

EHPS Newsletter

Newsletter of the European Health Psychology Society

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Editor's Foreword

In this sixth issue of the Newsletter, we publish a correction of the Standing Orders of the Society which appeared in an earlier issue.

More and final information is given on the rapidly approaching Brussels Conference.

As was announced in the previous issue, we went on inviting people to report on recent events and recent publications in the field of health psychology. We received a description of recent developments in Germany from Peter Schwenkmezger and an abstract of an (originally German) publication by Meinrad Perrez and his colleagues. The National representatives from other countries are invited to send in similar contributions - we want to stay informed about what happens in your country!

During the ERASMUS Health Psychology course held in St. Andrews (Scotland) in June, the students had to prepare research proposals, some of these are presented in this issue.

The longest part of this issue is formed by an updated version of the (growing) EHPS membership list.

Finally we publish an invitation from EC to propose collaboration projects with mediterranean countries.

Jan Vinck, editor

Standing Orders Paragraph 5f Corrected

The Standing orders as printed in the Newsletter Nr 3 (June 1991), appear to contain an error in paragraph 5.f. The full paragraph should read:

"No member of the Executive Committee can serve more than 3 consecutive intervals, except when President or Vice-President. An Ordinary Member of the Executive Committee can serve for a maximum of

two consecutive intervals, if they do not take office. President, Vice-President, Secretary, Treasurer can serve for no more than two consecutive intervals." ■

Research Proposals ERASMUS Course

ERASMUS Intensive Courses on Health Psychology have been organised now in Rome, Bilkhoven and, in June of this year, in St. Andrews. The aim of the course was to introduce students to the principles, theories, methods and research in Health Psychology as applied to cardio-vascular disease, with an emphasis on the application of psychological models to secondary prevention and cardiac rehabilitation. A report on this event and the announcement of the 1994 version to be held near Trier will follow later on.

As part of their work, the students had to prepare and present research proposals. In these proposals the students can show that they have come to understand the key issues of the field. We agreed to publish these research

proposals in the Newsletter as testimony of the quality of the work performed in this intensive course. Here are the three we received by the time of publication.

(continued on page 12)

Forthcoming EHPS Conferences

• **Brussels, 1-3 September 1993** • *Psychological Theories And Healthy Practices - Exploring The Scientific Foundations Of Health Psychology.*

Information can be obtained from: Dr. Omer Van den Bergh, Department of Psychology, Tiensestraat 102, B-3000 Leuven. Fax: +32-16-286000. See also on page 2.

• **Alicante, 13-15 July 1994.**

Information can be obtained from: Dr. J. Rodriguez-Marin. Universidad de Alicante, Department of Health Psychology, Campus de Sant Joan, Ap. Correos 374, E-3080 Alicante, Spain. Fax: +34-96-5940015.

The 7th Conference Of The European Health Psychology Society

Psychological Theories And Healthy Practices

Brussels, 1-3 September 1993

The seventh annual meeting of the Society is now approaching rapidly. Those who have not yet registered will certainly do so after having looked at the programme and the invitation to the Euro-evening on Thursday, 2 September.

Programme Overview

Wednesday, 1 September 1993	Thursday, 2 September 1993	Friday, 3 September 1993
08.00 : Registration	08.00 : Mounting up poster exhibition	08.00 : Mounting up poster exhibition
08.30 : Mounting up poster exhibition	09.00 : Symposia : Health Behaviour : Personality and Health : Respiratory Disease : Exercise and Health : Social Support and Health	09.00 : Symposia : Occupational Stress : AIDS Prevention : Chronic Disease : Health Psychology in Social Context : Visceral Perception
09.30 : Official opening EHPS Conference		
10.00 : Opening address by M. Johnston, EHPS President		
10.30 : Coffee Break	11.00 : Coffee Break	11.00 : Coffee Break
11.00 : Plenary session: Health Promotion P. Eelen: <i>Preventive behaviour change: a learning theoretical perspective.</i> G. Kok: <i>Applied health psychology versus applying health psychology.</i>	11.30 : Plenary session: Stress & Disease R. Dantzer: <i>Stress and disease: Where do we stand?</i> A. Steptoe: <i>Stress and illness: Understanding the mediating processes.</i>	11.30 : Plenary session: Illness & Cognition R.T. Croyle: <i>Psychology of illness: Old theories and new technologies.</i> T. Marteau: <i>Understanding responses to screening.</i>
12.20 : Lunch	12.50 : Lunch	12.50 : Lunch
13.30 : EHPS Meeting		13.10 : National Representative Meeting
14.30 : Symposia : Health Promotion at the worksite Hall : Youth and Health: Psycho-social Oncology : Mediating Variables in Health Outcomes : Emotions and Health	14.45 : Symposia : Health screening : Cardiac patients : Nutrition : Coping, Social support and Health : Psycho-immunology	14.30 : Symposia : Health behaviour: Risk appraisal and attitudes : Cardiac Rehabilitation : Smoking Cessation Programmes : Illness Cognition Variables : Round Table East-West
16.30 : Poster presentation Panel-discussion on targets for community-based health promotion intervention. (co-organizer: VIG) Coffee Break	16.45 : Poster presentation Coffee Break	16.30 : Poster presentation Coffee Break
17.30 : Interactive poster discussion (until 18.15) : Health Promotion – 1 : Caregivers and Health Professionals : Mental Health – Psychopathology : Health Psychology in Adolescents : Psycho-social Oncology	17.45 : Interactive poster discussion (until 18.30) : Health Promotion – 2 : Stress : Chronic Disease : Professional Issues : Children and Illness	17.30 : Interactive poster discussion (until 18.15) : Worksite Health Promotion : Medical Interventions & Pain Control : Mental Health – Wellbeing : Personality Variables and Health
19.00 : Opening reception	20.00 : Euro-evening	18.15 : Closing ceremony - EHPS Conference Alicante

As you can see in the programme, a big European party will be organized on Tuesday, September 2, 1993. This will be the occasion to celebrate our reunion and the nice scientific work that will surely mark our Congress.

To make this social event a time of festive sharing, we have chosen to ask each of you to bring a gastronomical speciality from your own country or region to the congress, either food or drinks. Like your scientific, your "gastronomical" contribution will be shared with all the other participants. We hope that this formula will maximize social exchange among all of us. In addition, thanks to this formula, no charge will be asked for the party.

We will provide drinks, bread and salads. In order to help us in organizing the buffet, could you please notify the social programme coordinator, indicating your intention to participate in the party and your gastronomical contribution. If you have any further questions regarding this European party do not hesitate to contact our social programme coordinator:

Pierre Philippot, Department of Psychology, 20 voie du Roman Pays, B-1348 Louvain-la-Neuve, Belgium.
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We are looking forward to meeting you in Brussels!

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AVICENNA initiative

*Call from EC for proposals for collaborative actions with
Mediterranean countries in fields of health system research and
prevention.*

ACTIONS in the following areas are envisaged :

HEALTH :

- health systems research : identification, evaluation and validation of strategies for health policy and allocation of health care; identification of the factors determining the participation of individuals and communities.
- research on diarrhoea diseases, molecular biology and strategies for prevention and treatment. Particular attention should be paid to Amoebiasis.

WATER :

- hydrologic research on the Mediterranean basin,

DEADLINE : 15 September 1993 (17.00)

The call is open for all EC Member States and the following Mediterranean countries : Algeria, Cyprus, Egypt, Israel, Jordan, Lebanon, Morocco, Malta, Occupied Territories, Syria, Turkey, Tunisia.

The joint projects should, as a general rule, include at least two independent partners established in different Mediterranean third countries and at least one partner in a Community Member State. Participation by a greater number of partners is encouraged provided the research groups possess a well-established background in the science sector concerned. Nevertheless, priority will be given to projects which might have a visible impact at a regional level.

Information packs are available from :

**Commission of the European Communities
Directorate-General for Science, Research and Development (DG
XII/G-4)**

**"Scientific and Technological Cooperation with Developing Coun-
tries" - Avicenna Initiative**

**Rue Montoyer 75, B-1040 Brussels, Belgium.
Telex COMEU B 21877; Fax (322) 296 33 08.**

Health Psychology in Europe

The Newsletter editors decided to invite people from different European countries to write short notes about the situation of health psychology in their country and to send us translated abstracts of publications published in their own language. In this issue we start this revised "Health Psychology in Europe" series with a report by Prof. P. Schwenkmezger on health psychology in Germany and an abstract of a paper by Prof. M. Perrez and colleagues on "Coping with stress - an analysis of its buffering effects" originally published in German.

Also we report about the Health Psychology issue of the Swiss "Psychoscope".

Health Psychology in Germany, P. Schwenkmezger (Univ.Trier)

From Germany we have to report about three recent organizational developments and activities with relevance to health psychology:

1. During the bi-annual Congress of the German Society of Psychology from September, 27th to October, 1st, 1992 in Trier a new division "Health Psychology" was founded. The following officers were elected: Prof. Dr. H. W. Krohne (University of Mainz) as Chair, Prof. Dr. R. Schwarzer (Free University of Berlin) as Co-Chair and Prof. Dr. Schwenkmezger (University of Trier) as Treasurer. The division is rapidly growing up with now about more than 100 members.

2. The first meeting of the division will take place from July, 2nd to 3rd, 1993 at the Humboldt-University of Berlin, organised by Prof. Dr. Mathias Jerusalem and Prof. Dr. Ralf Schwartz. Invited speakers are Prof. Dr. H.W. Krone (University of Mainz), Prof. Dr. Harry Schröder (University of Leipzig), Prof. Dr. Gerdi Weidner (State University of New York at Stony Brook) and Prof. Dr. Peter Schwenkmezger (University of Trier).

Further information can be obtained from Dr. Reinhard Fuchs, Free University of Berlin, Department of Psychology (FB

12), Habelschwerter Allee 45, 1000 Berlin 33.

3. Since 1993 a new journal "Zeitschrift für Gesundheitspsychologie" (Journal of Health Psychology) is published by the Hogrefe Publishing company (Göttingen). Editors are H.W. Krone (University of Mainz), H. Rüdell (Psychosomatic Hospital Bad Kreuznach), L. R. Schmidt (University of Trier), R. Schwarzer (Free University of Berlin) and P. Schwenkmezger (University of Trier). The journal is published quarterly and publishes full-length papers on original research, provided they are not been submitted for publication elsewhere, and information about forthcoming meetings, congresses and other professional events. Normally the contributions must be in German. In agreement with the editors English publications can be published too. Manuscripts should be sent, in triplicate, to Prof. Dr. Peter Schwenkmezger, University of Trier, Department of Psychology, P.O. Box 3825, 5500 Trier.

Translated Abstracts Of Non-English Publications:

Coping with stress by HIV-infected persons - an analysis of its buffering effect

Meinrad Perrez, Michael Reicherts & Bernard Plancherel, *Psychologisches Institut der Universität Freiburg, Schweiz: Belastungsbewältigung bei HIV-positiven. Moderatoreffekte zwischen Belastung und psychischer Gesundheit. Schweizerische Zeitschrift für Psychologie*, 49, 1, 48-56.

There are typical adaptational problems for HIV-infected persons beginning with the diagnosis of their infection, as different empirical findings show. Our study starts from the hypothesis that certain coping tendencies can "buffer" the influence of such HIV-specific stressors. A S-R-questionnaire (UB-HIV) is developed which presents 12 prototypical stressful situations to the person, asking for her responses (appraisals of the situation, emotional reactions, self-directed and environment-directed coping behaviours) in these situations. The study refers to the test responses of N = 31 homosexual HIV-positive men.

To study the moderating effects of different coping modalities on the correlation between the number of encountered stressful events and indicators of psychic well-being, we separated the sample at the

mean in two subsamples of subjects with low versus high probability of the given coping response. Then correlation coefficients are calculated separately for the two groups, and their difference is compared using the critical ratio of the transformed coefficients according to Fisher.

The results show, that the tendency to cope by palliation, by re-evaluation, or suppression of information, by self- or other-blaming and also by passivity or evasion can moderate the relation between experienced HIV-specific stressors and indicators of psychic health (depression and anxiety). Most of the moderating effects are conform to the hypothesis. The validity of the questionnaire is discussed referring to a normal sample and another situation-free questionnaire (FEKB by Klauer & Philipp, 1987).

A Health Psychology Issue Of "Psychoscope", The Journal Of The Swiss Association Of Psychologists (FSP)

The complete June 1993 issue of Psychoscope (1993, 5, vol. 14) is devoted to the domain of health psychology. In this well-documented publication, important aspects of the field, like the link between practice and theory in health psychology, problems of HIV-infected persons, health promotion in schools and the work place, as well as more professional issues, like the health psychology training

facilities in Basle and in Lausanne, are treated in German or in French.

Opening in this way the field of health psychology to our colleagues from other fields of psychology is, we think, an important task, the Swiss psychologists have, obviously, well understood.

Redaction of Psychoscope:
Caecilienstr. 26, Postfach, 3000 Bern 14.
Tel. 031-460469

Research Proposals ERASMUS Course

(continued from page 1)

Gonzalez-Navarro, P., Bauer, H., Gross, G., Tohiolo, S., & Horne, R.:
Myocardial Infarction in Women

Although the number of women suffering from myocardial infarction (MI) is increasing and case fatality is higher for women than for men (Kittel, p.c.) not much is known about how women cope with the implications of MI.

Gender role socialization influences cognitive appraisal and coping behaviours, creating gender differences in the vulnerability to particular stressors (Wethington, et al., 1987; Eisler, et al., 1987; Gillespie et al., 1992). These different gender roles can elicit differences in coping tasks and coping strategies between men and women after MI.

Following the conceptual model for understanding life crises and transitions by Moos et al. (1986), illness outcomes are determined by variables such as perceived meaning of the event, coping-tasks and coping behaviour.

We propose a longitudinal study with women after MI in order to establish (i) the main tasks to cope with, (ii) the corresponding coping strategies, and (iii) the most effective coping strategies to achieve the best physical and psychological outcomes. The study will provide information about specific areas of vulnerability in women, useful in designing and evaluating behavioural treatment strategies.

Jones, M.C., Pierobon, A., Roder, I., Vollmer, K. & Zurriaga, R.:
The Influence of Coping Style in MI Patients on Quality of Life and Health Promoting Behaviour

The coping style adopted in response to having a first myocardial infarction (MI) can influence a person's subsequent level of psychological well being and frequency of health promoting behaviour.

In response to a lack of longitudinal investigations, our research project plans to studying changes in coping behaviour over time. Coping style is defined as the range of responses (including emotions, thoughts and behaviours) for dealing with post MI stressors.

This proposed study has the following hypotheses: (1) coping behaviour is dynamic. (2) Certain types of coping reduce the risk of recurrence (of MI). (3) Coping style influences the level of Health Promoting Behaviours (HPB) shown. (4) The coping style used influences the person's subjective perception of Quality of Life (QL). (5) A person showing both high HPB and high QL will show a reduced risk of a recurrent MI.

A prospective longitudinal study is proposed to measure coping style, health promoting behaviour, quality of life, and the recurrence of a second MI on three occasions: 2 weeks (T1), 1 year (T2) and three years post MI (T3). Coping style is conceptualised as being "approach" or "avoidance" at each of these occasions. Eight dynamic coping styles are therefore possible. Questionnaires to be used are: the "Coping Questionnaire for Heart Patients" (Maes et al. 1984), the "Post Myocardial Infarction Quality of Life Questionnaire", the "General Questionnaire for Heart Patients" (Maes et al. 1984, as a structured interview with spouse present to increase reliability), the "Marlowe-Crowne Social Desirability Scale" and demographic data such as age, SES and medical history. A sample size of 400 would ensure that each of the 8 coping styles will be sufficiently represented, allowing for drop out. Statistical analysis will test the differences between the 8 coping styles on scores of QL, HPB, recurrence of MI and demographic variables.

The implications of this study are both practical and theoretical. Empirical evidence of an adaptive coping strategy associated with a lesser risk of a recurrent MI could provide the focus for a secondary prevention intervention. Such a study would also provide evidence of the dynamic (versus a static) theoretical model of coping.

Petra Hank, Jose J. Mira, Jeanet Bruil and Lucia Leonardi:
Quality of Care for Coronary Heart Patients in Europe

In the western part of Europe about 500,000 patients per year require cardiac rehabilitation.

Due to high costs and limited long-term benefits of medical assistance, interest in psychological rehabilitation programmes is increasing. Unfortunately, there is no overview of the current methods of (psycho)physical care, their characteristics, costs and efficiency. What are the characteristics of care for CHD patients in the hospitals of Western Europe? How is post-surgery situation of CHD patients concerning physical, psychological and behavioural aspects? What does Health Psychology contribute to the outcome benefits for CHD patients? What are the costs involved?

In order to answer these questions a randomized sample of the CHD patients' records who underwent surgery in the academic hospitals of each European country during the previous year should be analysed. This retrospective analysis should provide objective data about the sociodemographic status of CHD patients and details of their (psycho)medical care (e.g. pain medication, length of stay, characteristics of the rehabilitation programmes, rotation index) as well as data on its outcome (morbidity and mortality). It should be completed by measuring the patients' actual Quality of Life (e.g. negative affect, satisfaction). This research should be done in collaboration with all the other professions that are also concerned with CHD. The choice for academic hospitals is made to restrict the study to comparable hospitals from different countries. This database will allow to compare and evaluate information on variations in practice, utilization, cost and efficiency of health care delivery for CHD patients.

The results will reveal which benefits can be achieved by medical and/or psychological care.

Conclusions about how to establish the most effective form of secondary prevention can be drawn.

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