

The European Health Psychology Society



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Editor's Foreword

Thanks to the efforts of Winnie Gebhardt and Mike Echeid we are catching up with the schedule of appearance of the Newsletters. The main message of this "summer issue" is certainly that we expect you all in Bordeaux for a conference that will continue the by now prestigious tradition of EHPS conferences.

Some contributions are still related to the Dublin conference. Ronan Conroy compares the tradition of health psychology conferences with the tradition of cardiology conferences and gives some interesting ideas to ameliorate collaboration and mutual understanding. Another important issue in EHPS is the involvement of national delegates. Tanja Anagnostopoulou makes a proposal for their involvement in the Society. We hope that the national delegates will continue to use the Newsletter as a channel for the exchange of information about health psychology in different parts of Europe. An additional channel for the exchange of information is the Internet. Ralf Schwarzer has provided a list of interesting web pages.

Jan Vinck, Editor

Message of the President

The plans for this year's EHPS meeting in Bordeaux, France, are shaping up. With our first conference in France, we are making another significant step towards becoming a society that truly represents all health psychologists in Europe. Moreover, EHPS helps to create a sense of European psychological community. After the upcoming meetings in Austria (1998) and Italy (1999), most European regions will have hosted us. It is expected that holding a conference in a particular nation will recruit many participants from that country and, in consequence, will augment EHPS membership. Since France has been underrepresented in our Society so far, I am curious about the long-term effects of the meeting in Bordeaux.

On April 24th and 25th, Stan Maes and I have met with the French members of the Scientific Committee to set up the conference program. There were almost 500 submitted abstracts. We have scheduled 34 symposia and thematic paper sessions with a total of 190 oral presentations, in addition to the five keynote speeches. There will be three poster sessions with about 270 poster presentations.

The invited speakers will be R. Dantzer (France), A. Steptoe (U.K.), M. Jerusalem (Germany), W. Stroebe (Netherlands), and S. Folkman (USA). Social program highlights will be a Welcome Reception, another reception at the City Hall, and the Congress Dinner at a winemaking chateau. The meeting of the National Delegates might precede the Welcome Reception on September 3rd, but this is not yet determined. There will also be another open Members' Meeting in Bordeaux, as this biennial event last took place in Bergen in 1995. It looks like it will be an enjoyable and exciting conference.

One of the major improvements we have made since the last meeting in Dublin was the reorganization of *National Delegates*. Explicit rules for the appointment of delegates have been established, and their responsibilities have been defined. I am looking forward to their annual reports that are to be submitted well before the September meeting.

Running an international society poses multifarious management problems. Keeping the tasks in one hand or at one location would no doubt be more efficient: One permanent half-time Officer in the "EHPS Headquarters" who is in charge of membership, finances, and the Newsletter and who also collaborates with the respective conference organizers would ensure continuity and

expertise. On the other hand, the present situation might be considered the price for diversity. Subdividing leadership into multiple responsibilities in various countries may help to underscore the collaborative efforts of diverse members or groups of members. When equipped with modern technologies and the necessary resources, such a virtual organization can be efficient — like virtual companies that are dispersed worldwide, but stay in touch by frequent videoconferences, for example. The future of EHPS could be such a virtual so-

ciety. As it is, we are far from this scenario, and thus we have to cope with the present drawbacks of diversity. However, members make increasing use of e-mail, and some have set up personal or professional web pages. We are on our way to becoming a formal organization that also functions during the period between the meetings.

I am looking forward to seeing you in Bordeaux this September.

 Ralf Schwarzer

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Agenda Open Meeting Bordeaux

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|---|--|
| <ol style="list-style-type: none"> 1. Report of the President 2. Report of the Secretary 3. Report of the Treasurer 4. Report of the Membership Officer | <ol style="list-style-type: none"> 5. Report of the National Delegates 6. Structure of Executive Board 7. Upcoming Conferences 8. Any other business |
|---|--|

Minutes of EHPS Members' Meeting Held at Dublin, Ireland

Wednesday 4th September 1996

1. *Minutes of previous meetings.* The minutes of the Members' Meeting at Alicante, Spain (15th July 1994) and the Open meeting at Bergen, Norway (29th August 1995) were approved.

2. *President's report.* The president's report was circulated. Marie Johnston described the major issues of the previous year:

- A. A plan to adopt "Psychology & Health" as the official journal of EHPS
- B. The development of procedures to agree future conferences
- C. A survey of members. This had taken place in conjunction with an Irish research project on conference attendance. Results will be made available to EHPS in due course.

3. *Secretary's report.* The secretary's report was circulated. Hannah McGee explained that the number of nominations for office in the incoming Executive Committee matched the number of vacancies hence no election was necessary. National delegate reports were sought and were available for consultation by members at the registration desk during the conference.

4. *Treasurer's report.* This was circulated by Juhani Julkunen.

Year	Debit	Credit	Current Total
1995	34,414.86	120,858.65	+87,343.84
1996*	55,801.60	30,217.20	+61,759.44

*To 26/8/96

The accounts were accepted by the meeting.

5. *Membership officer's report.* Ladislav Valach circulated a listing of those who have ever been members of the EHPS, broken down by country. Total=416. These all receive the Newsletter to date. From the next Newsletter, those who are not current members will no longer be circulated. Membership figures taking the journal number over 100 with a further 178 membership subscriptions collected via the conference fee for non-members this year. Each of these non-members paying the higher rate will receive membership information over the coming year (Newsletter and journal) in an effort to encourage them to join the Society.

6. *National delegate reports.* Reports received by 30th August and available for circulation were from Austria, Czech Republic, Estonia, Finland, Germany, Greece, Hungary, Ireland, Poland, United Kingdom.

7. *Conferences.* 1996: a report of the Dublin conference stated that there were 527 delegates attending; 178 were non-student non-members. 1997: conference to be held in Bordeaux, France 3-5th September 1998: conference to be held in Vienna, Austria 31st

August-2nd September 1999: conference to be held in Florence, Italy.

8. *Retiring executive committee.* Stan Maes and Ad Kaptein retired as members of the Executive Committee this year. They were thanked for their contribution to the Society in its formative years.

Incoming executive committee. New Executive Committee members were welcomed: Paul Norman as secretary, Thérèse van Elderen and Helena Sek as ordinary members.

9. *Honorary fellowship.* Incoming EHPS president Ralf Schwarzer announced that the Society had developed a Fellowship certificate incorporating the EHPS logo. Stan Maes, as the first Fellow of the Society from 1994, was presented with a certificate to mark this distinction. Outgoing president Marie Johnston was presented with the second-ever Honorary Fellowship of the Society for her work in promoting health psychology in Europe.

 Hannah McGee

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Announcements

Foundation of a Swiss Health Psychology Association

At the initiative of Ruth Burckhardt a Swiss association of health psychology (Société Suisse de la Psychologie de la Santé – Schweizerische Gesellschaft für Gesundheitspsychologie) has been founded on April 19, 1997. Contact person is Raphaëlle Carron (✉ Hess-Strasse, 43, 3097 Bern-Liebefeld / ☎ +41-31-3238821 / +41-31-9714127). We congratulate our Swiss colleagues and are convinced that this association will reinforce the important role they have been playing in EHPS.

Academic appointments for board members

We are happy to congratulate two members of the EHPS Board with their recent academic appointments:

- Jesus Rodriguez-Marin was appointed as Rector-President of the Universidad de Miguel Hernan-

dez that was recently erected in the county of Alicante and which has campuses at Elche, Orihuela, San Juan and Altea.

- Treasurer of the EHPS, Juhani Julkunen, was appointed as Associate Professor of psychology/health psychology at the University of Helsinki. His new address is: ✉ Department of Psychology / University of Helsinki / P.O. Box 4 / 00014 Helsinki / Finland.
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We wish them all the best in their new positions.

Additional information National delegate from Israel:

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Announcements, continued

5th International Congress in Behavioural Medicine

The 5th International Congress in Behavioural Medicine will be held in Copenhagen in 1998. Information: Professor Jane Wardle (✉ University College London Medical School / Department of Epidemiology and Public Health / 1-19 Torrington Place / London WC1E 6BT / UK / ☎ +44-171-2096627 / Fax +44-171-8132848 / E-mail j.wardle@ucl.ac.uk).

An invitation to collaborate with the WHO Mental Health Promotion Unit

WHO is exploring how to further the involvement of the global community of psychologists, and particularly of health psychologists, in its activities. Two projects of the Mental Health Promotion Unit appear to be particularly important in this respect:

1. The project developing the WHO Quality of Life measure to assess individual's perception of their position in life in the context of the culture in which they live and in relation to their goals, expectations, standards and concerns


2. The Life Skills Education project that is directed at promoting positive mental health by developing generic life skills in children and adolescents

Behavioural Science Modules on several important topics are available (Preparing patients for invasive medical and surgical procedures; Communicating bad news; Introducing parents to their abnormal baby; Promoting non-pharmacological interventions to treat elevated blood pressure; psychological interventions for patients with chronic back pain; Self-management of recurrent headache; Improving adherence behaviour with treatment regimes; Insomnia: behavioural and cognitive interventions) and further are in preparation. Also a newsletter "Skills for Live" is being produced and circulated to help create a network of centres in different countries which will promote life skills education.

Those interested in these projects or collaboration contact Dr John Orley, Programme Manager (✉ Programme on Mental Health / Division of Mental Health and Prevention of Substance Abuse / WHO / 1211 Geneva 27 / Switzerland).

EHPS National Delegates: Call For Action

Several countries responded to the call for increased interaction among National Delegates during the annual EHPS conference. Delegates from Poland, Rumania, Hungary, Bulgaria, Estonia, Israel, Ireland, UK, Finland, Sweden, Austria and Greece agreed to have a lunch meeting together during the Bordeaux conference. Most of them will also present a poster regarding the development and current activities of Health Psychology in their country. In addition, several delegates put forward the suggestion to develop an e-mail circular, which will facilitate the exchange of information and ideas relating to training and joint research between countries. We hope that this collaboration will continue in the years to come and will prove to be highly stimulating both for the National Delegates and for the participants of future conferences.

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Health Psychology Web Pages

The following World Wide Web addresses contain information that might be of interest to you. These links were recommended by Ralf Schwarzer.

European Health Psychology Society (EHPS) has 2 addresses	• http://www.wp.com/accent/euro.htm
International Society for Health Psychology Research	• http://userpage.fu-berlin.de/~health/ehps.htm
American Psychological Association (Health Psychology Division)	• http://www.wp.com/accent/is.htm
Canadian Health Psychology	• http://freud.apa.org/divisions/div38
Society of Behavioral Medicine	• http://fis.dal.ca/~hlthpsyc/hlthhome.htm
Psych Web	• http://socbehmed.org/sbm/sbm.htm
Health Psychology in Great Britain	• http://www.gasou.edu/psychweb/psychweb.htm
Health Psychology in Germany	• http://www.man.ac.uk/bps
Health Promotion in Australia	• http://userpage.fu-berlin.de/~ahahn
Stress and Anxiety Research Society (STAR)	• http://www.monash.edu.au/health
Psychology & Health: An International Review	• http://www.uib.no/STAR
Journal of Health Psychology	• http://userpage.fu-berlin.de/~health/ph.htm
A good search engine	• http://www.mdx.ac.uk/www/jhp
	• http://search.onramp.net

Special IJP Issue

The six keynote addresses of the 10th EHPS conference held in Dublin 1997, along with the introductory address of the then EHPS president, Professor Marie Johnston, are published in a special issue of the Irish Journal of Psychology. The issue is titled: "Making a difference: Health psychology and chronic disease" (Editors: Hannah M. McGee & Anne Hickey)

Journal contents:

- M. Johnston (Scotland): How health psychology makes a difference
- M. Chesney (USA): Health psychology in the 21st century: AIDS as a harbinger of things to come
- C. O'Boyle (Ireland): Quality of life: Theoretical perspectives

- C. Bradley (England): Psychological issues in clinical trial design
- R. Schwarzer, K. Schroder, & W. Konertz (Germany): Effects of self-efficacy and social support on post-surgical recovery of heart patients
- P. Rabbitt, N. Bent, & L. McInnes (England): Health, age and mental ability
- B. Oldenburg (Australia): Prevention of disease and promotion of global health: Integration of clinical and public health perspectives

Copies available at IR£10,- including postage from:

✉ The Psychological Society of Ireland / 13 Adelaide Rd. / Dublin 2 / Ireland

Cheques (must be paid in Irish Currency) payable to Psychological Society of Ireland.

Polish EHPS Members

Beisert (Poznan), Chodak (Krakow), Czabala (Warszawa), Dudek (Lodz), Fraczek (Warszawa), Gniazdowski (Lodz), Goszozynska (Warszawa), Gwozdecka (Chorzow), Heszen-Nicjodek (Katowice), Jarosiewicz (Wroclaw), Jelonkiewicz (Warszawa), John-Borys (Katowice), Juczynski (Lodz), Jugowar (Poznan), Karkosz (Katowice), Kosinska-Dec (Warszawa), Losiak (Krakow), Mateusiak (Katowice), Maruszewski (Poznan), Mausch (Szczecin), Mentel (Bedzin), Migaszewska-Majewicz (Poznan), Molicka (Leszno), Mroziak (Warszawa), Ostrowski (Krakow), Pasikowski (Koziegłowy), Poprawa (Wroclaw), Ratjczak (Katowice), Sek (Poznan), Skłodowski (Lodz), Skommer (Poznan), Stepien (Warszawa), Szeliga (Gliwice), Szerszen-Motyka (Krakow), Tylka (Warszawa), Wawak-Sobierajska (Gliwice), Wrona-Polanska (Krakow), Wrzesniewski (Warszawa), Zycinska (Katowice).

What health psychologists and cardiologists can learn from each other's conferences

I was at the European Cardiac Society's conference in Birmingham and, a week later, at the European Health Psychology Society's conference in Dublin. I listened to cardiologists describe large-scale intervention studies and looked around in vain for the psychologists. A week later I was listening to psychologists propose models of health behaviour and wondering where the doctors were.

Of the two conferences, the health psychologists undoubtedly asked the more interesting questions and produced the more disappointing answers. If psychologists can teach doctors to ask less crude questions, psychologists can also learn much from doctors about how to conduct, analyse, and implement research.

I was puzzled by the extent to which the communication revolution has passed psychologists by. The visual display of information has advanced immensely – helped in no small measure by the work of perceptual psychology – but despite the widespread availability of computer graphics, presenters continued to rely on numerical summaries to present their findings. Numbers are semantic symbols, which are processed cognitively (if they are processed at all). Graphics show data patterns perceptually, and require fewer feats of memory or concentration. Or, at least, good graphics do. I have to admit that I spent a happy afternoon at the poster sessions of the Cardiac Society collecting examples of truly awful graphs. But attempts to compare these with the graphics presented at the health psychology conference came to nothing; there were no graphics to compare.

The most striking difference between health psychology and medicine is the level of sophistication at which determinants of disease are modelled. One frustration in my adopted field – Epidemiology – is that epidemiologists have fought shy of addressing the complexities (the perversities, indeed) of human behaviour. I think, we are still badly miffed that when they put health warnings on cigarette packets it didn't result in the end of smoking as we know it. Epidemiological modelling of disease determinants is still in terms of hopelessly crude 'risk factors'.

Health psychology, on the other hand, is developing increasingly sophisticated models of the processes which maintain health or lead to disease, models

which are potentially applicable to the large-scale studies which epidemiologists routinely carry out. Where are the psychologists when protocols are being drafted? Health psychology seems more interested in assembling a body of theory than in testing this theory by interventions. I know that in the early stages of any theory, there will need to be a period of collection of data to justify intervention studies. But this, in turn, can create a research community in which the norm is observational research. The logical next step – intervention – can end up obscured by what Charcot would have called a purposeful narrowing of consciousness. Medicine, I have to say, has the opposite fault: Many medical interventions were discovered in the absence of any theoretical rationale; the need to identify something *that* works can blind medicine to the need to build on this discovery by understanding *how* it works.

Another salient contrast is the sheer size of medical investigations. Though they may ask superficial questions, medical researchers are under increasing pressure from both funding agencies and ethics committees to make their studies large enough to be able to measure the variables of interest with an acceptable degree of precision. Health psychologists happily investigate the effects of psychological factors in studies that are probably less than a tenth the size of what would be required to detect clinically important effects. It is sadly very likely that many phenomena are missed because no one calculated the sample size before starting the study. Apart from wasting research money, they are wasting the time of those who participate, often at a cost in terms of their time, inconvenience or distress.

Another feature of health psychology research makes this problem even more serious: The simplistic approach to 'p-values'. A p-value of less than 5% means that chance is unlikely to have produced the pattern in the data, but a p-value of greater than 5% does not say that there is no pattern in the data. All it says is that the pattern is not strong enough or consistent enough to outrule chance as a plausible explanation. I asked one researcher about the difference in cholesterol levels between two groups of patients. It wasn't significant, he said. But what was it, I asked. He didn't know; he had never looked. He didn't even know the average cholesterol in his study group, despite the fact that he was interested in its relationship to other factors. And yet his study was so small that the most serious risk he ran wasn't of false positive (type I)

error, but of false negative (type II) error. He would have needed about 500 patients (by my calculation) to have had a 90% chance of showing a 10% difference in cholesterol between his two groups. He had less than a tenth of that number.

So long as under-powered studies are the norm, theories will receive weak and patchy support from data, even if they are right. Furthermore, estimates of relationships between variables will be highly imprecise, leading to apparently conflicting results from different studies. Small wonder that the medical world hasn't been much impressed. Psychologists discuss differences in study design and subject characteristics when they try to explain conflicting results. The overwhelmingly likely explanation, however, is neither of these, but the large quantity of false negative findings that by now have accumulated.

I expect medical professionals not to know much about health psychology. Perhaps it reflects my innocence that I am disconcerted at the medical gaffes made by some health psychologists. One declared that cervical cancer is a leading cause of death in women (it is nowhere near this status!) and another had studied smokers' perception of their own risk of lung cancer without realising that the average estimate was more than ten times higher than the true value. Most researchers cannot estimate the potential impact on health of the factors they are studying. To hell with the beta weights; how many cases per thousand per year are we talking about?

In medicine, there has been a trend away from p-values and towards estimation \bar{D} expressing results in meaningful units. It has helped us to distinguish trivial from meaningful relationships, and encouraged a less black-and-white reading of the literature. An eloquent editorial in the *British Medical Journal* defended this move, and I can do no more than recommend it (Altman, Gore, Gardner & Pollock, 1983).

Psychological statistics, on the other hand, seem little changed since I laboured over SPSS two decades ago. (The topic of ego investment by lecturers in the software they learned as students would make a nice project for a student with a sense of fun, if they could find a young enough supervisor.) There is a noticeable reliance on a historical repertoire of statistics

characterised by correlations, reliability coefficients, factor analysis and discriminant analysis. Powerful techniques like logistic regression, which are more robust and often produce more interpretable results than discriminant analysis, have become stock-in-trade in medicine. Psychologists could well investigate them.


Contemporary health psychology is proposing increasingly sophisticated models, which require fluency in handling appropriate methodological and statistical methods. Instead, there is often an attitude of 'everyone else uses Wash's Y-test; it must be right'. Worse is the fear among younger researchers of breaking ranks by using a procedure unfamiliar to their supervisor.

The lack of willingness to get to grips with statistics sometimes approached a conspiracy of silence. Time after time, the audience sat through presentations in which it was probable that the basic assumptions of the statistical methods employed had been violated, and yet the discussion ranged in a lively, well-informed way over every topic but the unmentionable. I am left wondering if, like the inhabitants of Los Angeles, health psychologists have constructed psychological defense mechanisms against the thought that their research may be built on an extensive statistical fault system. More than once, Charcot's astute characterisation came to mind.

I sense an opportunity missed: Two professions whose lives never seem to intersect. Each has its own conferences, journals, its own esoteric language: A compartmentalisation of knowledge that is at variance with their common concerns. For make no mistake: no one more than the practising clinician works at the nexus of the complex psychological, social, economic and cultural factors that shape health. Their lack of training to deal with these complexities does not make them less aware of them. The help that they might have expected to materialise from psychology and related disciplines has been slow to arrive. It is perhaps time for each side to ask why this is. And to attend each other's conferences and resolve to write in each other's journals and maybe even to have coffee together.

References

- Altman, D.G., Gore, S.M., Gardner, M.J., & Pocock, S.J. (1983) Statistical guidelines for contributors to medical journals. *British Medical Journal*, 286, 1489-1493.

 Ronan M. Conroy

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EHPS Membership Application Form

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

• First name:..... Family name: Title

• Work Address

Telephone Fax

E-mail

• Qualifications (Continue on a separate page if necessary)

University

Degree Date

I confirm that the details provided are correct

Signature

• Supporting EHPS Member

First name:..... Family name: Title

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

Signature

• Membership / subscription fees

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

• Credit Card Type: (Please tick the appropriate card)

Visa Eurocard Mastercard

Card Number Exp. Date.....

Cardholder Address

• Annual Fee (Please tick the appropriate box)

Full member (includes journal) FIM 400, -*

Affiliate subscriber (includes journal) FIM 400, -

Student subscriber (does not include journal) FIM 120, -

*Those who have difficulties with foreign currency may contact the membership officer

• Please Send your application to Dr. Ladislav Valach, Membership Officer (EHPS)

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