



H EUROPEAN HEALTH
PSYCHOLOGY SOCIETY

THE EUROPEAN HEALTH PSYCHOLOGIST

THE BULLETIN OF THE EUROPEAN HEALTH PSYCHOLOGY SOCIETY

in this issue

Page

44

EHPS president's message

Britta Renner

46

Does anyone read the classic studies they cite? Reflections on claims that psychotherapy promotes the survival of cancer patients

James C. Coyne & Steven C. Palmer

50

The invisibility of international health psychology research

Keith J. Petrie

53

Will HPV vaccination cause sexual disinhibition? Revisiting the risk compensation hypothesis

Noel T. Brewer

55

Health Action Process Approach: A magic bullet? An interview with Ralf Schwarzer

Falko F. Sniehotta

59

EHPS Executive Committee messages

61

Conference announcements



EHPS president's message

Dear Colleagues,

It is with great pleasure that I am writing my first column as President of the EHPS. In this article I wish to largely update the membership on the recent accomplishments of the EHPS.

Let me begin by congratulating *Joop van der Plicht* as Editor and *Denise de Ridder*, *Alexander Rothman* and *Brian Oldenburg* as Associate Editors of the newly launched **Health Psychology Review** on an excellent inaugural issue. This first issue includes outstanding articles by *Peter A. Hall & Geoffrey T. Fong* on the topic of temporal self-regulation, by *Henk Aarts* on nonconscious regulation of goal directed behaviour, and by *Ryan T. Howell*, *Margret L. Kern*, & *Sonia Lyubomirsky* on the impact of well-being on objective health outcomes. I am utterly convinced that the inaugural issue of *Health Psychology Review* represents a very interesting and intellectually lively mix of theoretical statements and literature reviews with a wide general appeal.



Britta Renner
President
European Health Psychology Society

The establishment of a second professional journal is a significant milestone in the maturation of the EHPS and the field of health psychology as a scientific discipline and our vision is that *Health Psychology Review* will serve as a forum for growth in the field of health psychology. Part of the aim of the journal will be to convince outstanding scientists to place their best articles into a top journal with a very large circulation, as *Health Psychology Review* will be. The field of health psychology will continue to grow and flourish only if the best and brightest participate. Please send your best work to *Health Psychology Review*, and make the journal known among your colleagues and students.

Psychology & Health has served over these years as a growing and major identification point for the society as well as for health psychologists across Europe and the world. *Paul Norman* has served as an outstanding editor for *Psychology & Health* for many years until 2006. During his term of office, *Psychology & Health* has steadily increased its impact factor and has developed into one of the major addresses where health psychologists place their best articles. We have been fortunate to be able to gain two excellent new Editors of *Psychology & Health*, *Rona Moss-Morris* and *Lucy Yardley* from the University of Southampton (UK). Together with a new team of Associate Editors, they will certainly continue the success of *Psychology & Health* and stimulate new inspiring developments.

Irina Todorova has transferred the editorship of the **European Health Psychologist** to the new Editorial Board with *Falko Sniehotta & Vera Araujo-Soares* (Editors-in Chief), *Justin Presseau* (Editorial Assistant), and *Benjamin Schuez*, *Dawn Wilkinson*, *Emely de Vet*, *Gerard Molloy*, & *Nihal Mohamed* as Associate Editors. The first two issues included very interesting contributions by outstanding researchers and this new development has been accompanied by a newly launched website. It is a great pleasure for me to congratulate the new editorial board on their fine and excellent work.

The EHPS has developed over the past twenty years into a vibrant health psychology organisation representing **currently 43 countries** with a still growing membership. I am very happy to welcome **65 new members** to our Society and to "re-welcome" **371 members** who renewed their membership for 2007. In addition, we have a very solid financial situation due to a reliable and resourceful management. It is my particular pleasure to thank our treasurer and membership officer *Christel Salewski* and our webmaster and office assistant *Manja Vollmann* for their great work and enormous commitment.

In order to function efficiently as a society, an efficient and reliable secretary is indispensable. The work by *Yael Benyamini* as **EHPS secretary** in the past year has been at the heart of the achievements of the Executive Committee. She has energetically led the secretary office and she has contributed greatly to further develop the rules and procedures in order to make EHPS and its annual conferences more professional. In addition, she has initiated together with *Susan Michie* a new activity "**Meet the Expert**" which will complement the annual conferences by bringing colleagues together in an informal and stimulating atmosphere.

Our new National Delegate Officer *Winnie Gebhardt* has also done an excellent job. She has updated our requirement and promotion material, which gives the EHPS a more modern face. We will introduce the new flyers and poster at the conference in Maastricht and we hope that it will find your approval. *Winnie Gebhardt* has been very active in reorganizing the National Delegates structure and I am very happy to welcome **12 new National Delegates**: *Niels Peter Agger*, *Anna Alexandrova*, *Elvira Cicognani*, *Elaine Dutton*, *Noëlle Giraud-Lidvan*, *Ewa Gruszczyńska*, *Martin Hagger*, *María Carmen Neipp*, *Elena Nikolaeva*, *Theano Kalavana*, *Maria Karekla*, *Benjamin Schüz*, and *Børge Sivertsen*.

(Continued on page 45)

EHPS President's Message (cont'd)

(Continued from page 44)

David Hevey as the new **EHPS Training and Education** Officer developed further the EHPS activities in cooperation with the president-elect *Irina Todorova*. We now have four different pre- and post conference workshops at the 21st EHPS Conference in Maastricht. We hope that these new initiatives contribute to the lively exchange between EHPS colleagues.

Irina Todorova as president-elect and *Susan Michie* as past president have contributed greatly and with always high commitment, professionalism and reliability to the professional functioning of our society. Organizing **new conference sites** involves many significant steps which are not always visible when the conference is actually running. Therefore, I would like to take this opportunity and thank *Irina Todorova* and *Susan Michie* for spending so much time and effort on making new conference sites possible. I also would like to extend my thanks to *Vera Araujo-Soares* who serves as a liaison officer together with *Susan Michie* for the next upcoming conference in **Bath 2008** and to *Stan Maes* who serves as liaison officer for the EHPS conference in **Pisa 2009**. They have already set the fundament together with our colleagues from Bath and Pisa for inspiring and great conferences in 2008 and 2009.

It is also with considerable pleasure that I welcome the new board members of **CREATE**, *Stephan Dombrowski* (Assistant secretary), *Natalie Mallach* (webmaster), and *Karin Lemmens* (local organiser 2007). Moreover, I would like to thank the other board members of **CREATE** *Karen Morgan* (chair), *Emma Massey* (Secretary), and *Amelie Wiedemann* (Treasurer) for their great engagement. This year's **CREATE** workshop on "Intervention Mapping" will continue the success of previous **CREATE** workshops with over 30 participants. *Katja Rüdell* together with *Lynn Myers* took over the organization of this year's **SYNERGY** workshop on "Culture, Health and Illness Representations" with distinguished facilitators such as *Michael Diefenbach*, *Jeane Edman*, and *Alison Karasz*.

It is with particular pleasure that I congratulate this year's **EHPS grant award winners**. For **CREATE**: *Justin Presseau* (UK) and *Karina Williams* (UK); for **Synergy**: *Eva Kallay* (Romania) and *Neena Kohli* (India); and for the conference: *Evie Kirana* (Greece), *Elaine Dutton* (Malta), *Lidiya Vasileva* (Bulgaria), and *Emily Arden-Close* (UK). The EHPS grants committee *Irina Todorova* (president-elect), *Karen Morgan* (**CREATE**) and *Falko Sniehotta* (**Synergy**) had the difficult task of selecting the winners from 23 applications from 15 countries and I would like to thank them for their effort and time they invested in reviewing the applications.

We are looking forward to the **21st Annual Conference of the EHPS** in Maastricht (the Netherlands) and Hasselt (Belgium). For the first time two universities from two different countries are jointly organizing an EHPS conference. The theme of this year's conference "Health Psychology and Society" reflects an important and major challenge for the future development of our discipline. Health psychology focuses on the individual and over the past decades health psychologists have developed sophisticated data and models explaining and changing health behaviours on the basis of individual beliefs and psychological processes. However, individuals do not live in an empty space – they are embedded in a social-cultural context that sets the stage for individual development and behaviour. If we want to face the rapid epidemiological and demographic changes successfully, we need to understand social-cultural influences not only as "mediated moderators" exercising their influence through health-related beliefs and cognitions. We need to understand how specific socio-cultural contexts might influence health beliefs and behavior in order to develop interventions which are tailored to individual needs and cultural contexts rather than developing strategies to adapt individuals to interventions. This year's EHPS conference "Health Psychology and Society" represent an ideal platform for discussing these important challenges. This exciting conference was only possible thanks to the voluntary commitment of time, energy and expertise by many people. Our special thanks go to *Gerjo Kok* and *Jan Vinck* and their team for their excellent work.

As you can see, over the past years the EHPS has developed into a vibrant health psychology organization and we have made significant progress in many areas of work in the past year. Let me close with a simple request. Please contact me with your questions and, importantly, with your suggestions for additional actions/activities you would wish for from me and the Executive Committee. Our Society will continue to grow and flourish only if all of us participate. Please let me invite you kindly to take part in the discussion and to attend our Membership Meeting 2007.

The Members' Meeting will take place on 16th August, 18:45 – 20:00, Akenzaal room at the 21st Annual Conference of the EHPS in Maastricht/Hasselt

I look forward to working with and on behalf of all of you during the coming year and I am very much looking forward to seeing you in Maastricht.

Yours,

Britta Renner

President, European Health Psychology Society

b.renner@jacobs-university.de

Does anyone read the classic studies they cite?

Reflections on claims that psychotherapy promotes the survival of cancer patients

James C. Coyne^{1*} and Steven C. Palmer²

¹ Department of Psychiatry, University of Pennsylvania School of Medicine

² Section of Health Psychology, University Medical Center, Groningen, University of Groningen

Do authors read and think critically about the studies they cite in their papers? To what extent do most readers even know how to evaluate for themselves the claims investigators make for the efficacy of their interventions? What social forces protect claims from contradictory evidence?

We were left pondering these questions after completing a review of studies cited as evidence that psychotherapy promotes the survival of cancer patients (Coyne, Stefanek, & Palmer, 2007). Given the attention that has been given to claims that therapy does extend life, we were surprised by the consistently negative evidence. We discovered that no trial had found that psychotherapy improved the median survival time of women with metastatic breast cancer. Moreover, no trial in which survival was pre-specified as the primary outcome had demonstrated a survival effect for patients with any type of cancer, when psychotherapy was not confounded with improved medical surveillance or treatment.

We were even more surprised at the degree to which the “classic” trial (Spiegel, Bloom, Kraemer, & Gottheil, 1989) cited as evidence that psychotherapy promotes survival did not stand up to scrutiny. The authors of this study had not originally hypothesized that psychotherapy would extend life, and they did not find a difference in median survival time between women receiving a year or more psychotherapy and those assigned to a control group. They did report a mean difference, which was consistently emphasized in the subsequent literature. But means are not a good summary statistic for cancer survival data because they are unduly influenced by the outliers – either a few patients who outlive the population as a whole or a few who die earlier than expected. Outliers are fairly common. Yet, examination of the Spiegel et al. survival curves reveals something striking and exceedingly odd. We encourage readers to examine the accompanying figure from the original study to see if they can spot this anomaly (Figure 1).



James C. Coyne

Professor of Psychology
Department of Psychiatry
University of Pennsylvania

Professor
Department of Family Practice and Community
Medicine
University of Pennsylvania

Co-Director
Health Services and Behavioral
Sciences Program Abramson Cancer Center

As Bernard Fox (1998) pointed out, the survival curves for the intervention and control groups in the Spiegel trial were virtually identical until 20 months after randomization, which was approximately two years after diagnosis. But, by four years and one day after randomization, none of the women in the control group was alive. Fox estimated that in a population of matched women, 32% should still have been alive between 5 – 10 years after diagnosis. Indeed, survival in the intervention group for this study closely resembles survival in control groups in subsequent studies (e.g., Kissane et al., 2007; Coyne et al., 2007 provide a full review). What is most striking about the “classic” study is not that the intervention group did so well, but that the control group did so poorly relative to the population from which they had come. As Bernie Fox also

*Corresponding Author: James C. Coyne; email: jcoyne@mail.med.upenn.edu

original article

Coyne, JC & Palmer, SC (cont'd)

(Continued from page 46)

pointed out, to claim that results of a clinical trial demonstrate intervention has an effect depends on the assumption that patients receiving the intervention would have had the same outcomes as those in the control group, had they not received the intervention. That is clearly not tenable in the case of the Spiegel study, and so it is understandable that Spiegel et al.'s claims have not been borne out in subsequent work (Coyne et al., 2007).

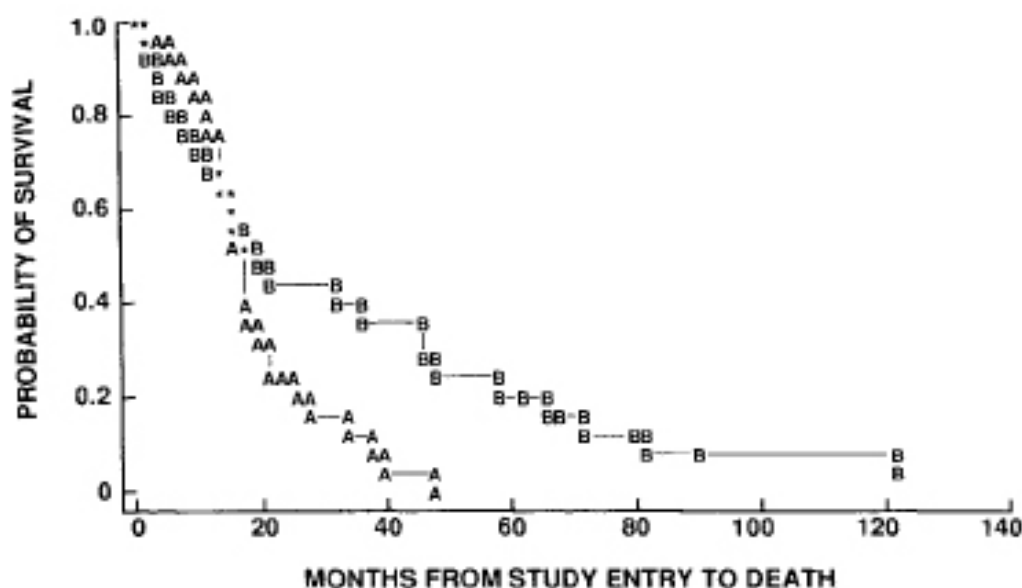
When we last checked, the Spiegel study had been cited nearly 1000 times, with almost all commentaries apparently failing to examine critically what was presented in the original paper. We were left thinking about the forces that might keep it so, and here are some of our hypotheses:

1. Primary sources, even classics, often go unread.

A number of classic studies have been misrepresented in secondary sources, and the misrepresentations have come to become the dominant portrayal of the classic study. This has recently been documented for the mythical "Hawthorne effect" (Kompier, 2006).

2. Critical appraisal skills and the ability to apply basic standards for interpreting clinical trials are in short supply in psychology.

We reviewed the clinical trials published in 1992 and 2002 in what is widely considered the top psychology journal for such studies, *Journal of Consulting and Clinical Psychology* (Cook, et al., in press). The



Kaplan-Meier survival plot.

A = control (n = 36), B = treatment (n = 50), and * = overlapping control and treatment probabilities of survival. Some points represent more than 1 case.

Figure 1 From Spiegel et al (1989). Reproduced with permission of the journal.

(Continued on page 48)



quality of reporting of trials in this esteemed journal was consistently poor, and slanted in the direction of finding support for the efficacy of interventions. While there was some improvement over the decade, most serious deficiencies persisted in the later studies. Arguably, if such deficiencies can survive a peer review that most submitted manuscripts fail, reviewers are lacking in critical appraisal skills or at least are not applying them.

Steps, such as requiring the use of Consolidated Standards for the Reporting of Clinical Trials (CONSORT), have been put in place in psychological and behavioral medicine journals as an attempt to aid reviewers and readers. Importantly, however, these measures do not require quality in trial design or interpretation, and focus on the reporting, not the conduct of clinical trials. They can certainly assist the reader in making an informed decision about the quality of evidence, but, as with all tools, they are only as useful as the craftsman who wields them. Moreover, it is unclear that journals which require submission of a CONSORT checklist have set standards for what constitutes an acceptable level of adherence or that they routinely pass these checklists on to their reviewers.

Careless authors citing classic papers and ill prepared reviewers and readers however, are not the only reasons that inflated claims persist in the literature. Reflecting on the gap with what has been believed about the ability of psychotherapy to prolong life and the evidence we reviewed for our article, we came up with some additional reasons.

3. Findings that are in sync with cultural beliefs and values can take on a life of their own, and dethroning these findings does not make one popular.

In the case of the claims made by Spiegel and his colleagues, as well as later commentators, the idea that patients should view their illness as a personal responsibility to be overcome through the hard work of psychotherapy appealed to strongly held values, particularly in North American culture. Of course, the study *ought* to have shown that patients can extend their lives. Didn't we know that already, even if there had not yet been a study? Skeptics risk being seen as rejecting what we already know and as undermining the coping efforts of patients.

4. Numerous groups had a vested interest in the results of studies being seen as having positive outcomes.

We often think of "conflict of interest" as more a circumscribed issue than it most likely is in practice. Beliefs are shaped by needs as much as evidence. As Lesperance and Frasure-Smith (1999) pointed out "Prevention of mortality has always been one of the most important factors in determining the allocation of funding for research and clinical activities." Findings that psychotherapy prolongs the lives of cancer patients is extremely useful, even vital for advancing the claims of diverse groups, ranging from researchers seeking funding for psychoneuroimmunology studies to promoters of the virtues of mind control and positive thinking, most recently seen in the huge popularity of Rhonda Byrne's 2006 book, *The Secret*. Those who see a benefit for the credibility of their own claims are going to have a stake in promoting and protecting the claim that psychotherapy promotes survival.

5. A persistent champion can play a key role in promoting the value of an intervention in the face of contrary evidence.

Spiegel and his colleagues repeated claims that the original study had shown that psychotherapy prolongs life over two dozen times in journal articles, as well as in numerous presentations to lay and professional audiences, and even on national television. As was discovered by Bernard Fox and others, critics were excoriated (cf. Goodwin et al., 1999). Moreover, one might have assumed that a consistent pattern of failed attempted replications would have caused a reevaluation of the original study. However, champions of the original study countered these new results by reinterpreting other studies as positive and of equivalent value (Spiegel & Giese-Davis, 2003), despite these studies not being designed to test whether psychotherapy improved survival and also having confounded psychosocial intervention with improved medical care (Coyne et al., 2007). There was a distinct bracket creep in what was considered relevant evidence, allowing portrayal of the overall subsequent literature as being mixed, rather than more uniformly negative.

So, our review found no basis for claiming that psychotherapy extends the lives of cancer patients.

original article

Coyne, JC, & Palmer, SC (cont'd)

(Continued from page 48)

But the claim has persisted. What larger lessons are to be learned? First, we need to read original sources. We encourage prospective authors to read carefully the studies they cite, even when there is near unanimity in secondary sources about the nature of findings being reported. Second, we encourage scholars to acquire and apply the critical skills needed to appraise the claims they find in published articles. These skills are sorely needed, and critical application of them can be an important contribution to the literature. But yes, if you take on the task of challenging entrenched, but erroneous, claims you must be prepared to take some heat.

References

- Byrne, R. (2006). *The Secret*. Atria Books: New York.
- Cook, J.M., Palmer, S.C., Hoffman, K., & Coyne, J.C. (in press). Reporting of randomized clinical trials in Journal of Consulting and Clinical Psychology 1992 and 2002: Before CONSORT and beyond. *The Scientific Review of Mental Health Practice*.
- Coyne, J.C., Stefanek, M., & Palmer, S.C. (2007). Psychotherapy and survival in cancer: the conflict between hope and evidence. *Psychological Bulletin*, 133, 367-394.
- Fox, B.H. (1998). A hypothesis about Spiegel et al.'s 1989 paper on psychosocial intervention and breast cancer survival. *Psycho-Oncology*, 7, 361-370.
- Goodwin, P. J., Pritchard, K. I., & Spiegel, D. (1999). The Fox guarding the clinical trial: internal vs. external validity in randomized studies. *Psycho-Oncology*, 8, 275.
- Kissane, D.W., Grabsch, B., Clarke, D.M., Smith, G.C., Love, A.W., Bloch, S., Snyder, R.D., & Li, Y. (2007). Supportive-expressive group therapy for women with metastatic breast cancer: survival and psychosocial outcome from a randomized controlled trial. *Psycho-Oncology*, 16, 277-286.
- Kompier, M.A.J. (2006). The "Hawthorne effect" is a myth, but what keeps the story going? *Scandinavian Journal of Work Environment & Health*, 32, 402-412.
- Lesperance, F. & Frasare-Smith, N. (1999). The seduction of death. *Psychosomatic Medicine*, 61, 18-20.
- Spiegel, D., Bloom, J.R., Kraemer, H.C., & Gottheil, E. (1989). Effect of psychosocial treatment on survival of patients with metastatic breast-cancer. *Lancet*, 2, 888-891.
- Spiegel, D. & Giese-Davis, J. (2003). Depression and cancer: Mechanisms and disease progression. *Biological Psychiatry*, 54, 269-282.

If any of the pieces in this or past issues of the **European Health Psychologist** have inspired you to want to write a reply, please contact the editorial team!

The invisibility of international health psychology research

Keith J. Petrie ^{1*}

¹Department of Psychological Medicine, University of Auckland, New Zealand

When I was a graduate student in the States I used to turn out for the Los Angeles Rugby Club. Rugby in the US is a small but friendly sporting subculture with questionable health behaviours. The team comprised a number of California bankers, businessmen, teachers and, being LA, a few mostly unemployed actors. One of whom famously slept in his car for most of the season before finally getting a break by appearing in a Superbowl Toyota ad.

One weekend my team was playing in San Diego and I was travelling down the Pacific Coast Highway with the team hooker – which I should add is a position in the front row of the scrum. Also in the car was one of the locks and his 10-year-old son Tom. Tom was amusing himself by asking me the capitals of various American States and I wasn't doing so well:

“What's the capital of North Dakota?”

“Hmm, Cowtipperton,” I offered.

“No its Bismarck. What about Maine?”

“Ahh, Chowderville,” I tried.

“No, everyone knows it is Augusta. You don't know anything about capitals”

I looked around the car and the hooker and lock were nodding sadly in agreement. I decided to ask Tom some questions of my own. What was the capital of France? He didn't know. What about England? “No”. Italy? “No”. New Zealand? “What's that?” While Tom could name every US state capital, he did not know one of the capitals of any European country.

This experience will not be new to anyone who has spent time in the States or tried to find international news on TV or in the pages of American newspapers. If we constructed a homunculus to reflect the relative cognitive space represented by the world outside America, apart from the country where American troops were currently fighting, the world would occupy very little area compared to any one of the 50 States. I often think of Tom when I consider how the American insular view of the world has influenced the health psychology field by overvaluing research work



Keith J. Petrie

Professor of Health Psychology
University of Auckland

produced within the US and rendering invisible a great deal of excellent work in Europe and other countries. While other fields of American psychology and psychosomatics have embraced international researchers, American health psychology largely ignores the work of non-American psychologists.

Mental Myopia Rules

The status afforded non-American researchers can be seen in the make up of the editorial boards on the major publications of *Health Psychology*, *Annals of Behavioral Medicine* and the *Journal of Behavioural Medicine*. Health Psychology's current list of associate and consulting editors comprises no psychologists at all from outside the US. *Annals of Behavioral Medicine* also has no non-Americans on its editorial board. The Journal of Behavioural Medicine fares little better. Of the 45 associate editors and members of the editorial board, just three are non-American, and two of these are from Canada.

Some American based scientific organisations in the health psychology area now regularly hold annual meetings outside North America to increase the membership's exposure to a wider range of international research. Over the past five years the American Psychosomatic Society has met in Hungary and Spain, interspersed with conferences in US cities.

*Corresponding Author: Keith J. Petrie; email: kj.petrie@auckland.ac.nz

Overseas researchers as a result have achieved a higher profile in the Society's journal *Psychosomatic Medicine*. A similar process has occurred in the Psychoneuroimmunology Research Society, which now has a very healthy international contribution in the journal *Brain, Behavior, and Immunity*.

So how invisible are international researchers in American Health Psychology journals? The short answer is very. If we look at the articles published in *Health Psychology* in 2006, 83% of the first authors were from North America. This comprised 75% American papers and 8% Canadian. International articles made up only 17% of papers. A similar level (18%) of non-American papers was found in *Annals of Behavioral Medicine* in 2006. The *Journal of Behavioral Medicine* had an even lower rate of non-American papers. Of the total number of papers the journal published in 2006, 86% were from American authors, 4% were from Canadians and only 10% from international authors. We can compare these figures with the journal *Psychosomatic Medicine*, which in the same year published 41% of its articles from non-North American researchers.

States Dependent Learning

Unfortunately, the inability to acknowledge research conducted outside the States is not limited to American health psychology journals. American authors conducting literature reviews often miss or ignore publications from the international research literature. American introductory health psychology textbooks also give scant attention to work published by international researchers. The *Encyclopaedia of Health Psychology* (Christensen, Martin, & Smith, 2004) uses very few non-Americans in its articles written by "150 leading practitioners" as a result the reader would be excused for believing that very little has occurred in health psychology outside the US.

The argument can be made that perhaps non-American papers are simply not good enough to get into *Health Psychology*, *Annals of Behavioral Medicine* and the *Journal of Behavioural Medicine*. Perhaps American authors do better science and this is reflected in the proportion of papers accepted by these journals. However, this argument is hard to sustain given the higher rate of non-American papers in *Psychosomatic Medicine*, which has a higher impact factor than all of these journals.

So if the rate of non-Americans papers is lower than could be reasonably expected in these journals, what would be a reasonable level given the number and quality of health psychology research being conducted outside the US? This is a difficult question to answer but I suspect it is currently probably somewhere between 40 to 50%. One way to examine this issue is to look at key and classic papers in the field. Recently, Sage published four volumes of "key and classic" papers in health psychology (Weinman, Johnston, & Molloy, 2006). Using the Delphi technique the editors wrote to eminent health psychologists and asked them for a list of what they considered to be key and classic papers in the field. Using the same methodology a long list of 200 papers was cut back to the 82 papers making up the four volumes of theoretical frameworks, concepts, methods and measurement, and applications in health care. Of these key and classic papers, 37% were from Non-American researchers and most of these were more recent papers.

This percentage is much closer to the proportion of non-American papers accepted by *Psychosomatic Medicine* than it is to the rate accepted by *Journal of Behavioral Medicine*, *Annals of Behavioral Medicine* or *Health Psychology*. The fact that more the recent papers tended to be from international researchers suggests that while much of the work in establishing the field came from American researchers the field is now developing across a broader international base and a greater range of innovative work is coming from countries outside the US than previously.

Wonder Woman meets the Invisible Man

So what can be done to increase the visibility of international research in American journals and textbooks? There are a few things that I think are worth trying. The first and probably easiest would be to increase the visibility of international researchers on journal editorial boards and list of associate editors. This would be a healthy start as it encourages international researchers to submit to the journal and sends a signal that international research is valued. Moving the Society of Behavioural Medicine meetings or the APA health psychology Division 38 meetings away from North America on a regular basis would also help increase the presence and impact of international researchers at these conferences. I think

(Continued on page 52)



original article

Petrie, KJ (cont'd)*(Continued from page 51)*

APA Division 38 could also invite more international keynote speakers to present at the US meetings. Conference symposia could be required to include at least one paper from an international researcher. This way, symposia would begin to showcase research teams from countries outside the US.

I think these are interventions that are worth trying but from my experience at organizing international conferences, the most powerful change in attitude occurs when researchers from different parts of the world sit down together in a relaxed environment and find common ground in their research work. It is here where real synergies occur and possibilities for future work or collaboration open up. Interventions that get to this important end point are likely to have the largest and most sustaining impact.

It is my impression that currently in the health psychology field the most innovative and productive American researchers have developed strong international relationships and collaborations. These relationships often become central to their later research enterprise and travel in unexpected directions. This is very encouraging as it shows that when Wonder Woman does find the Invisible Man, great things can occur.

References

- Christensen, A., Martin, R., & Smith, JM. (Eds.). (2004). *The Encyclopedia of Health Psychology*. New York: Kluwer Academic/Plenum
- Weinman, J., Johnston, M, & Molloy, G. (Eds.). (2006). *Health Psychology* (Vols 1-4). London: Sage Publications.

If any of the pieces in this or past issues of the **European Health Psychologist** have inspired you to want to write a reply, please contact the editorial team!

original article

Will HPV vaccination cause sexual disinhibition? Revisiting the risk compensation hypothesis

Noel T. Brewer^{1*}

¹University of North Carolina School of Public Health, North Carolina, USA

HPV vaccination is a milestone in cancer prevention. This recent good news of a vaccine able to prevent most cervical cancers was met with clear delight by health officials and others interested in the public's health. Some conservative religious groups in the United States vocally opposed the vaccine, claiming that it would make adolescent girls sexually promiscuous. These claims shifted the policy debate to concerns over possible sexual disinhibition instead of the certainty of the deaths from cervical cancer that will continue to accrue in the absence of the vaccine.

The Risk Compensation Hypothesis

Surprisingly, the idea of sexual disinhibition is well rooted in known conceptual work. In brief, the risk compensation hypothesis states that people engage in a level of risky and protective behavior that satisfies their risk preferences. When they reduce risk in one way, they will increase it in another. The lynchpin of this formulation is that people experience changes in their perceived risk that reflect their behavior. Turning back to HPV vaccination, this means that vaccinating a girl against HPV could cause her to feel less at risk for cervical cancer and subsequently to increase her (perceived) risk in whatever way, perhaps through sex.

Unlike many such debates, this one can be settled by data. Unfortunately, the existing data testing the risk compensation hypothesis are of very poor quality. The seminal studies of the effects of seat belt use on speeding are contested. Studies of disinhibition related to HIV medication use and other protective health behaviors have yielded similarly inconclusive – and often contradictory – findings (Brewer, Weinstein, Cuite, & Herrington, in press, offer a brief review). Data on risk compensation resulting from HIV vaccine trials yield no clear pattern. More worrisome, none of the studies measured the hypothesized changes in risk perception, changes in which are the “moving part” that is meant to power risk compensation.



Noel T. Brewer

Adjunct Professor
Department of Psychology

Assistant Professor
Department of Health Behaviour and Health
Education
University of North Carolina, USA

Some Data

Because data on behavioral effects of HPV vaccination are likely to be years away, I decided to dust off an old dataset on uptake of another vaccine (against Lyme disease). Colleagues and I had data that examined over an 18 month period the reciprocal relationships of risk perception, decisions to get vaccinated against Lyme disease, and engaging in other Lyme disease protective behaviors. We report the details in the upcoming issue of the *Annals of Behavioral Medicine* (Brewer et al., in press). We believed the data to be especially relevant because both vaccines offer only imperfect protection against their target disease (in the range of 70% to 80%), suggesting a potential concern should people become less vigilant after getting vaccinated.

In brief, we found that getting vaccinated caused a steep drop in risk perception (the first step hypothesized in behavioral disinhibition). But vaccination caused a slight drop only in one of five other Lyme disease-protective behaviors that we assessed. (If you torture the data, a second behavior could be argued to have been similarly affected).

*Corresponding Author: Noel T. Brewer; email: ntba@unc.edu

(Continued on page 54)



original article

Brewer, NT (cont'd)*(Continued from page 53)*

Moreover, risk perception did not mediate the very small effect of getting vaccinated on other behaviors. Perhaps more important, the vaccinated cohort's reduction in wearing light colored clothing to detect ticks merely regressed them to levels of this behavior found among the unvaccinated cohort. In simpler terms, those vaccinated were already especially vigilant and merely started doing what everyone else was doing. Thus, we found that people who lowered their risk by getting vaccinated accurately perceived this change in their risk, but they did not do much to increase their risk again.

Generalizing

A reasonable question is what adults' Lyme disease vaccination decisions have to do with adolescents and HPV vaccination. Potentially quite a lot. The findings of the study suggest that, at least for one type of vaccination, only a very weak form of disinhibition held, it was not motivated by changes in risk perception, and it did not make people any riskier than the general population (i.e., those not vaccinated). Moreover, Lyme disease may yield a very conducive context for risk compensation, presenting the many conditions necessary required by the risk compensation hypothesis.

For risk compensation to hold for HPV vaccination, quite a few things would have to hold that seem unlikely. Adolescents would have to believe sex and HPV and cervical cancer are linked; evidence suggests that people do not naturally link these three and find these links hard to believe. Adolescents would have to exhibit the usual relationship between perceived risk and behavior, a link that many researchers are skeptical of for this specific age group. Even allowing this, perceived risk is not the main driver of adolescent risk behavior, with perceived benefits and peer norms playing much more prominent roles.

Although all of these steps hold for analogous constructs relevant to Lyme disease (i.e., perceiving a risk for infection, believing that infection causes disease, and risk perception motivating risk behaviors), we only found very weak disinhibition in Lyme disease protective behaviors. Such links seem unlikely to be supported by future research on adolescents and HPV vaccination, making risk compensation in this context

highly unlikely. Even if it were to be found, whether one would find support for disinhibition or regression is unclear, making the public health relevance of this unlikely finding even more speculative.

Postscript

The study received modest coverage in the media from *USA Today* and a few other media outlets. Although these articles offered a charitable assessment of the study, a screening interview with a *CNN* reporter seemed to summarize the problems some had with the story. In brief, the reporter saw no way that a study of adults could say anything about adolescents' reaction to a different vaccine. So much for theory offering a bridge from existing data to novel situations. The problem is that by the time data for adolescents become available, policies about vaccination will have largely been settled, informed by best guesses, various agendas, and hopefully a sincere desire to aid the public's health.

Then again, maybe the reporter had it right. A recent review of the HPV vaccination acceptability literature (Brewer & Fazekas, in press) found that only 6%-12% of people in U. S. studies were concerned about sexual disinhibition. The two studies that suggested that such concerns were widespread relied on impressions from qualitative interviews that were never quantified. The over-generalized hysteria about possible sexual disinhibition is news, but the remote likelihood of sexual disinhibition is not.

References

- Brewer, N. T., Weinstein, N. D., Cuite, C. L., & Herrington, J. (in press). Risk compensation and vaccination: Can getting vaccinated cause people to engage in risky behaviors? *Annals of Behavioral Medicine*.
- Brewer, N. T., & Fazekas, K. I. Predictors of HPV vaccine acceptability: A theory-informed literature review. (in press). *Preventive Medicine*.

an interview with

Ralf Schwarzer

by Falko F. Sniehotta, Editor

Health Action Process Approach: A magic bullet?

FFS: *Theories and models play an important role in the advancement of a science of behaviour change. There has been a growing consensus in recent years that behavioural intentions are not sufficient to explain behaviour and post-intentional processes such as planning need to be incorporated in order to explain how people change their behaviour (e.g., Abraham, Sheeran, & Johnston, 1998; Gollwitzer & Sheeran, 2006). Yet, dominant models in the field such as the Theory of Planned Behaviour (Ajzen, 1991) and the Transtheoretical Model (Prochaska & DiClemente, 1992) do not incorporate this evidence. Your Health Action Process Approach (HAPA; Schwarzer, 1992) explicitly includes post-intentional factors suggesting a distinction between pre-intentional motivation processes resulting in intention formation and post-intentional volition processes that lead to the actual health behaviour. Why is the HAPA not the leading model of behaviour in Health Psychology?*

RS: All models of health behaviour have served a purpose in the past and they may be chosen in the future for good reasons. There is no "leading model" in terms of scientific quality. We should not regard this as a horse race. However, some models have been used more frequently than others. Reasons for this might be familiarity and ease of use, among others. The TPB and the TTM have been successful models as reflected by the number of publications. The HAPA is only a recent contribution, although first mentioned in a secluded book chapter in 1992. It was not designed to become a competitor to the other models, and neither myself nor anyone else has been particularly interested in advocating this model. Only in recent years have an increasing number of researchers realized that there is something to be gained by including post-intentional factors to serve as proximal predictors of behaviour. Some colleagues continue to use the TPB but they add, for example, planning and self-efficacy as mediators, and by this inclusion their model becomes about the same as the HAPA.

FFS: *When you say that there is no leading model in terms of scientific quality, how does that relate to empirical tests of models? All the models, the TPB, the TTM and the HAPA make different assumptions that should be testable against each other. Do you not think*



Ralf Schwarzer
Professor
Department Psychology
Freie Universität Berlin, Germany

we should seek for the best model guided by evidence and discard models that are not in line with this evidence?

RS: There is no acid test that allows a firm conclusion about which model is "better" than the other. Continuum models (such as TPB) are basically different from stage models (such as the TTM) and serve different purposes. The strength of the former lies in the prediction of behavioural intentions, the strength of the latter lies in moving individuals from one stage to the next one. The HAPA is a hybrid model that can be analyzed either as a continuum (mediator) model or as a stage model. When comparing TPB with HAPA, the latter is expected to account for more variance in behaviours than the former. This, however, does not come as a surprise because it simply includes two additional proximal predictors that help to account for more variance. When comparing the TTM with HAPA, the result will be that HAPA is more parsimonious. However, this only applies to studies where most of the participants are motivated (i.e. post-intentional). If proactive recruitment of non-intenders (e.g., smokers) is preferred, then TTM should be superior because it makes a useful distinction between precontemplators and contemplators.

FFS: *One paramount aspect of testing models and accumulating theoretical evidence is a clear formulation of the models' constructs, relationships between these constructs and basic assumptions.*



an interview with

Ralf Schwarzer (cont'd)

(Continued from page 55)

Would you be happy to summarise the HAPA and its core assumptions? From your most recent papers on the HAPA (Schwarzer et al., 2007; in press) I take that motivational self-efficacy, outcome-expectancies and risk perceptions are assumed to be predictors of intentions. This is the motivational phase of the model. The predictive effect of motivational self-efficacy on behaviour is assumed to be mediated by recovery-self-efficacy and the effects of intentions are assumed to be mediated by planning. The latter processes refer to the volitional phase of the model. Is that a decent summary of the HAPA model and its core assumptions?

RS: Yes, this is a summary of the model. The starting point has been the distinction between motivational and volitional processes. In other words: health behaviour change is a self-regulatory process that consists of goal setting and goal pursuit, both of which reflect different mindsets. The second major assumption is that perceived self-efficacy constitutes a key variable in both phases. Motivational self-efficacy is slightly different from volitional self-efficacy (e.g., maintenance self-efficacy, recovery self-efficacy). Third, we can switch from the path-analytic mediator model to a 2-stage model by separating pre-intenders from post-intenders. Moreover, depending on the research question, we usually choose a 3-stage model (pre-intenders, intenders, and actors) which constitutes the best way of reflecting the stage view of the HAPA (Lippke, Ziegelmann, & Schwarzer, 2005).

FFS: *You describe the HAPA as a hybrid model that can be analyzed either as a continuum (mediator) model or as a (2 or 3) stage model. Stage models assume that behaviour change involves passing through an ordered sequence of qualitatively different stages characterized by similar barriers for stage progress and different barriers between different stages. Continuum models on the contrary assume that levels of core social-cognitive variables are linearly related to the likelihood of performing the target behaviour. However, assumptions of continuum models and stage models are usually seen as mutual exclusive (e.g., Weinstein, Sutton & Rothman, 1998). Are there two different models within the HAPA or how can a model at the same time be continuum and stage model?*

RS: The debate about stages of change as opposed to a continuum of change resembles a debate on the scientific truth about the objective world. The quest for the existence of stages assumes that the nature of health

behaviour change is either the one or the other, and that one only has to “discover” whether stages truly exist. However, stage is not nature, stage is a construct. We invent the notion of stages to better understand how people change and to provide better treatment to people who have difficulties to change their behaviours. We construct stages to open another window that allows for a different view on the change process. Thus, the question is not whether stages truly exist, but whether stage is a useful construct. Moreover, there is no difference between stages and “pseudostages.” The latter term refers to a categorization of a “truly existing continuum” into stages. However, continuum is also a construct. A continuum is frequently subdivided into categories because it is regarded as useful to illustrate unique characteristics of a variable’s distribution or its relationship to others. With this in mind, the two ways of making use of the HAPA are not mutually exclusive. Then, the question remains under which circumstances is the deliberate choice of a stage model more useful than the choice of a continuum model?

FFS: *How do you make this choice? Do you think that the classical tests of stage models, in particular longitudinal analyses of stage transitions and experimental matched mis-matched tests as proposed by Weinstein et al (1998) will show if one or the other view is more supported by data?*

RS: Yes, if such an experimental procedure achieves a good fit to the data then it is meaningful to assume that, for the corresponding research question and the sample at hand, a stage approach is appropriate (Schüz, Sniehotta, Mallach, Wiedemann, & Schwarzer, 2007). If we find that certain groups of individuals along a change process share common features and they have similar mindsets that are distinct from those in a different group at a different point on the change process, then we might want to label them as residents of a particular stage, such as preintenders, intenders, or actors. This is useful because we obtain a fresh view on the features of individuals within a hypothetical change process. Whether this process is truly a series of qualitative steps or an underlying action-readiness continuum, remains a matter of choice. We do not discover the existence of one or the other, we rather choose a construct that provides a convenient template for subsequent research efforts. The notion of stage-

(Continued on page 57)

an interview with

Ralf Schwarzer (cont'd)

(Continued from page 56)

tailored interventions is very appealing, and identifying stages as well as matching treatments is a challenging and exciting research enterprise.

FFS: *What is your general strategy of testing and developing the HAPA? What tests do you find most important to progress your theoretical thinking? What would you need to find to change or amend the HAPA? What is and will be the role of randomised studies modifying HAPA constructs?*

RS: Again, there are two general strategies. The first one refers to the mediator model. To better understand the mechanisms of health behavior change, we need to identify mediator effects as well as moderator effects. The HAPA as a parsimonious mediator model does not explicitly include moderators. Meanwhile, evidence is accumulating that the proposed mediator model works well in some groups, but not in others. By comparing men and women, younger and older individuals, and those from different cultures, we identify moderators (Renner, Spivak, Kwon, & Schwarzer, 2007; Reuter, Ziegelmann, Wiedemann, Lippke, & Schüz, 2007; Ziegelmann, Lippke, & Schwarzer, 2006). The second strategy refers to the intervention designs. Randomized controlled studies, testing stage-tailored interventions are needed. Only if we can demonstrate that matched treatments are more effective than mismatched treatments, can we make evidence-based recommendations for health promotion. However, if such a study fails to demonstrate this, it does not necessarily mean that a stage approach has failed. There is still the possibility that researchers have not identified the optimal treatment component for a particular stage.

FFS: *Can you theorize under which circumstances which of these strategies will be more appropriate? Would we always favour the stage model approach if similar proportions of a sample can be classified as preintenders, intenders, or actors?*

RS: If we want to account for outcome variance in longitudinal observation studies, we are interested in distal and proximal predictors, i.e., in indirect and direct effects. If, moreover, we succeed in making valid classifications, for example into preintenders, intenders, and actors, then we should do so. "Valid" can mean that there is evidence for differential effects of stages. Stage can serve as a moderator which means that a prediction model within one stage group operates

different than a prediction model within a different stage group. This is similar to the assumption that one set of social-cognitive variables can move people from stage A to B, whereas a different set of variables can move people from stage B to C.

FFS: *The question of mediation vs. moderation is challenging especially when it comes to post-intentional processes. By definition, these variables should be moderated by intentions. Planning should be useful only if people formed intentions (Sheeran, Webb & Gollwitzer, 2005). Recovery self-efficacy should be relevant only if people encounter lapses (Scholz, Sniehotta & Schwarzer, 2005). How do you explain findings that show mediation rather than moderation effects?*

RS: Both moderator and mediator effects make sense. If high intenders do not plan, they are less likely to translate their intention into action. The ideal situation is reflected by moderated mediation. For example, the intention – behavior link is mediated by planning, and this mediator effect can be moderated by level of intention (Wiedemann et al., 2007). In other words, only in highly motivated persons does the intention operate via planning on the improvement of adherence, whereas in poorly motivated persons no such mediator effect is visible.

FFS: *I think that your 1992 chapter that first introduced the HAPA is one of the most important papers in health psychology because you integrated theory on a level that was unprecedented at the time. How has your own theoretical thinking developed in the past 15 years? How far has your own and others' research progressed your theoretical positions from 1992?*

RS: My theoretical position has mainly been refined by the excellent research contributions of some outstanding coworkers. Among the refinements is the elaboration of volitional factors such as coping planning and action control (e.g., Sniehotta et al., 2006; Ziegelmann et al., 2006). Another issue lies in a better understanding of the changing role of self-efficacy as people pass through the motivational and volitional phases (e.g., Luszczynska, Tryburcy, & Schwarzer, in press). In particular, it has been found that maintenance self-efficacy and recovery self-efficacy are useful constructs when dealing with long-term adherence of health behaviours (Scholz, et al., 2005).

(Continued on page 58)



an interview with

Ralf Schwarzer (cont'd)

(Continued from page 57)

FFS: Finally, let us have a look into the future. Where are we going from here? What are/will be the new ideas and directions that will further improve the science of behaviour change?

RS: There will never be a magic bullet that solves the problems of health behavior change. A major challenge is to address more complex lifestyle changes. Much progress has been made to identify treatments for smoking cessation (for example, by using the TTM) but it appears to be more difficult to make people adopt and maintain physical activity along with non-smoking and healthy dietary behaviours. Health behaviour theories need to acknowledge the fact that people do have multiple goals that are often in conflict. For example, the intention to work out every day might serve the goal to become slim, which, in turn, may serve the broader goal to become attractive for a potential partner, and so on. Depending on the value placed on the superordinate goal, the subordinate goal might have a certain chance to be pursued while competing goals (enjoying dinner parties) are being downgraded. A variety of action-control components operate in the volition phase that help to adhere to a chosen regimen. Relapse prevention and harm reduction strategies are needed to stabilize intentions and behaviors in times of conflict. Current health behavior theories do not sufficiently include goal hierarchies and priority management. We need an integration of these theories with more general self-regulation theories.

References

- Abraham, C., Sheeran, P., & Johnston, M. (1998). From health beliefs to self-regulation: Theoretical advances in the psychology of action control. *Psychology & Health, 13*, 569-591.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*, 179-211.
- Gollwitzer, P. M., & Sheeran, P. (2006). Implementation intentions and goal achievement: A meta-analysis of effects and processes. *Advances in Experimental Social Psychology, 38*, 69-119.
- Lippke, S., Ziegelmann, J. P., & Schwarzer, R. (2005). Stage-specific adoption and maintenance of physical activity: Testing a three-stage model. *Psychology of Sport & Exercise, 6*, 585-603.
- Luszczynska, A., Tryburcy, M., & Schwarzer, R. (in press). Improving fruit and vegetable consumption: A self-efficacy intervention compared to a combined self-efficacy and planning intervention. *Health Education Research*.
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*, 1102-1114.
- Renner, B., Spivak, Y., Kwon, S., & Schwarzer, R. (2007, in press). Does age make a difference? Predicting physical activity of South Koreans. *Psychology and Aging*.
- Reuter, T., Ziegelmann, J., Wiedemann, A., Lippke, S., & Schüz, B. (2007) Beyond Good Resolutions: Planning Mediates the Intention-Behavior Relation as a Function of Age. Paper submitted for publication.
- Scholz, U., Sniehotta, F. F., & Schwarzer, R. (2005). Predicting Physical Exercise in Cardiac Rehabilitation: The Role of Phase-Specific Self-Efficacy Beliefs. *Journal of Sport and Exercise Psychology, 27*, 135-151.
- Schüz, B., Sniehotta, F. F., Mallach, N., Wiedemann, A., & Schwarzer, R. (2007, submitted). Predicting transitions from preintentional, intentional and actional stages of change: Adherence to Oral Self-Care Recommendations.
- Schwarzer, R. (1992). Self-efficacy in the adoption and maintenance of health behaviors: Theoretical approaches and a new model. In R. Schwarzer (Ed.), *Self-efficacy: Thought control of action* (pp. 217-242). Washington, DC: Hemisphere.
- Schwarzer, R., Luszczynska, A., Ziegelmann, J. P., Scholz, U., & Lippke, S. (in press). Social-cognitive predictors of physical exercise adherence: Three longitudinal studies in rehabilitation. *Health Psychology*.
- Schwarzer, R., Schüz, B., Ziegelmann, J. P., Lippke, S., Luszczynska, A., & Scholz, U. (2007). Adoption and maintenance of four health behaviors: Theory-guided longitudinal studies on dental flossing, seat belt use, dietary behavior, and physical activity. *Annals of Behavioral Medicine, 33*, 156-166.
- Sniehotta, F. F., Nagy, G., Scholz, U., & Schwarzer, R. (2006). The role of action control in implementing intentions during the first weeks of behaviour change. *British Journal of Social Psychology, 45*(1), 87-106.
- Sheeran, P., Webb, T. L., & Gollwitzer, P. M. (2005). The interplay between goal intentions and implementation intentions. *Personality and Social Psychology Bulletin, 31*, 87-98.
- Weinstein, N. D., Rothman, A. J., & Sutton, S. R. (1998). Stage theories of health behavior: Conceptual and methodological issues. *Health Psychology, 17*, 290-299.
- Wiedemann, A. U., Schüz, B., Sniehotta, F. F., Scholz, U., & Schwarzer, R. (2007). *Disentangling the relation between intentions, planning, and behaviour: A moderated mediation analysis*. Manuscript submitted for publication.
- Ziegelmann, J. P., Lippke, S., & Schwarzer, R. (2006). Adoption and maintenance of physical activity: Planning interventions in young, middle-aged, and older adults. *Psychology & Health, 21*, 145-163.

If any of the pieces in this or past issues of the **European Health Psychologist** have inspired you to want to write a reply, please contact the editorial team!

EHPS Executive Committee Messages



Yael Benyamini
EHPS Secretary
benyael@post.tau.ac.il

I began my term as EHPS secretary following the Annual Conference in Warsaw, 2006. I joined the EHPS as a full member in the year 2000, shortly after becoming a faculty member at the Tel Aviv University in Israel. My research interests are perceptions of health – from global self-ratings of health to the perceptions of specific conditions, their associations with ways of coping with health threats, and with personality and social resources that affect these perceptions and coping efforts.

In the past seven years, in which I had been a member of the EHPS, I have participated in most of the annual conferences and many of the workshops (first CREATE, then Synergy). I realized that these activities were made possible only with endless amounts of time and energy that so many people volunteered. Therefore, when my name came up as a candidate for Secretary, I felt that this is my opportunity to contribute to the EHPS. As Secretary I am involved in a wide variety of activities: From formal roles, such as writing and circulating documents, to involvement in most of the decisions made and contracts negotiated by the Executive Committee. In addition, I initiated and organized a new activity for the upcoming conference (“Meet the Expert”). This activity is part of my vision for the role of the secretary and for the entire Executive Committee: Our job is to promote the unique aspects of the EHPS as a thriving international network of scientists by facilitating communication between these scientists in as many ways as possible.



Irina Todorova
EHPS President Elect
ilgt1@comcast.net

I have been a member of the EHPS Executive Committee since 2002 and was editor of the EHPS Newsletter, now the European Health Psychologist (EHP) until 2006. In my role as editor I developed the content and design of the EHP, which is issued 4 times a year. Since the elections in 2006 I have taken the role of President elect. In this role I support the ongoing activities of the EC such as planning the upcoming conferences in Bath 2008 and Pisa 2009, working as a member of the Grant Committee which awards EHPS conference grants in 2005-2007, and organizing pre- and post-conference workshops in 2006 and 2007. I direct the Health Psychology Research Center in Sofia. My research interests are in the areas of gender and health, culture and health and social change and health. I am particularly interested in psychosocial aspects of health in Eastern Europe and committed to contributing to developing health psychology in that area of Europe, as well as expanding the involvement of psychologist from CEU in the EHPS.



Winnie Gebhardt
EHPS National Delegates
Officer
gebhardt@fsw.leidenuniv.nl

I am an associate professor in Health Psychology at Leiden University, the Netherlands, and member of the Executive Committee since 2006. I am also the EHPS National Delegate Officer, and as such coordinate and support the efforts of our National Delegates to enhance local Health Psychology initiatives as well as to increase the visibility of the EHPS within their home countries.

My research interests concerns the development and application of psychological theory to explain, predict and influence health behavior, with a primary focus on the role of personal goals. More specifically, I am interested in the way health behaviors relate to the multitude of other goals that are being pursued, based on the conception that insight into how personal goals interact with one another will lead to a better understanding of the process of health behaviors change.



David Hevey
EHPS Education and
Training Officer
heveydt@tcd.ie

As one of the founding members of CREATE, I believe that the health of an organisation can be assessed by its ability to further the training and education of its members. The EHPS currently provides high quality training for health psychologists through its pre and post-conference workshops, CREATE, SYNERGY and on-line networks. The society has a strong commitment to developing members' research and professional skills and I hope that we can continue to best meet the needs of members in the coming years.

(Continued on page 60)



EHPS Executive Committee Messages (cont'd)

(Continued from page 59)



Susan Michie
EHPS Past President
s.michie@ucl.ac.uk

I am currently Past-president of the EHPS, and I was President during the period of 2004-2006. As Past president I contribute to all activities of the EC, including being co-liaison for the 2008 EHPS Conference in Bath and serving on the Publications Sub-committee. I have also served as Chair of the British Psychological Society's Division of Health Psychology, Chair of its Training Committee, member of the BPS Council and was elected Fellow of the BPS in 2001.

I am Professor of Health Psychology at the Psychology Department of University College London since 2002. I am also Director of Health Psychology Research for the Camden & Islington Mental Health NHS Trust and Camden and Islington PCTs and Deputy Director of the Centre for Outcomes Research and Effectiveness. My research includes:

- designing and evaluating theory based interventions to change behaviour
- assessing adherence to intervention protocols
- developing a taxonomy of behaviour change techniques



Christel Salewski
EHPS Membership Officer and Treasurer
christel.salewski@hs-magdeburg.de

I have been a member of the EHPS Executive Committee since 2004. In my role as membership officer and treasurer I coordinate the finances and membership of the Society. My task is to oversee how the money is spent, either directly dictating expenditure or authorizing it as required. It is my responsibility to ensure that the organization has enough money to carry out their stated aims and objectives, and that the EHPS does not overspend. I also report the financial status at the Executive Committee meetings to insure checks and balances. As a membership officer I am primarily responsible for promoting recruitment of new members and for maintaining good membership records. Moreover, one of my tasks is to encourage members to pay their membership fee and to support members during the application or renewal process.

I am Professor of Personality Psychology and Individual Differences at the University of Applied Sciences Magdeburg-Stendal since 2004. My research includes:

- illness representations
- illness behavior and coping in adolescents
- personality, goal pursuit and attitude change



Vera Araújo-Soares
Editor of the EHP
v.l.b.araujo-soares@rgu.ac.uk

I began my term as an EC member in 2006. I was first introduced to the EHPS conferences in 1997 and Teresa McIntyre, with her dedication and vision for the EHPS, inspired me in her role within the Executive Committee. I soon became involved in organizing CREATE (2001-2005) and SYNERGY (2006) workshops. In 2004, Irina Todorova invited Falko Sniehotta and me to collaborate as co-editors of the EHPS Newsletter. Reflecting upon our mission statement, this newsletter developed and matured: new content was included to facilitate and foster communication amongst those interested in the field of Health Psychology. Together, we developed the European Health Psychologist in 2005. In 2007, the editorial team was expanded and the EHP went online (www.ehps.net/ehp). Currently, I am Joint Editor of the EHP and act as liaison to the EC in matters relating to the EHP. As a member of the EC I am also a co-liaison officer for the 2008 EHPS Conference in Bath that will be run jointly with the British Psychological Society Division of Health Psychology.

My vision for the future of both the EHP and the EC is tied with the need for an increased communication amongst EHPS members and others, either active scientists or professionals, using the EHP as well as the annual conference, with the pre- and post- conference workshops as platforms to exchange ideas that will help us foster the development of this scientific area, increasing our contribution to population health and well being. The EHPS is in a privileged position to facilitate research efforts.

In 2006 I moved to The Robert Gordon University (UK) as a Senior Research Fellow. My research interests include:

- Self-care and self management, in healthy people and people with chronic illness, focusing on enhancing self-care to prevent disease or disability and to improve general levels of health and health related outcomes
- Development of self-regulation from infancy to adulthood
- Theory development and theory-based interventions

conference announcements

| conference title | date | location |
|---|------------------------|--------------------------|
| BPS Division of Health Psychology Annual Conference | 12 – 14 September 2007 | Nottingham, England |
| 1st Conference of the Central and Eastern European Society of Behavioural Medicine | 20 – 22 August 2007 | Pécs, Hungary |
| 4th International Conference on The (Non)Expression of Emotions in Health and Disease | 22 – 24 October 2007 | Tilburg, the Netherlands |
| UK Society for Behavioural Medicine 3rd Annual Scientific Meeting | 10 December 2007 | Warwick, England |
| XXIXth International Congress of Psychology | 20 – 25 July 2008 | Berlin, Germany |
| 2008 European Health Psychology Society / Division of Health Psychology Conference | 9 – 12 September 2008 | Bath, England |
| Society for Behavioural Medicine 29th Annual Meeting & Scientific Sessions | 26 – 29 March 2008 | San Diego, USA |

ehp editorial board

editors

Falko Sniehotta

University of Aberdeen, Scotland
f.sniehotta@abdn.ac.uk

Vera Araújo-Soares

Alliance for Self Care Research
The Robert Gordon University, Scotland
v.l.b.araujo-soares@rgu.ac.uk

co-editors

Benjamin Schuez

Jacobs University Bremen, Germany

Dawn Wilkinson

University College London, England

Emely de Vet

VU Universiteit Amsterdam,
the Netherlands

Gerard Molloy

University College London, England

Nihal Mohamed

Mount Sinai Hospital,
United States of America

editorial assistant

Justin Presseau

University of Aberdeen, Scotland

ehps executive committee (2006-2008)

president

Britta Renner

Jacobs University Bremen, Germany

president elect

Irina Todorova

Health Psychology Research Center, Bulgaria

past president

Susan Michie

University College London, England

secretary

Yael Benyamini

Tel Aviv University, Israel

membership officer and treasurer

Christel Salewski

Magdeburg–Stendal, Germany

national delegates officer

Winifred Gebhardt

Leiden University, the Netherlands

liaison officer for the 2008 EHPS conference

Vera Araújo-Soares

Alliance for Self Care Research
The Robert Gordon University, Scotland

training and education officer

David Hevey

University of Dublin Trinity College, Ireland

Disclaimer: The views expressed within the European Health Psychologist are those of the authors and do not necessarily represent those of the European Health Psychology Society (EHPS) or the European Health Psychologist's (EHP) editorial board.

Behavioural Science Journals from Routledge



Health Psychology Review

Official Journal of the European Health Psychology Society
NEW FOR 2007

Editor: Joop van der Pligt, *University of Amsterdam, The Netherlands*

Volume 1, 2007, 2 issues per year
Print ISSN 1743-7199 Online ISSN 1743-7202

Health Psychology Review (HPR) is a landmark publication – the first review journal in the important and growing discipline of health psychology. This new international forum, edited by a highly respected team, will provide a leading environment for review, theory, and conceptual development. *HPR* will contribute to the advancement of the discipline of health psychology and will strengthen its relationship to the field of psychology as a whole, as well as to other related academic and professional arenas. It is essential reading for those engaged in the study, teaching, and practice of health psychology, behavioral medicine, and associated areas.

Psychology & Health

Official Journal of the European Health Psychology Society

Editors: Rona Moss-Morris, *University of Southampton, UK*
Lucy Yardley, *University of Southampton, UK*

Volume 22, 2007, 8 issues per year
Print ISSN 0887-0446 Online ISSN 1476-8321

Psychology & Health promotes the study and application of psychological approaches to health and illness. The contents include work on psychological aspects of physical illness, treatment processes and recovery; psychosocial factors in the aetiology of physical illnesses; health attitudes and behaviour, including prevention; the individual-health care system interface particularly communication and psychologically-based interventions. The journal publishes original research, and accepts not only papers describing rigorous empirical work but also those outlining new psychological approaches and interventions in health-related fields.

Global Public Health

Published in association with the Global Health Council

Editor-in-Chief: Richard Parker,
Mailman School of Public Health, Columbia University, USA

Volume 2, 2007, 4 issues per year
Print ISSN 1744-1692 Online ISSN 1744-1706

Global Public Health is an essential peer-reviewed journal that energetically engages with key public health issues that have come to the fore in the global environment – mounting inequalities between rich and poor; the globalization of trade; new patterns of travel and migration; epidemics of newly-emerging and re-emerging infectious diseases; the HIV/AIDS pandemic; the increase in chronic illnesses; escalating pressure on public health infrastructures around the world; and the growing range and scale of conflict situations, terrorist threats, environmental pressures, natural and human-made disasters.

International Review of Sport and Exercise Psychology

NEW FOR 2008

Editor-in-Chief: Aidan Moran, *University College, Dublin, Ireland*

Volume 1, 2008, 2 issues per year
Print ISSN 1750-984X Online ISSN 1750-9858

International Review of Sport and Exercise Psychology is a scholarly, peer-reviewed journal which aims to publish substantial (up to 5,000 words in length) critical reviews of the research literature in sport and exercise psychology. Typically, these reviews will evaluate relevant conceptual and methodological issues in the field and will attempt to provide a critique of the strengths and weaknesses of separate empirical studies that address common themes or hypotheses. Ideally, they should present the authors' summary of, and conclusions about, the current state of knowledge of the topic of interest as well as an assessment of relevant unresolved issues and future trends.

The Journal of Positive Psychology

Editor-in-Chief: Robert A. Emmons, *University of California, Davis, USA*

Volume 2, 2007, 4 issues per year
Print ISSN 1743-9760 Online ISSN 1743-9779

Positive psychology is about scientifically informed perspectives on what makes life worth living. It focuses on aspects of the human condition that lead to happiness, fulfillment, and flourishing. *The Journal of Positive Psychology* provides an interdisciplinary and international forum for the science and application of positive psychology. The journal is devoted to basic research and professional application on states of optimal human functioning and fulfillment, and the facilitation and promotion of well-being.



ALSO PUBLISHED BY ROUTLEDGE:

| | |
|--|--|
| <i>AIDS Care</i> | <i>Ethnicity & Health</i> |
| <i>Anxiety, Stress & Coping</i> | <i>Psychology, Health & Medicine</i> |
| <i>Culture, Health & Sexuality</i> | <i>Vulnerable Children and Youth Studies</i> |

ROUTLEDGE ONLINE SERVICES

informaworld™

A world of specialist information for the academic, professional and business communities. To find out more go to: www.informaworld.com

Alerting Services from informaworld™

To receive the table of contents for any of these titles visit the journal homepage at: www.informaworld.com/journals

To sign up for other tables of contents, new publications and citation alerting services from **informaworld™** visit: www.informaworld.com/alerting

Online Sample Copies

Fully searchable sample copies of these journals are available by visiting: www.informaworld.com/journals



Visit the Routledge Taylor & Francis booth
to view our range of behavioural science journals.

XC08901A