



EUROPEAN HEALTH
PSYCHOLOGY SOCIETY

THE EUROPEAN HEALTH PSYCHOLOGIST

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President's message

ONWARDS AND UPWARDS

Activity increases

Membership

EHPS continues to expand in numbers and activities. At our EC Strategy meeting in London in January, we learnt that EHPS membership has grown by over 40% in the last year. The more members we have, the more we can do!

Specialist groups and meetings

More people are becoming involved in forming Interest Groups, and organising satellite workshops at our annual conference. In addition to the Occupational Health interest group established last year, we have agreed to support a Qualitative Research Interest Group, convened by Jonathan Smith, Irina Todorova and Rebecca Jacoby. We have also agreed to support a post-conference workshop on self-regulation theory, convened by Stan Maes, which may lead to an Interest Group. In addition to the CREATE and SYNERGY workshops, a team of five led by Cecile Janssens is preparing half-day pre-conference workshops.

Our journals

The new Editorial team of *Health Psychology Review* has had its first, productive meeting and plans for its launch are progressing well. Following the call for nominations for Editor of *Psychology and Health*, I am delighted to announce the result of the selection by the former Editor, a representative of EHPS and of the publishers, Taylor & Francis. Professor Lucy Yardley and Dr Rona Moss-Morris from the University of Southampton, UK, have been appointed as Co-Editors for the next term. We are extremely fortunate to have attracted such a strong team to take forward the excellent work of Dr Paul Norman.

Honouring members

As well as facilitating members to become involved in the Society, it is important to recognise the contribution and achievements of those who have been active over many years. The last Members Meeting asked Marie Johnston to convene a

President's message

Working Party of four Past Presidents to consider this. They have produced a draft document outlining three possible models for honouring members. We would like your views in advance of the next Members Meeting; a consultation of members is planned for May.

EHPS Conference, Warsaw, 30th August to 2nd September 2006

Over 500 submissions have been received from, not only all parts of Europe, but also the United States, Canada, Australia and New Zealand to our next conference, "Social change and new challenges for health psychology".

Outstanding researchers and speakers will be giving keynote addresses: Prof. Stevan E. Hobfoll, Kent State University, Prof. Derek Johnston, University of Aberdeen, Prof. Maria Kopp, Semmelweis University, Prof. Ralf Schwarzer, Freie Universität Berlin, Prof. Paschal Sheeran, University of Sheffield, and Prof. Andrzej Elias, Warsaw School of Social Psychology.

Make sure you register in time for the reduced "Early bird" deadline, May 28th.

CREATE and SYNERGY workshops

Both workshops promise high quality scientific interchange and development. The CREATE workshop for early career scientists, "Stress, coping, and social support", will be facilitated by Prof. Dr. Ralf Schwarzer, Dr Aleksandra Luszczynska and Professor Krys Kaniasty. The SYNERGY workshop, for advanced career scientists, "Behavioural Interventions: Bridging the Gap between Theory, Evidence and Intervention Research" will be facilitated by Professors Susan Michie, Paschal Sheeran & Alexander Rothman (application deadline March 31st).

Grants are available to encourage talented researchers and graduate students who don't have access to funding to attend the EHPS conference and/or Create or Synergy workshops (see website for details - <http://www.ehps.net>).

Elections – the Society's future

The future growth and impact of the EHPS will depend on new energy and talent in the leadership positions of the Society. Please consider nominating for the EC positions in the forthcoming elections. The sign of a healthy, democratic organisation is to have more than one person coming forward for each position, so that elections can be conducted as well as called!

I look forward to seeing many of you in Warsaw and, meanwhile, please contact me if you have any comments or suggestions about our work for the Society.

Susan Michie, President, EHPS

s.michie@ucl.ac.uk



EHPS Conference 2006 – Warsaw, Poland

On behalf of the Organising and Scientific Programme committees of the 20th European Health Psychology Society (EHPS) Conference 2006, the Polish Psychological Association (Health Psychology Section) and Warsaw University, I have great pleasure in welcoming you to Warsaw in Poland!

August 30th – September 2nd 2006
www.ehps2006.org

Reminders:

*Early Bird Registration for
EHPS 2006: May 28th, 2006*

*Hardship grants are available.
Deadline for grant application
for EHPS 2006 is April 21st
2006. Applicants will be
informed of the results by May
8th, 2006*

Organisation of the Conference is well under way. Over 500 abstracts have been submitted. Currently the abstracts are being reviewed by the Scientific Committee. The authors will be notified individually about acceptance of their contributions by May 8th. Please remember that abstracts of accepted presentations can be published in the conference materials (a supplement to *Psychology and Health*) only if the author's registration fee is received by June 6th. Early bird registration is until May 28. Further detailed information concerning the conference, as well as pre-and post-conference workshops can be found at websites: www.EHPS2006.org and www.EHPS.net.

You are most cordially welcome to EHPS 2006 conference, we are looking forward to meet you in Warsaw!

Organising Committee Warsaw 2006

Call for Nominations for the Executive Committee of EHPS 2006-2008

Dear EHPS Members,

In accordance with the articles and bylaws of the EHPS, which define the procedure for the elections of the Executive Committee, we are issuing a Call for Nominations as detailed below.

This is an opportunity for you to take an active part in the Society because you have the possibility of nominating candidates for the EC, members that in your opinion can make a valuable contribution to the future of the Society and can represent your point of view.

The term of the current EHPS Executive Committee will expire in September 2006, and in accordance to the Articles and Bylaws of the Society, nominations for election to the positions of President-elect, Secretary, Treasurer/Membership Officer and 3 Ordinary members on the Executive Committee are invited at this time. I am, therefore, writing to you to encourage you to submit nominations for the new Executive Committee. You have received details about the nominations process, including a nomination form. The deadline for the receipt of nominations is 1st April 2006 and nominations should be sent to the Secretary, Adriana Baban, at the E-mail, Fax or address indicated on the form.

Yours sincerely,
 Adriana Baban, Secretary EHPS
adrianababan@psychology.ro

EHPS PRE AND POST EHPS 2006 CONFERENCE WORKSHOPS

PRE-CONFERENCE WORKSHOP Path Analysis and Structural Equation Modelling in Health Psychology Research

REGISTRATION for the workshops is along with Conference registration at www.ehps2006.org

Application Deadline for "Path Analysis and SEM Modelling" is May 15th 2006. Confirmation for acceptance will be sent by May 20th 2006

For more detailed information please visit www.ehps.net

Facilitator: Stephen Sutton
Wednesday, 30th of August 2006; 9:00 – 12:00h

This workshop will be an introductory course on path analysis and structural equation modelling (SEM). Participants will be provided with the necessary background knowledge on when SEM is appropriate and how to conduct these types of analyses. The workshop will include a brief demonstration of the SEM packages (AMOS) and close with an open question-and-answer session to discuss queries arising from participants' own datasets. Participants should have a working knowledge of regression analysis. The workshop will be held in English. The maximum number of participants is 30. The workshop fee is 45 Euros. Participants from those countries listed on the EHPS 2006 registration website (www.ehps2006.org) and students are eligible for the reduced fee of 30 Euros.

CONTACT: Cecile Janssens, Erasmus MC, University Medical Center Rotterdam; The Netherlands; a.janssens@erasmusmc.nl.

POST-CONFERENCE WORKSHOP Self regulation in Health and Illness

Facilitator: Stan Maes
Saturday September 2nd 2006, 14.00 h to Sunday September 3rd, 2006, 18.00h

Application Deadline for "Self-Regulation in Health and Illness" is May 15th 2006. Confirmation for acceptance will be sent by May 20th 2006

For more detailed information please visit www.ehps.net

The aim of this workshop to identify and discuss relevant self-regulation constructs (derived from existing models), and to discuss how these constructs can be assessed and be influenced by specific intervention techniques. Participants must be or become EHPS members before the meeting. We will select up to about 30 participants on the basis of their degree of involvement in self-regulation research related to health and illness and their aptitude to communicate in English. Involvement is proven by existing publications or participation in ongoing self-regulation research. The level of participation is thus an advanced level. The fee is 50 euro.

CONTACT: For application information: Mrs. Ruygrok, Ruygrok@fsw.leidenuniv.nl

POST-CONFERENCE WORKSHOP Interpretative Phenomenological Analysis

Facilitator: Jonathan Smith
Saturday September 2nd, 2006 14.00h to Sunday September 3rd, 2006, 13.00 h.

Applications for the workshop on IPA will be accepted until the workshop is filled.

For more detailed information please visit www.ehps.net

This is an introductory workshop to interpretative phenomenological analysis (IPA). IPA is concerned with an in-depth analysis of lived experience and offers a flexible but systematic set of procedures for doing this. This workshop will give a brief introduction to the theoretical background of IPA and will then concentrate on the practicalities involved in using the approach. There will be opportunities for hands-on experience. This is an introductory workshop and no prior experience with IPA is required. Participants must have sufficient knowledge of English language. The participation fee is 50 Euros. Participants from those countries listed on the EHPS 2006 registration website (www.ehps2006.org) and students are eligible for the reduced fee of 40 Euros. The maximum number of participants is 20. In case of too many applicants, participants will be selected on a first-come-first-serve basis.

CONTACT: Irina Todorova: ilgt1@comcast.net.

Position statement

Health, Commerce, and the Future of Health Psychology



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Recently, Olshansky et al. (2005) concluded that life expectancy in the developed countries might fall in the 21st Century, rather than rise, for the first time in several hundreds of years. They give three main reasons for their conclusion: First, notwithstanding popular portrayals, life-extending biomedical technology capable of appreciably raising population life expectancy does not exist and will not for the foreseeable future. Secondly, past gains in population life expectancy were largely the product of saving the young, something that cannot be repeated. The major declines in death were from infectious diseases that struck large numbers of infants, children, adolescents, and young adults in their prime. Future gains will have to be made with older groups.

The third reason for the likely fall in life expectancy in the coming decades relates to new threats to health, which have already begun to appear and, if left unchecked, will reverse the centuries-old trend of increasing longevity. Health care during the 20th Century, especially since the Second World War, has pursued a relentlessly biomedical path. This might have been a good strategy were the new health challenges threatening life expectancy biomedical in nature, but they are not. The new threats are primarily psychosocial.

One of these new threats, and the one of particular concern in the opinion of Olshansky et al. (2005), is the rise in the prevalence of obesity. In the United States, two-thirds of people are now deemed to be overweight, and about half of these are obese. Obesity is primarily a disorder of behaviour and the sociopolitical context in which behaviour patterns emerge, including high consumption of energy dense low-nutritious food and low levels of physical activity encouraged in part by a plethora of marketing devices and passive entertainment options. In turn, obesity is a major contributor to a host of disorders, including diabetes, the lifetime risk of which is now greater than 1 in 3 in the United States. Diabetes in adulthood increases the likelihood of heart attack by as much as having had a previous heart attack, and is associated with an increased risk of stroke, renal failure, blindness, and limb amputation. Persons with diabetes experience a reduced life expectancy of about 13 years.

Relative Importance of Biomedical and Psychosocial Factors

Part of the *raison d'être* of health psychology has been to show that psychosocial factors are important determinants of health. With ever-increasing understanding of the importance of psychosocial factors, radical shifts in emphasis away from the search for biomedical solutions towards psychosocial alternatives might already have been expected to have occurred. However, the growth in interest in psychosocial factors in health at national and international levels (e.g., the WHO, 2000, response to the "global epidemic" in obesity) is far outstripped by the unabated clamber for evermore technological medicine.

In the face of the intransigence of biomedical health care, it is arguable that the time has come for health psychology to emphasise not so much the importance of psychosocial factors *per se*, but rather the importance of psychosocial factors *relative* to biomedical factors in health and health care delivery. Many diverse examples of the relative importance of these factors could be cited, but a single recent study by Ünal et al. (2005) may suffice as a representative illustration. In the 20 years between 1981 and 2000, there were 70,000 fewer deaths in England and Wales than would have been expected on the basis of earlier trends in mortality. This number of fewer deaths translated to almost 1 million additional life years gained in a population of about 55 million, and Ünal et al. (2005) sought to identify the main causes of this substantial health benefit.

Ünal et al. found that about 20% of the benefit was due to biomedical intervention (e.g., treatment of acute myocardial infarction, secondary prevention involving corrective surgery and drugs for the control of hypertension). The remaining 80% of benefit was due to positive changes in behaviour and lifestyle during the period (e.g., reduced smoking levels, improvements in nutrition resulting in

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lower blood pressure levels and lower levels of serum cholesterol), which occurred against a background of improved understanding of behavioural factors in health. In short, despite health expenditure being directed overwhelmingly at biomedical health care, a fourfold larger benefit was achieved through psychosocial changes. Ominously, Ünal et al. (2005) observed adverse (as well as positive) trends in behaviour and lifestyle, including increased levels of obesity and decreased levels of physical exercise, which they found are already having measurable adverse effects on population mortality rates.

Biotechnology and the Commercial Culture of Contemporary Health Care

Although the available evidence suggests the need for major shifts towards psychosocial management and intervention, health care remains captive to a vision of the future in which biotechnology remains overwhelming dominant. For example, Senator William Frist (2005), medical doctor, Majority Leader in the United States Senate, and spokesperson for health, recently outlined his vision for future health care in a Special Article published in a major medical journal. While commenting perfunctorily that “people should be more responsible for preventing illness & disease” (p. 270), Frist offered a vision of health based on new and emerging biotechnology, including the use of permanently implantable microchips to monitor blood chemistries, measure blood pressure and conduct diagnostic tests, and injection of nanorobots to detect and repair lesions in defective organs. Although such technology, once refined, would be capable of doing good for individuals suffering manifest disease, the approach proffered by Senator Frist perpetuates familiar shortcomings of existing biomedical health care (e.g., predominantly illness focused care that encourages patients to be passive recipients of treatment) known to contribute little to overall health and avoidance of disease. Accordingly, such a vision has minimal prospects of producing appreciable improvements in population life expectancy.

In the main, Frist’s (2005) vision panders to the interests of a commercial sector that exploits illness through the sale of products for profit. While a rational assessment of the evidence suggests the need for shifts in emphasis in health care away from biotechnology towards behaviour change, it is evident that the latter offers limited scope for commercial exploitation. In contrast, the prescribing of drugs, for example, involves products that are valued in the region of \$200 billion per year in the United States alone (Als-Nielsen et al., 2003). The pharmaceutical industry invests heavily in selling its products, with approximately \$12-15 billion per annum being spent for the sole purpose of encouraging physicians to prescribe drugs, especially newer compounds that are more expensive for patients and insurers while often being no more effective than older alternatives (Blumenthal, 2004).

Considering the extent of formal training that prescribing physicians receive, it is not obvious why so much input is required from industry representatives. In any event, the pattern of sales of prescription drugs often does not correspond with the efficacy of the drugs prescribed, and therefore is irrational when assessed on the basis of principles of cost-effectiveness. However, nor are the prescribing patterns of physicians random. The relationship between industry representatives and physicians is characterised by the giving of gifts by the former to the latter, and the value of the drugs prescribed by physicians is positively correlated with the amount of contact between physicians and industry representatives (Dana & Lowenstein, 2003).

The level of penetration by industry into the practice of medicine is evidenced by industry presence in medical education. For example, nine-tenths of the \$1 billion spent per annum on physician continuing education in the United States is paid by industry (Blumenthal, 2004). Opportunities for industry influence even exist in relation to the authoritative guidelines that govern everyday clinical practice. It has been estimated that two-thirds of the authors of clinical guidelines have conflicts of interest arising from their associations, generally of a pecuniary nature, with industry (Blumenthal, 2004).

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Commercial Culture of Research

The influence of commercial interests evident in clinical practice is equally evident in the research from which practice is derived. It is estimated that the pharmaceutical industry funds more than 70% of the clinical trials undertaken to evaluate the relative efficacy of new and existing drugs (Als-Nielsen et al., 2003). Indeed, industry is responsible for approximately 60% of all biomedical research. At one level, this could be regarded a good thing. Research is expensive, and the fact that industry pays for much biomedical research could be thought of as a positive example of the cost of a potential public good being borne by the private sector. Conversely, questions could be raised about this practice on the grounds that much of the research takes place in universities that have created large research infrastructures using public finances, and the research in question is generally being undertaken for private commercial gain.

Whether one settles for viewing these practices as desirable or dubious could depend on the confidence inspired by the work that is done. In a study of the scientific integrity of research, Als-Nielsen et al. (2003) examined data from 370 randomised drug trials, categorising trials into four groups according to funding source as either nonprofit, not reported, combined nonprofit and for-profit, or for-profit. While there was nothing to differentiate the studies other than funding source, the authors of for-profit trials were 3 times more likely to recommend the new (experimental) drug as the treatment of choice. Since there was nothing in the reported studies to differentiate one from another, apart from funding source, Als-Nielsen et al. found no alternative but to conclude that for-profit funding creates “biased interpretation” of trial results.

It should not be imagined that the threats to scientific integrity implied in studies such as that by Als-Nielsen et al. (2003) are peculiar to North America, as the studies sampled were selected from global data bases. Indeed, in addition to being widely exposed to such bias, there is evidence of industry influence at the very heart of key European research institutions. The European Commission actively solicits industry partners in large scale publicly-funded research, including extensive “third party” collaboration where the links to industry are not publicly disclosed (James, 2002). Something of the pervasive influence of the Commission’s commercial priorities may be illuminated by the personal experience of this author. The particular experience relates to a project, “Dietary Caffeine, Health and Quality of Life in Europe”, 2001-2004, funded by the European Commission as part of its Fifth Framework Programme (Project QLRT-2000-00069).

Midway through the project, this author, as Project Coordinator, was contacted by a representative of the relevant Research Directorate in Brussels with expressions of concern that the project had produced “no positive messages”, meaning that no conclusions had been offered to indicate a health “protective” effect of caffeine (personal correspondence, 12 September 2002). We were asked whether it would be “possible to give also some positive messages”. It is important to understand that these concerns were not linked in any way to issues of methodology or scientific standards. Consequently, there was no escaping the impression that it was the Commission’s wish that the work should produce pro-industry findings. In reality, the findings were not supportive of oft-repeated industry claims of caffeine-induced “benefits”. Under the circumstances, the concerns expressed by the Commission are meaningful only in terms of the European Union’s abiding commitment to stimulating commercial activity, as evidenced by its own extensive literature on the topic (e.g., <http://europa.eu.int/comm/research>). In due course, the research in question was published, unadulterated by concerns for industry interests, in various peer-review scientific journals (e.g. James, 2004; James & Gregg, 2004; James et al., 2005; James & Rogers, 2005).

Taking daily consumption as an index, caffeine products (principally, coffee, tea, soft drinks, and so-called “energy” drinks) have achieved almost total penetration of the European diet. As such, the “positive messages” of interest to the Commission would have served commercial interests, whereas the “negative” effects suggested by

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the data are likely to be commercially unhelpful. At no time in the course of the project did the Commission express any appreciation of, or interest in, the substantial implications of our “negative” findings for current and future health in Europe. From the experience outlined, and the Commission’ own position statements, it might be surmised that health is not only subservient to commerce as a Commission priority, but that the Commission believes it acceptable, in the interests of commercial advantage, for “health messages” to be used as a veil for enterprises having primarily commercial aims. It would be reasonable to expect consumers to be disapproving, were the European Commission to subvert health in the interests of stimulating commercial activity, and it should be a matter of concern to health psychologists were this found to be the case.

Conclusion

The advancement of health psychology as a discipline and profession will involve more than demonstrating the involvement of psychosocial factors as causes and outcomes of health and illness. Greater effort is needed to create an appreciation beyond health psychology itself, of the fact that psychosocial processes are more important than biomedical processes in understanding population patterns of health and illness. Of course, much still remains to be learned about psychosocial factors in health, and it would be wrong of health psychologists to make claims that cannot yet be delivered. However, accepting that shifts in focus are needed within health care, a major role of health psychology should be to encourage greater public commitment to finding psychosocial solutions to major health problems. At the same time, among other things, any major shift toward a psychosocial focus within health care would upset current political priorities and threaten extensive commercial interests. Consequently, formidable opposition to health psychology aspirations should be expected from within the existing complex of institutions and organisations concerned with health care. Discussion of such issues does not yet appear to be part of mainstream debate in health psychology. Perhaps it should be.

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Collaboration And Innovation In Theory And Research In The European Health Psychology Society

**Behavioural Interventions:
Bridging the gap between Theory, Evidence and Intervention Research**

**Synergy 2006 workshop
27th – 29th August 2006, Warsaw, Poland**

SYNERGY

THE WORKSHOP AT A GLANCE

The SYNERGY annual workshop is organised to provide an opportunity for discussion between health psychologists conducting research in core fields within health psychology. The focus is on advancing the standard of work within the field by pooling expertise, sharing critical evaluations, and stimulating networking and collaborative research between researchers from all over Europe in an informal and supportive atmosphere. It is also an opportunity for researchers to present their research for discussion in depth with other experts working in the same field in a friendly and relaxed atmosphere.

This year's workshop aims to develop a framework that will further the development and evaluation of behavioural interventions. Psychological approaches will be integrated in broader frameworks of intervention research and a special focus on theory development will be aimed for. Participants will be encouraged to use different kinds of working methods like individual presentations, discussion, teamwork in smaller groups, etc. To have a perspective of the workshop four key areas will be addressed:

How can interventions be developed in a theory and evidence based way?
How to evaluate interventions from a theory-based point of view?
How do interventions feed back into theory?
How can systematic reviews or meta-analyses be best used to link evidence to theory?

This year's SYNERGY workshop will be facilitated by: **Prof Alex Rothman**, University of Minnesota, USA; **Prof Susan Michie**, University College, London, UK; **Prof. Paschal Sheeran**, University of Sheffield, UK. Facilitators will guide the work, support and moderate the discussion.

Note that the EHPS is offering 2 grants to those who want to attend the SYNERGY workshop but do not have sufficient financial resources. Each grant will be 500 Euros. Only participants from the countries listed as eligible for reduced fees (available on the EHPS registration website) are eligible to apply for a grant.

For application, please use the **online application form** that should be **submitted by the 31st of March, 2006**. For further information please go to:

<http://ehps.net/1024/index.html>, and choose the option "Upcoming Workshops" and then , "4th Synergy Workshop".

CREATE 2006 workshop

Stress, Coping and Social Support

Warsaw, 27th - 29th August 2006



CREATE, a subdivision of the EHPS, is happy to announce their 8th annual workshop which will take place in Warsaw in August 2006. The workshop will be held on the three days preceding the EHPS conference (27th-29th August) and will be facilitated by Ralf Schwarzer, Aleksandra Luszczynska and Krys Kaniasty.

The workshop at a glance

- **What:** Stress, Coping and Social Support
- **Who:** The workshop will be facilitated by Ralf Schwarzer, Aleksandra Luszczynska and Krys Kaniasty
- **When:** 27th – 29th August 2006
- **Where:** The workshop will take place at Warsaw University, Warsaw, Poland
- **Accommodation:** Accommodation will NOT be provided by CREATE. Rooms (including breakfast) in the IBIS hotel will be available to participants at a discounted rate to CREATE participants. Details on how to book accommodation will be mailed to participants once places have been allocated
- **Food:** Coffee and tea will be provided during the workshop days during break times. On the first night of the workshop, a dinner will be organized. Lunch and dinner for the 2 other nights are not included.
- **How to apply:** The application form can be downloaded from www.ehps.net/create
- **How much:** The workshop fee is 85 Euro
- **Deadline for applications:** May 15, 2006
- **Deadline for payment:** June 15, 2006
- **Reduced Fee:** There will be a reduced fee for participants from the countries listed on the EHPS registration website as eligible for reduced fees
- **Hardship grants:** This year EHPS is offering 2 grants for graduate students who plan to attend the CREATE workshop but do not have sufficient financial resources. Each grant will be 300 Euros. Only participants from the countries listed as eligible for reduced fees (available on the EHPS registration website) are eligible to apply for a grant

More about CREATE:

Collaborative **R**esearch **A**nd **T**raining in the **E**HPS (CREATE) is a subdivision of the European Health Psychology Society (EHPS). CREATE provides further training and promotes collaboration among early career health psychologists. In addition, it has formed an international network of researchers who can provide support and expertise to other researchers. It is hoped that this international network can help researchers identify and discuss common research interests and concerns. If you are interested in finding out more about CREATE please visit the CREATE website (www.ehps.net/create).



EHPS Activities

Educational and Training Activities in the EHPS: Past Experience and Future Directions

Over the past years a wide range of educational and training activities, have been developed within the EHPS. More than 200 young researchers from more than 20 different countries have attended the CREATE workshops since 1999. At the same time SYNERGY has organized a series of successful advanced workshops in a variety of topics, facilitated by several prominent scientists in health psychology. In addition, several one-day workshops on specific topics related to health psychology, are being organized adjunct to the annual EHPS conference.

Creating an educational framework within the EHPS

The development of education and training activities within the EHPS has created the need to coordinate all educational activities in a way that will maximize their benefit, enable us to avoid potential overlap of themes and facilitators, and ensure continuity of education. As from this year an effort is being made to create an educational framework within the EHPS. Drawing from past experience, we are trying to set common guidelines and evaluation procedures, in order to ensure training of highest standard, increase the number of participants, and ensure wider geographic representation of participants and facilitators. The plan is that all information regarding guidelines, procedures, past and future workshops will be available in the web for all EHPS members to access.

Professional education-Continuing Education Credits

Within this framework we are examining the possibility of offering an organized program for continuous professional education. Participants will be able to attend several training activities over the years, and collect Continuous Education Credits (CEC). We are currently exploring the system of assigning CECs to training activities, which is extensively used by several medical societies.

Culture and Training in Health Psychology

Although health psychology is inextricably linked to geographic, social and cultural characteristics, there is a great imbalance in the number of published studies between countries of Northwestern Europe, and countries of Southeastern Europe. This is likely to be problematic, since several differences within European countries could make the concepts and measures used in the North and West of Europe not relevant for the South and East. For example, preliminary information suggests that in contrast to countries of North and Western Europe where the prevalence of life-style related risk factors has significantly decreased, in countries of South and Eastern Europe the pattern is exactly the opposite. These differences in the number of published studies can be attributed to differences in research priorities, in research resources, or research training among different European countries. In addition, language barriers barring access to publication could also influence the number of studies published from different countries in Europe. In an attempt to address the differences identified between different regions of the EU concerning the study of health psychology, we propose a series of training courses over a period of four years. The courses aim at training young researchers in methodologies for assessing health behaviour and quality of life, taking into account ethical and cultural issues, and exploring possibilities for developing common guidelines for the study of health behaviour change and quality of life within the European Union. Dr. David French, from Birmingham UK, Marie Carmen Neipp from Alicante Spain, and Prof. Adrianna Băbașan from Cluj-Napoca, Romania, have been involved in putting the proposal together.

The training courses will be open to early career researchers working in the field of health psychology from all members and associate member countries of the EU. Due to the observed imbalance in quality of life research within the European Union, preference will be given to participants from countries in South Eastern Europe. The course has been submitted for funding as part of the Marie Curie Actions, under the "Human Resources and Mobility Activity".

Efharis Panagopoulou, Education Officer EHPS

Aristotle believed that education should bring about the development of an individual as well as that of the society. We hope that educational activities will lead to the development of the European Health Psychology Society, as well as that of its individual members.

Conferences in Europe

British Psychological Society

Division of Health Psychology-Scotland

Annual Scientific Meeting, 2006
The Lister Institute, Edinburgh

The Division of Health Psychology-Scotland was formally constituted in 2004. The establishment of DHP-Scotland was, in part, in recognition of the fact that following devolution health is the responsibility of the Scottish Parliament in Edinburgh not the Department of Health in England. Consequently, the Scottish Executive determines health policy in Scotland and health psychologists working in Scotland need to be able to respond to and provide expert input to Scottish health policy.

This, the third annual meeting was addressed by four keynote speakers.

Dr Jill Francis (Heath Services Research Unit, University of Aberdeen) presented work from an MRC-funded project that aimed to develop a theory-based intervention for appropriate disclosure of the diagnosis to people with dementia. The work both recognised and addressed the need to advance a **science** of designing theory based behaviour change interventions. An eight-stage protocol was developed and used to support the design of an exploratory trial. The key feature of the protocol was the mapping of behaviour change techniques onto theoretical constructs, which the protocol had already established as predictors of the target behaviour at baseline. The study represents an important development in the work on complex interventions because it lays the foundation for the development of a manual for the design of theory based behaviour change interventions. Such a manual should facilitate work towards a replicable and cumulative evidence base for complex interventions.

Professor Susan Michie (University College London and DHP Secondment to the Department of Health, London) further emphasised the need to develop a science of behaviour change through an account of her work on secondment to the Public Health Division of the Department of Health in London. This secondment, supported by the Division of Health Psychology, functioned to demonstrate the utility of the evidence base of health psychology for public health. Whilst working on secondment, Professor Michie carried out intervention mapping studies that matched the results of a Cochrane review of physical activity interventions to psychological constructs and then mapped those constructs onto behaviour change techniques. This work highlighted the need to improve our methods of reporting interventions to change behaviour and to develop a method of linking techniques with theories of behaviour change.

Dr Geraldine Bienkowski (Consultant Clinical Psychologist, Lothian NHS Health Board) discussed the role psychologists can play in the delivery of health targets within an NHS that now places more importance on the consideration of psychosocial factors in the design of healthcare systems at all levels. Dr Bienkowski suggested that this presents an unprecedented opportunity for psychologists to contribute to the health and wellbeing of the people of Scotland. However, she cautioned that in order to exploit the opportunity, psychologists need to understand the political and strategic landscape and must focus their energies on clinical priority areas. In addition, psychology must exploit its evidence base to demonstrate that our interventions can make a valuable and measurable difference. Further, there are professional issues that psychologists need to address about how to organise the profession, such that, interaction with the NHS is facilitated and satisfies the demand for a modern, flexible service delivery.



Conferences in Europe

The mission of DHP-Scotland is to contribute to health, health-care and illness outcomes in Scotland by the application of psychological theory, research and practice. All DHP members living in Scotland automatically become members of DHP-Scotland. The DHP-Scotland can be contacted through either the Chair or the Secretary to the Committee.

Professor Gerry Humphries (Bute Medical School, University of St Andrews) presented work that described the psychological response of patients to head and neck cancer which forms part of a major European study (ARCAGE) to understand the causative factors responsible for this disease. Although, recurrence of head and neck cancer diminishes by approximately 90% 1 year after treatment, patients continue to report fear of recurrence. Professor Humphries presented work that invited the question about the possible causes and maintenance of these concerns. Patients appear to interpret their experience of sensations within the mouth as indicative of a recurrence of cancer when those sensations actually indicate recovery of nerve function and healing. Patients may also suffer from lasting psychological morbidity, in the form of depression, due to scarring following surgery. The work of the artist Mark Gilbert via the Saving Faces Art Programme in which patients that have undergone facial surgery have their portraits painted was highlighted as an interesting and novel approach to altering the public's perceptions and providing a positive experience for the patients themselves.

Discussions during the conference indicated that attendees felt that this is an exciting time for health psychology in Scotland. Scotland is a country whose size facilitates the input of health psychology to effect positive change in the design and delivery of health care and the promotion of positive public health. The devolution settlement provides applied psychologists working in Scotland with the opportunity to respond flexibly to the health challenges facing the nation.

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The GOAL International Teaching Seminar 2006

Lahti, Finland, 5-7 June, 2006

Applying behavioral sciences to prevent disease and improve health

The GOAL Program for Good Ageing in Lahti Region together with the International Society of Behavioural Medicine invites you to participate in the annual GOAL international teaching seminar.

GOAL (*Go*od *A*geing in *L*ahti region, */Ikihyvä/*) is a research and development program designed to meet the challenge of integrating theory and evidence for more effective disease prevention and health promotion.

The annual GOAL Teaching Seminar provides a platform for learning and exchanging ideas with other public health and behavioral sciences researchers, health practitioners and policy practitioners sharing the same challenges in different regions of the world.

Deadline for applications: 15 April, 2006

For more information, visit us at:

<http://www.palmenia.helsinki.fi/ikihyva/> or www.ktl.fi/GOAL

Conferences in Europe

Third Annual Conference 'Psychology, Health and Medicine'

April 3rd 2006

National University of Ireland, Galway

The third annual one-day conference of the Health Division of the Psychological Society of Ireland, will take place on Monday, April 3rd 2006 at the National University of Ireland, Galway. The conference will be accredited for continuing professional development credits by the Psychological Society of Ireland (PSI), the Irish College of General Practitioners (ICGP), and has Post Registration Category I approval by an Bord Altranais, the Irish Nursing Board.



The conference, entitled 'Psychology, Health and Medicine' will be of interest to a variety of health professionals. Last year's second conference at the Trinity Centre for Health Sciences, Tallaght Hospital, Dublin, was a resounding success, playing host to speakers and delegates from all around Ireland, Northern Ireland, and the UK. The event witnessed impressive representation from a variety of health-related professions, many attendees having backgrounds in nursing, general practice, speech and language therapy, health promotion, drug rehabilitation, psycho-oncology and learning disability service provision, as well as general health psychology.

The keynote speakers lined up for this year's conference will present on a range of diverse topics in the realm of health psychology. Prof. Noel Sheehy, Head of the School of Psychology at Queen's University, Belfast, will give a presentation entitled '*Food advertising aimed at children: Constancies and inconstancies over 17 years*'. Prof. Sheehy's research interests involve the applications of psychology with particular reference to environmental, health and medical issues. Dr Rona Moss-Morris is Reader in Health Psychology at the University of Southampton's School of Psychology, and an honorary Senior Lecturer at the Department of Medical and Health Sciences, University of Auckland, New Zealand. Dr Moss-Morris will present on '*Designing and testing health psychology interventions: From theory into practice*'. Her research interests include investigating functional somatic illnesses such as chronic fatigue syndrome, irritable bowel syndrome and chronic pelvic pain; investigating mechanisms underlying these medically unexplained syndromes, and designing and testing cognitive behavioural interventions for these conditions as well as other chronic illnesses such as multiple sclerosis. Prof. Ruth Curtis is Professor of Psychology (Personal Chair) at the Department of Psychology, National University of Ireland, Galway. Prof. Curtis's keynote presentation will discuss '*Enhancing adjustment in women with stressful medical conditions: Retrospect and prospect*'. Her current research interests lie in psychophysiological explanations of stress and coping, and personal dispositions and health.

The Division of Health Psychology was established in 2003, with Dr Brian Hughes, most recent past President of the Psychological Society of Ireland, as its founding chair. A health psychology Special Interest Group has been in existence for some time, and health psychology is one of the first areas to be accorded division status by the Psychological Society of Ireland. The division was founded in response to rapidly increasing research and interest in the field of health psychology from Irish psychologists and other health professionals, as well as a growing need for a psychological approach to health and health care and recognition of the potential value of such methods.

Conference registration forms and further information are available on the conference website:

www.nuigalway.ie/psy/phm2006

or by contacting Dr Jane Walsh (Conference Chair) at:
jane.walsh@nuigalway.ie
 +353 91 493102.

Conferences in Europe

The Experience of a CREATE and EHPS Grant Recipient

*for the 19th EHPS Conference
‘Enhancing individual, family and community health’,
Galway, Ireland, August 31st - September 3rd, 2005*

As one of the first EHPS members from Bulgaria, I had the opportunity to attend the 2004 CREATE Workshop “Predicting and changing health behaviour: Conducting and publishing theory-based research”, in Helsinki, Finland. It was a unique chance for me for gaining knowledge and experience and becoming a part of a very friendly and open community of young health psychologists. It was an important experience for me since there is no training for young researchers in the field of health psychology in Bulgaria. The only course in health psychology was recently introduced at the bachelor’s curriculum, but there are no specialized Master or PhD programs. My first participation in the CREATE workshop convinced me that young researchers can benefit greatly from attending international events, facilitated by experts in the area and providing high quality training. I realized I had a great chance in international training in health psychology, my interest in the field being inspired through my work in the Health Psychology Research Center in Bulgaria.

When I learned about the 2005 CREATE workshop: “Designing and Evaluating Theory-Based Interventions” (Galway, Ireland, August 28th – 30th 2005) I realized it would expand the knowledge and skills gained in the 2004 CREATE workshop. I saw the task for designing theory-based interventions as a complicated and challenging issue, which I would particularly need in my near future work.

I had just started my PhD on personality and media influences on body-image and health behaviors in 2005 as a full-time PhD student at the Institute of Psychology at the Bulgarian Academy of Sciences. Unfortunately the scholarship for PhD students in Bulgaria is quite low, the Institute also has very limited funds to support conference or workshop participation – even in Bulgaria, and certainly not abroad. I applied to EHPS and was awarded a hardship grant for assistance with traveling expenses and workshop fee. Unfortunately when I checked the sums for traveling and accommodation I realized I cannot cover the difference by my own finances (since it was 2-3 times the monthly income of a Bulgarian PhD student). Despite all my endeavors I couldn’t find additional financial support and I had to write to the CREATE and EHPS committees that I had to refuse the grant and give the opportunity to some other participant. I was very surprised when I received an answer with the decision of the EHPS committees to award me a second grant, which had remained un-claimed.

I would like once again to express my tremendous gratitude to CREATE and EHPS committees for giving me the opportunity to attend and participate actively in both the CREATE workshop and EHPS conference. Thus they highly contributed to my professional growth and experience not only through the training of the CREATE workshop, but also by giving me the chance to make my first presentation at an international forum abroad – by presenting the poster “Women’s and providers’ voices on cervical cancer prevention: conflicting or complementary?” I greatly appreciate the commitment of EHPS and CREATE to support Eastern Europeans’ attendance at international conferences.

Anna Alexandrova,
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PhD student, Sofia, Bulgaria

Call for Papers

JOURNAL OF HEALTH PSYCHOLOGY

CALL FOR PAPERS

Special Issue on Homelessness, Poverty, and Health

Special Issue Guest Editor: Uwe Flick, Berlin

Homelessness is a special form of poverty. Homelessness, rough sleeping or street kids are phenomena, which occur in contemporary societies more and more often. In Eastern Europe or Africa, but also in Western Europe or the United States, we find growing numbers of children and adults living on the streets or in public places. How do people in such a situation deal with health and illness? Which relevance and meaning have these topics for their thinking and for their practices? Which kinds of services and support work best for these people, which services do they use in case of health problems and what are their experiences with the health care system? How does research in health psychology (and public health or medical sociology) address these issues? How does research about poverty and homelessness inform our understanding of health care and its improvement?

In 2007, the Journal of Health Psychology intends to publish a Special Issue devoted to this topic. Articles, theoretical or empirical, addressing any relevant aspects in the study of health and illness in the context of poverty and specially homelessness are welcome. The closing date for submission of manuscripts is June 30, 2006.

Manuscripts should be prepared according to the usual guidelines of the Journal. An electronic version should be submitted to Uwe Flick, the Guest Editor for this issue, at the address below:

Uwe Flick
Alice Salomon University of Applied Sciences
Alice-Salomon-Platz 5
D-12627 Berlin, Germany
Email Flick@ASFH-Berlin.de

Upcoming Conferences

QUALITATIVE RESEARCH AND MARGINALISATION CONFERENCE

3rd - 5th May 2006 at Leicester University
Information on bookings and a draft timetable can be found on our website
www.le.ac.uk/pc/ORM

REGIONAL CONGRESS OF THE INTER-AMERICAN SOCIETY OF PSYCHOLOGY

HAVANA INTERNATIONAL CONFERENCE CENTER
HAVANA CITY, CUBA, OCTOBER 2 - 6, 2006

<http://www.sipsych.org/>
<http://www.cplaco.com/> <http://www.loseventos.cu/>



The 27th International Conference of the
STRESS AND ANXIETY RESEARCH SOCIETY
will take place in Rethymnon, Crete, July 13-15.

Submission deadline is March 31st.

For more information regarding submission guidelines: www.star2006.org or
contact info@star2006.org.

Keynote speakers will include: Drs. Susan Folkman, Michael Eysenck, Stevan
Hobfoll, Suzanne M. Miller, Charles D. Spielberger, & Alexandros Vgontzas

QUALITATIVE RESEARCH ON MENTAL HEALTH CONFERENCE

29 June - 1 July 2006, Tampere, Finland

Call for papers, for more information see

<http://www.uta.fi/laitokset/sosio/qrmh/>

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