without poster presentations. After that conference, half of the 2010 respondents stated that they prefer to have poster presentations (50%), while 29.9% stated that they prefer without presentations, and the rest had no preference. Thus, this year the organizers, the SC and the EC decided to have poster sessions with chairs and presentations. This decision was supported by the majority of the delegates this year, who stated that they prefer poster sessions with presentations (58.7%), while 32.5% stated they prefer them without presentations. Quite a few delegates (42.6%) felt that this year there were too many posters in the scientific program, though 53.3% felt they were the right number. This is compared to, for example 4.5% who felt the symposia were too many, 4% who felt they were too few, while 88% felt that they were the right number. Similar percentage of approval was evident for the number of paper sessions (77.5%), workshops (86.2%) and keynote

lectures (83.9%). However, in the open ended question about the poster sessions (to which a substantial 30% of respondents had comments), the prevalent opinion was that there were too many posters, they were set up too close together and it was hard to hear the presentations. Some people recommended that the posters be kept up all day, or that they should be organized in several sessions during the day.

For the 2010 conference the EHPS Executive Committee introduced an on-line only abstract book, in order to save funds and paper. At that time, 55% of 2010 delegates supported the idea of an online only abstract book. We took into account the comments regarding improving information about and access to the on-line abstract book for Crete 2011. This year a larger number of delegates (60%) had accessed the abstract book before the conference. In the suggestions, it was stated that some people did not see the email with the link to the on-line abstract book and that should be made clearer. Recommendations also included to have all the abstracts in one PDF, and to have the link available after the conference also. (Subscribers to Psychology and Health will receive a paper issue of the Supplement with the Abstracts; however, delegates who do not subscribe will not be receiving it).

In response to the open ended question regarding what aspects of the conference would delegates change for the future, some common answers were to reduce the number of papers, and particularly posters – some delegates suggested to increase rejection rates and reduce the number of posters by half, while others felt that too many papers submitted for oral presentations had become posters. Other suggestions were to send information about the on-line abstract book earlier, and to include more diversity of health psychology topics and

methods, as well as to have more presentations in line with the theme of the conference. It was pointed out that there were fewer absent presenters in paper sessions, but too many absent presenters (and chairs) at poster sessions. Quite a few people stated that vegetarian options and fresh fruits and vegetables should be more available at meals.

In response to which aspects of the conference worked well, the responses were very positive, stating that it offered a high quality of presentations, keynote lectures, representation of a diversity of themes including discussion of practical applications, and wide international representation. They liked new tracks, such as “Research Gone Wrong” and “Debate of the Day”. Some comments were:

*Terrific dinner party. The best ever! Great venue. Very good meeting. Thank you!*

*It was a great Conference! Thank you to the organizers for being so professional and skilled in managing such a large conference. The venue was beautiful, the opening ceremony was memorable and we felt very well taken care of.*

*I appreciated the care provided to all participants equally, regardless if we were members of EHPS or not, or a member of committees or not. With this occasion I would like give a big "Thank you" to the organizers for doing everything possible for our comfort, and for introducing us into Cretan culture as well. I want to thank the Organizers for inviting all of us at the closing dinner, for choosing an excellent place for it, for giving a varied menu for lunch from which we could freely choose, and for providing buses... all of this included in the Conference fee. The organizers showed respect for all of us. And you all have my respect. Waiting for the next Cretan Conference.*

*Well-organized; friendly atmosphere, providing and stimulating contact with other attendants.*

*I thought the conference was an overall success. The venue was excellent and everything seemed to run very smoothly.*

Thank you for participating in the Conference evaluation! The EC is taking all comments into consideration and will bring recommendations forth to the future EHPS conferences. ■

# CREATE 2011: Systematic review, meta-analysis and qualitative meta-synthesis

## Stuart Leske

Queensland University of  
Technology

This year's workshop saw us head to the beautiful Greek island of Crete to soak up some information on systematic review, meta-analysis, and qualitative meta-synthesis. Early career researchers ( $n = 37$ ) came from America, Australia, Canada, England, Finland, Germany, Greece, Ireland, and the Netherlands to participate. We were situated in the municipality of Hersonissos on Crete for the workshop, which ran from 18th-20th September at the Albatros Hotel, and was followed by the conference from the 21st-24th September at Creta Maris Convention Centre.

The workshop was facilitated by Dr Wendy Hardeman from the University of Cambridge, UK, and Dr Richard Cooke and Dr Rachel Shaw from Aston University, also in the UK. All the facilitators did a great job of synthesising their presentations together, with Wendy taking systematic review, Richard taking meta-analysis, and Rachel taking qualitative meta-synthesis. The broad aims of the workshop were to understand the principles and steps involved in conducting each review and writing it up for publication. Martin Hagger from Curtin University in Australia contributed towards the latter aim by attending on the last day to offer some helpful advice on publishing in *Health Psychology Review*. The workshop was a mixture of lectures, group tasks, and presentations from participants. In groups and pairs, we practised the steps for each kind of review, learnt associated principles and protocols, and designed and ran search strategies on the much-loved Theory of Planned Behaviour (Ajzen, 1991; Ajzen

& Madden, 1985). The learning environment was informal and interactive, with plenty of opportunities for group discussion and sharing issues in our own work which were relevant to the review process. Wendy, Richard, and Rachel encouraged us to ask questions, and constantly checked that we were keeping pace with the slides and understood each aspect of the review process which was much appreciated.

We began our workshop with systematic review. Systematic review is an attempt to answer a research question by collating all empirical evidence available which fits pre-specified eligibility criteria (Higgins & Green, 2011). A clearly stated set of objectives is important in order to limit the scope of the included studies. Explicit and systematic methods are utilised in order to minimise bias, and consequently produce more reliable findings which inform conclusions and decisions (Antman 1992, Oxman 1993). Findings are presented systematically and synthesised together. One valuable exercise we conducted at the workshop was a 'compare and contrast' between a traditional and systematic review. In contrast to a systematic review, a traditional review often only examines a small part of available evidence, is not transparent about methods (and therefore not reproducible), contains no quantitative summary, does not eliminate certainty, and in this case, is written by one author, whose claims must be taken at face value.

Often, meta-analyses are embedded within systematic reviews. These analyses use statistical techniques to integrate the results of

independent studies (Glass 1976). Meta-analyses provide more precise estimates of the effects of health care by combining the information from all relevant studies, and also allow investigations into the similarities and differences between papers included in the review.

The qualitative meta-synthesis involves appraising qualitative studies for quality using quality criteria. A corpus of primary studies undergoes a thematic analysis to compare themes across cases (i.e., studies) and develop a hierarchical structure of these themes. Both data (participants' words) and findings (inferences made by researchers) (Sandelowski & Barroso, 2003) can be extracted for use in the synthesis. Although Cochrane resists including non-trial based evidence including qualitative syntheses, there is still a need to develop methods to systematically review this type of evidence. It's necessary to know the context of patients when considering their care, and the best way to understand this is to ask them. Although trials might have great internal validity, there might be problems with external validity which qualitative research might be able to solve.

One of the things that excited me most was the great resources we got to take away from the workshop. The reference list put together by the facilitators was excellent. The data extraction form will prove useful anytime I am undertaking a review of any sort of literature. The critical appraisal of qualitative research helped me to think about 'rigour' in my own qualitative study. The qualitative methods search terms we have been provided with are quite impressive and will certainly save a lot of time in the event that I need to conduct a meta-synthesis. I have sent the workshop slides around to my postgraduate colleagues since and two are just about to begin systematic reviews so the workshop was timely.

I'd also like to give a hearty thanks to the

CREATE executive committee who organised this years workshop. Jana Richert, Lena Fleig, Cécile Bazillier, Angela Rodrigues, and Gudrun Sprösser, are all early-career researchers and did a great job of organising the workshop and the social programme. The social programme was a great way to get to know others and ensured there were familiar faces at the conference throughout. The dinner the first night was great fun, so many of us came out that the restaurant ran out of knives and forks! Finally, no matter how systematic you were, you wouldn't be able to visit each small tourist shop selling olive oil products, swim on each section of the Mediterranean lining Crete, or eat out at the many restaurants along the shoreline self-proclaiming 'best food in Crete for 40 years'. Quality appraisal also necessary here then.

So what did we come away from this year's CREATE at Crete? Undoubtedly, the self-efficacy and resources to conduct each type of review, and more broadly the knowledge of how to best integrate evidence in order to inform decision-making about the care of individual patients and people. As scientists, this gives us a great opportunity to immerse ourself in problems, and ultimately to work towards better outcomes for the voices in our research. Based on my experience this year, I would recommend future workshops to other early career researchers. See you in Prague! ■

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early career workshop 2012

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CREATE (Collaborative REsearch And Training in the EHPS) is a subdivision of the European Health Psychology Society (EHPS), promoting education and collaboration for early career researchers working in the field of health psychology. The workshop will take place immediately prior to the 26<sup>th</sup> conference of the EHPS in Prague, Czech Republic.

## synergy workshop

# Testing theory and interventions within individuals: Theoretical issues and the use of n-of-1 and related methods of data analysis

Receiving the Synergy Grant allowed me to travel to Hersonissos in Crete and take part in the Synergy workshop entitled "Testing Theory and Interventions within individuals: theoretical issues and the use of n-of-1 and related methods of data analysis", as well as the 25th EHPS conference this September.

The workshop covered several theoretical and practical issues related to n-of-1 designs, ranging from aspects concerning testing theory and interventions within individuals to specific simple as well as complex data analysis methods. The facilitators, Derek Johnston, Marie Johnston and Diane Dixon, did a wonderful job describing theoretical and data analysis issues, facilitating discussions during the workshop and stimulating the exchange of information between participants. Some of the workshop participants had a vast experience with conducting n-of-1 studies. Group work exercises and general discussions provided a great framework for sharing experiences from studies conducted in different countries and on various topics and learning from each other. Relevant questions regarding measurement (i.e. the instruments that one can use, frequency of data collection) and data analysis (i.e. what would be the best methods and software to use) were raised and possible solutions were discussed during the two and half days workshop. Participants had been asked to collect data on themselves prior to the workshop to test the Karasek demand control model of work stress during the Synergy workshop. This provided hands on experience with testing theory in individuals and analysing data using both Simulation Modelling Analysis

(SMA) software and SPSS.

**Catrinel Craciun**

*Babes-Bolyai University*

All in all, I enjoyed being part of this year's Synergy workshop as I believe it offered the context for acquiring knowledge and new skills as well as plenty of social opportunities to interact with other delegates, share experiences and explore the possibility of future research collaborations.

I will apply the testing theory knowledge and practical data analysis skills gained during the workshop to conduct research and support my teaching activity at the Babes-Bolyai University in Cluj Napoca, Romania. I am currently coordinating a project where we will use an n-of-1 research design in order to test how a therapeutic story helps decrease the anxiety and procedural pain in children with cancer. This type of design offers the possibility to test for theory and intervention effectiveness in the oncology hospital context, where each case is very specific and requires the tailoring of the intervention to the patient needs (i.e. type of diagnostic, how long a child stays in hospital). Using the information I received during the Synergy workshop I will train some student assistants to help me conduct the project in the Oncology Clinic in Cluj Napoca and analyse the data we will gather. Moreover, what I have learned during the Synergy workshop will also help me strive to achieve the goal of being a scientist-practitioner and test for the effects of therapeutic interventions when working with patients who need to undergo behaviour change. ■

create report

# Visiting scholar grant report: A research project on chronic pain and social exclusion

Report on the research visit at Katholieke Universiteit Leuven, Faculty of Psychology and Educational Sciences, 4 – 16 April 2011

## Adriana Banozic

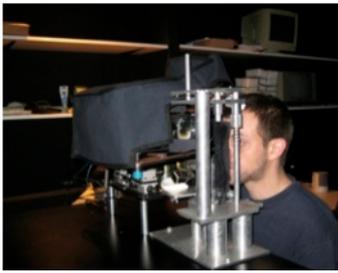
*University of Split*

Chronic pain is difficult both for patients to tolerate and for various health professionals to treat effectively. Management of chronic pain population still faces many challenges and requires novel approaches in the treatment of pain. The Pain Clinic of University Hospital Split and the Laboratory for Pain Research University of Split were particularly interested to further explore social contextual factors that contribute and sometimes maintain chronic pain conditions. Therefore this research visit was particularly oriented towards a collaborative project that aims at exploring contributing effects of social exclusion on pain perception. Chronic pain patients often face problems with everyday functioning and social interactions to more executive functions such as working memory, decision-making and emotional processes.

Further on, the perceived lack of understanding or social support can sometimes lead to the feeling of stigmatization in chronic pain patients, which in addition impacts both their disease severity and their social relationships. Due to these factors chronic pain patients are potentially more likely to experience social exclusion, which increases with the level of their disability. This particularly has repercussions for chronic pain patients who are experiencing social exclusion processes due to the conflict with closer social surroundings as well as professionals involved in their treatment. The results of several studies suggest that chronic pain may alter pain perception. There is also a reason to believe that the pain of social exclusion shares some of the same neural and psychological mechanisms as the experiences of physical pain. These shared mechanisms include the anterior cingulate cortex, periaqueductal gray matter, brain structures and the opioid systems. However, consistent findings on how social support in chronic pain patients can influence pain perception and empathy are lacking. This study would provide more information how to provide adequate support for individuals with chronic pain affected by social exclusion processes. This research visit embraced the overall developmental strategy of the Pain Clinic University Hospital Split, which prioritizes interdisciplinary research in chronic pain. The research visit to the Faculty of Psychology at Katholieke Universiteit Lueven was concentrated on gaining knowledge and methodology of



Prof Jessie Dezutter & Adriana Banozic



Experimental Psychology Lab

chronic pain management, as well as experimental methodologies that could be used in the context of health psychology. Prof Dezutter gave

me an opportunity to join the weekly meetings and methodology seminars with the entire research group. Furthermore, during our meetings I could participate in discussions after doctoral seminars, which was a very stimulating experience.

### Work plan and activities of the visit

The basic purpose of this visit was to demonstrate that chronic pain patients affected by social exclusion processes become relatively numb to physical pain. Therefore, we discussed different aspects of our research design: association between chronic pain, personality traits and responsiveness to experimentally induced painful stimuli. Particular accent was placed on developing the proposal for a methodology for studying the association between social exclusion and pain. The first part of the study included testing the basic associations and the instruments to be used. The first week was dedicated to extensive literature study on the theoretical framework for my work. The second part of the visit included working on a draft version of our experimental design and participating in experimental psychology seminars, discussions with other colleagues from both the Health Psychology and the Experimental Psychology departments which proved to be of tremendous importance. Also, my supervisor at university of Leuven Prof Dezutter and myself were very interested to prepare a poster we could present at the Symposium on pain and suffering in Leuven on May 13th 2011.

### Outcomes of the visit

The research design on social exclusion processes in the context of chronic pain developed with Prof Dezutter made a valuable impact on my development as a young researcher. Social exclusion is a rather important issue to tackle considering the fact that social exclusion processes cause an assortment of outcomes, many of which forestall distress and various pathological changes in cognition, emotion and behaviour. Working with Prof Dezutter, I was able to benefit from her wide experience in research regarding chronic pain patients, and since the time we established communication, she offered valuable support and provided me with useful learning materials, which additionally helped me advance my research design. Apart from that, the research group in Leuven offered a rich learning environment, where I was able to participate in weekly meetings and methodology seminars and establish a long-term communication with other colleagues working in the same field. Upon my return to Croatia, I definitely felt more confident to continue this research and maintain long-lasting links between the research labs. ■



Faculty of Psychology and Educational Sciences, Katholieke Universiteit Leuven

# Guide to special interest groups (SIGs) for the EHPS



## What are SIGs?

Special interest groups enable individuals with a shared interest to identify each other, exchange ideas and information and potentially establish collaborations. SIGs could include a focus on a specific illness or behaviour, an intervention technique/medium or a methodology.

## How do I join an existing SIG?

First you need to be a Synergy member (simply go to <http://ehps.net/synergy/new> and sign up). If you are newly signing up, then some SIGs will be available to join as part of the sign up process. If you are an existing Synergy member, after logging in to the site, visit <http://ehps.net/synergy/sigs> or click on the **Special Interest Groups** link on the left under Navigation. There you will see a list of existing SIGs. Click on the name of the particular SIG of interest and details of the SIG will be shown. To join that SIG click on the link in the first line where it says: *If you would like to join this Special Interest Group, please click [here](#)*

## How do I set up an SIG?

First you need to be a Synergy member (simply go to [www.ehps.net/synergy](http://www.ehps.net/synergy) and sign up). To request the creation of a new SIG, log into the Synergy website <http://ehps.net/synergy> and visit <http://ehps.net/synergy/newsig> or click on the **Special Interest Groups** link on the left under Navigation and click on the link for

creating a new SIG. A new SIG needs to have at least four members one month after it is created, otherwise it may be deactivated for lack of interest. Each SIG will have a chair or joint chair. By default, the chair will be the person who requested the creation of the SIG, although this can be changed. The role of the chair is to encourage and facilitate discussion amongst group members, help in moderating and updating the group, and communicate with the Synergy board regarding any requests for their SIG group. The above role tasks need not be implemented exclusively by the chair but the latter is encouraged so the chair can oversee that such tasks are being carried out in the interests of their SIG.

## How do I communicate with others in an SIG?

The main method of communicating with other SIG members is through the SIG specific mailing list. The email address for each SIG can be found on the website if you click on **Mailing list** on the SIG details page (to get to SIG details page select **Special Interest Groups** and then click on the SIG of interest). An email addressed to the mailing list will be delivered to all members of that SIG. Note that when you reply to a mailing list email, by default you just reply to the sender. If you want to keep a discussion going, make sure you reply to the mailing list address. You can also send a message to the whole SIG through the website by using the **Broadcast** function (go to SIG details page and select the **Broadcast** header). This will send an email to all those in the SIG. However, this should be for information only communications

as this is sent from a 'no-reply' email address.

### **Does Synergy facilitate SIG meetings?**

Synergy aims to support SIGs in meeting online and in person at the EHPS annual conference. Synergy can help set up an initial 'flash meeting' through the FlashMeeting website <http://fm.ea-tel.eu/> where members of the SIG can have an audio-visual discussion. Members without a microphone or a webcam will be able to listen and watch the meeting using PC speakers/earphones, and participate via the chatting function of FlashMeeting using their keyboard. Subsequent 'flash meetings' can be organised by the SIG itself. Synergy is also planning to provide the option for breakfast

meetings at future EHPS annual conferences for SIGs. The opportunity to request such a meeting will be announced around the time that the abstract acceptance is confirmed for that conference.

### **Why are there currently not many SIGs listed on the website?**

As this facility has been newly created, few SIGs have been set up to date. Why not create one today and invite others in your field to join?

The Synergy Board ■

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