Editorial
Éditorial

It's not Healthy to be Sexy
"Sexy" n'égale pas santé

Psychophysiology and Health Psychology
Psychophysio logie et psychologie de la santé

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Just when you thought it safe to go to your mailbox - the second issue of the Canadian Health Psychologist. The time since the last issue has passed quickly and I pleased to present this issue.

It opens with two articles summarizing symposia which took place at this year's CPA conference. To an extent they both can be considered as representing the view from the fringes of health psychology. The first article by Irv Binik and his colleagues asks why have issues concerned with sexuality been largely ignored by health psychology. They give examples of a range of research subjects which should be considered by health psychologists. The second article by John Puredy concerns the relationship between psychophysiology and health psychology. He and his colleagues argue that without cooperation health psychologists could mistakenly use techniques which have been shown to have doubtful validity in psychophysiological research.

In response to several requests this issue contains a complete list of section members. Details of new members will be given in future issues. I also summarize the results of the survey included in the last issue and outline some proposals which will hopefully increase involvement in the section.

This issue also includes a copy of the Model Bylaws of the Section. Members should note that this requires the election of officers. In the next issue there will be a call for nominations for the various positions.

The issue concludes with a number of book reviews and notes of publications and meetings.

The next issue should be out in the spring. Items for inclusion should reach me early in the new year. Please note that I intend to include a list of publications. If you wish to have any of your publications included please send them to me.

Juste au moment où vous avez pensé ne plus concier des risques en allant à la boîte aux lettres - voici le deuxième numéro du psychologue canadien de la santé. Depuis le dernier numéro le temps s’est vite écouté et c’est avec plaisir que je vous présente ce numéro-ci.

Il contient deux articles qui résument des symposia qui se passèrent au congrès de SCP. Dans une certaine mesure ils représentent des opinions marginales vis-à-vis la psychologie de la santé. Le premier article par Irv Binik et collaborateurs demande pourquoi la psychologie de la santé ne tenait presque aucun compte des questions de la sexualité. Ils donnent des exemples d’une série de sujets de recherche qui devraient être considérés par les psychologues de la santé. Le deuxième article par John Puredy considère le rapport entre la psychophysioLogie et la psychologie de la santé. Puredy et ses collègues prétendent que, dans l’absence de la co-opération, les psychologues de la santé pourraient se servir par erreur de techniques dont la validité, déjà démontrée par la recherche psychophysioLogique, est de valeur douteuse.

À la réponse de plusieurs lecteurs ce numéro comprend un liste complet de membres de la section. On publiera les détails des nouveaux membres dans les éditions à venir. Aussi, je résume les résultats du sondage présenté dans le premier numéro et j’indique des propositions à augmenter l’engagement des membres dans la section.

Ce numéro comprend aussi une copie des lois de la section. Les membres devraient noter que ces lois demandent l’élection des officiers. Dans la prochaine numéro il y aura une appel pour nominations aux positions diverses.

Ce numéro termine avec des critiques de livres, et des notes de publications et des réunions.

Le prochain numéro apparaîtra au printemps. Si vous avez un article à m’envoyer veuillez l’envoyer tôt dans le nouvel an. Notez que ce numéro comprendra un liste de publications récentes. Si vous voulez que vos publications y soient comprises envoyez-les-moi le plus tôt possible.
It's not Healthy to be Sexy

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Abstract: Health psychologists have excluded sexual functioning as an important topic in their research and clinical work. The logic and sociohistorical background for this exclusion are discussed and criticised. A recent CPA health psychology symposium focusing on sexuality in health and disease attempted to reintegrate these two areas.

Résumé: Les psychologues dans le domaine de la santé n’ont pas généralement tenu compte de la fonction sexuelle ni comme un sujet important de recherche ni comme spécialité clinique. Cet article essaie d’aborder et soumettre à l’analyse critique la logique et le contexte sociohistorique de cette exclusion. Après un symposium récent de la SCP sur la psychologie de la santé, l’accent a été mis sur l’intégration de la fonction sexuelle dans le domaine de la santé, dans le but de réconcilier ces deux domaines.

Why is it then that sexuality is not a core topic in health psychology? It certainly does not have to do with the nature of sexual response or the nature of research or clinical work in the area. Erections, orgasms, ejaculations etc. are prototypical examples of psychophysiological responses. Sex therapists since Masters and Johnson have employed implicit or explicit biopsychosocial models in treating their clients. Interventions and research concerning health related behaviour such as contraception have long been a central concern of sexologists and predate concerns with AIDS. The effects of chronic illnesses and their treatments (e.g. diabetes, anti-hypertensive medication) on sexual responding have long been known and investigated. Health promotion and education in the form of self-help books, videos, computer programs, radio and television programs, etc. are as developed for sex related concerns as for any other.

We also do not believe that sexuality has been ignored by health psychologists because sexual health does not fit into formal definitions of general health. The WHO definition of health as a "complete state of physical, mental, and social well-being ..." certainly includes sexual functioning. Moreover, modern psychological conceptions of health focus on a systems perspective including person to person relationships and sexuality as an important variable (cf. Seeman, 1989 for a discussion). The health psychology division of the APA appears to have finally recognized this by forming a committee on sexuality and health psychology in 1993.

Whether this committee will encourage health psychologists to deal with sex-related topics remains to be seen, however, we still do not have an explanation of how sex came to be ignored in the first place. Our guess is that the lack of interest in sexual issues among health psychologists has more to do with historical and sociological factors relating to the growth of health psychology rather than to a lack of theoretical relevance of sexuality to health. Health psychology and behavioural medicine developed, in part, as a response to theories and practices in psychosomatics which had been dominated by psychiatrically trained practitioners who often dealt with sexuality from a psychodynamic perspective. Many of the psychologists who entered this field rejected this perspective and may have ignored sexually-related issues as a result. In addition, health psychologists were perhaps influenced by the non-psychiatric physicians with whom they interacted who often considered sex an unimportant issue in chronic illness and who were often not comfortable in dealing with such issues altogether. Sexologists and sex therapists, on the other hand, seem to have isolated themselves in their own societies and groups after the Masters and Johnson revolution and did not interact with mainstream psychology.

At the recent CPA meeting in Montreal we attempted to bring these two groups together by proposing a symposium for the health psychology section of CPA entitled “Sexuality in Health and Disease”. This well-attended symposium featured the work of several “health psychologists” dealing with sexuality related issues and emphasized the natural connections between health and sexuality.
Dr. Frederique Courtois of the Université de Montréal demonstrated how careful evaluation of erectile capacity with respect to the lesion site improved the prognosis of sexual function in spinal cord injured (SCI) patients (Courtois et al, in press). This contrasts with previous evaluations of erectile capacity in paraplegic patients based on self-report which tend to underestimate true functional capacity. Dr. Courtois' work further demonstrates that two separate "erectile" pathways, one at the thoracic-lumbar level and the other at the sacral level, functionally mediate erection. Therefore palliative treatments such as vasoactive intracavernosal pharmacotherapy (VIP) may not always be required for SCI men, especially given the high VIP drop-out rate.

The second presentation by Dr. Dennis Kalogeropoulos of the Royal Victoria Hospital in Montreal discussed the results of a controlled outcome study showing that vasoactive intracavernosal pharmacotherapy (VIP) improved the sexual functioning of men with erectile difficulties. Interestingly the success of VIP was not related to the presumed etiological basis of the erectile dysfunction (e.g. organic vs. psychogenic). This supports a multimodal conceptualization of erectile failure which views organic and psychogenic aspects as two relatively independent but interacting etiologic dimensions (Kalogeropoulos, 1991).

In a third presentation, Dr. Barbara Sherwin of McGill University presented her work on the effects of postmenopausal hormone replacement therapy on sexual response (Sherwin, 1991). This work has demonstrated the crucial importance of testosterone as a libido-enhancing hormone in women just as it is in men. Since circulating levels of androgens are typically reduced for women during menopause, this may result in reduced sexual desire and interest. This reduced desire and interest can be reversed by adding testosterone to the standard estrogen replacement therapy.

The final presentation by Marta Meana of McGill University presented a comprehensive review of a relatively neglected area, female dyspareunia. Her review suggested that this area has been neglected by psychologists because of a mistaken assumption that the causes of coital pain were primarily organic. Her data suggested that the study of coital pain may inform broader health psychology concerns regarding psychophysiological interactions, the etiologically predictive potential of symptom complexes, the social context of pain, and the relation of common sense representations of illness to symptom reporting (Meana and Binik, 1993).

Dr. Ariel Stravyinski of the Université de Montréal led the discussion at the end of the symposium by pointing out that while significant progress has been made by studying specific sexual dysfunctions such as erectile disorder or dyspareunia, one could not rely too heavily on current nosology since it was, to a large extent, based on social constructions of sexuality which change across time and culture (Stravyinski and Greenberg, 1990). It is virtually impossible to formally define most sexual dysfunctions except at the extremes of functioning, leaving clinicians to make their own judgments. For example, no classification has successfully answered the question of how long a male must be able to control ejaculation to exclude premature ejaculation, or whether inability to achieve orgasm during intercourse is a problem, or how often erectile failure must occur to be considered a problem (Binik et al, 1988). The use of current classification systems in research studies coupled with the belief that these systems result in "real" categories avoids dealing with the reality of the phenomena and may lead to mistaken conclusions.

At the moment, studies of cigarette smoking in health psychology journals outnumber those related to sexuality by a factor of at least 10 to 1. Without denying the importance of a smoke free environment, there is no reason to create a sex free environment in health psychology. In fact, despite the sexual content of each of the presentations, they all met the criteria for health psychology's own self-definition: "Health psychology is the aggregate of the specific educational, scientific and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, the identification of the etiologic and diagnostic correlates of health, illness and related dysfunction and the improvement of the health care system and health policy" (Matarazzo, 1980, p.155). Perhaps bringing sexology into mainstream health psychology one can promote the idea that being healthy and sexy are not mutually incompatible...

References


Psychophysiology and Health Psychology: Reflections on Some Experiences and Perspectives

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Abstract: Psychophysiological methods and measures have become increasingly employed in empirical studies of health psychology, but the conceptual relations between the discipline of psychophysiology and the field of health psychology remain complicated and relatively unexamined. This article reports on a 1993 CPA symposium which was intended to begin the groundwork for such an examination by presenting experiences and perspectives of three psychophysiologists whose current positions ranged over the academic-applied continuum.

Résumé: De plus en plus on emploie des méthodes et des mesures de psychophysique dans l’études empirique de la psychologie de la santé, pourtant les liens conceptuels entre la discipline de psychophysique et celle de la psychologie de la santé restent compliqués et relativement ignorés. Cet article détaille une symposium de la SPC Congrès 1993 dont le but était de dresser un plan pour, justement, examiner ces deux disciplines. Les expériences et les points de vue de trois psychophysiciens sont présentées.

Psychophysiological methods and measures have become increasingly employed in empirical studies of health psychology (HP), but the conceptual relations between the discipline of psychophysiology (PP) and the field of HP remain complicated and relatively unexamined. Mainly because of technical improvements, HP studies commonly measure functions like heart rate and blood pressure, hence employing PP methods. However, even in PP itself, there are disputes about how the area should be defined (e.g. Furedy, 1983) and it is certainly the case that at least professionals outside the area are less than clear about the distinction between psychophysiology and physiological psychology. Another potential source of confusion is the difference between basic research and applied aims.

Finally, in PP, there are unresolved controversies about such purported PP applications as the detection of deception through physiological measures, the so-called polygraph.

The modest aim of the symposium was to begin the groundwork for examining the relationships between PP and HP by presenting the experiences and perspectives of three psychophysiologists whose current positions are, respectively, in an academic Arts and Science faculty (John Furedy), a University-associated medical research facility (Ron Heslegrave), and private practice (Mike Lacroix).

My presentation was entitled "Ivory tower Psychophysiological reflections on biofeedback and polygraph: Disciplinary and professional issues". The perspective was that of someone who became a psychophysicist from an experimental learning theory background (my PhD thesis in 1965 concerned the rather esoteric topic of the locus of reinforcement in classical aversive and appetitive conditioning), published papers on such purely experimental topics as the habituation and reinstatement of autonomic components of the orienting reaction but also on such health/applied relevant topics as biofeedback and the polygraph. In the case of especially the latter topic, I have been involved in applied concerns, especially as a consultant/expert witness in civil, criminal, and military courts where the polygraph has been employed. However, the perspective has remained that of an experimental psychophysicist, and I have never administered, nor intend ever to administer, a polygraph so-called "test".

From this perspective my view is that although modern experimental PP prides itself on the technical, statistical, and methodological rigor of its published papers, in the case of biofeedback and the polygraph (the North American "control" question "test", CQT), this rigor has been generally ignored and, in particular, elementary methodological standards have been suspended. The Society for Psychophysiological Research’s (SPR’s) journal Psychophysiology is undoubtedly the field’s pre-eminent journal. It has extremely high impact and citation count, and especially for empirical papers, it is the researcher’s first choice of publication. And researchers are generally willing to jump through the hoops of technical and statistical requirements. But no such methodological rigor is evident for biofeedback and the CQT polygraph.

The central claim of biofeedback is that provision of temporally fine-grained information about a physiological function to the subject (or patient) improves control over that function by the subject (or patient). The parallel psychophysiological central claim of polygraphy is that provision of information about physiological functions to the experimenter (or examiner) improves the experimenter/examiner’s ability to detect deception by the subject (examinee).

For biofeedback, the only appropriate control for asserting that the phenomenon has occurred is the non-contingent control, but not only in the applied, clinical community, but also in the research community (see, e.g. Furedy, 1987) this basic control requirement has, in almost all cases, failed to be met, mostly because the appropriate
condition has not been run. For polygraphy, again the only really appropriate control for asserting that the physiological information provided to the experimenter/examiner has a specific effect, is a study where the two conditions are identical except that (with the experimenter/examiner blind to the condition), the experimental condition provides more accurate physiological information than the control condition (see, e.g. Furedy and Heslegrave, 1991). No such study has even been attempted in the laboratory, let alone in the field.

In addition, the CQT polygraph has another fundamental methodological flaw which actually puts the procedure on a par with pseudo-scientific procedures like tea-leaf reading and astrology rather than with a controversial but scientific procedure like IQ testing. This is the fact that the CQT, despite the term used, is not a (standardized) test, involves no control in the scientific sense of that word, and the dependent variables are not expressed in the normal scientific, psychophysiological sense of quantification (Furedy & Heslegrave, 1991, p.241). In contrast, the Guilty Knowledge Test (GKT), introduced more than thirty years ago by Lykken (1959), is a specifiable, scientific, applied-PP procedure, but has never been used in the field by North American polygraphers. It has been validated in the laboratory, but the flagship journal of SPR, Psychophysiology, has continued to treat the CQT and the GKT as if they were roughly equivalent, alternative experimental paradigms for the PP detection of deception.

The final point in my presentation was to indicate some professional-ethical problems that arise for those practitioners who employ biofeedback and CQT. In general, treatments whose specific effects are not properly evaluated may result not only in no benefit, but also in detrimental contributions to individual (in the case of biofeedback) and social (in the case of the CQT polygraph) health. In addition, as detailed in a recent paper on the (CQT) Polygrapher’s Dilemma (Furedy and Richardson, 1994) the CQT polygraph may result in detrimental psychological effects no matter whether the examinee is classified as guilty or innocent.

Ron Heslegrave’s presentation was entitled “Psychophysiology in Psychology, the Military, and Medicine: Commonalities and Distinctions” Ron obtained his PhD in experimental psychophysiology in 1981 at the University of Toronto from where he went immediately into a human factors research position at the Defence and Civil Institute of Environmental Medicine (DCIEM) which is a military research unit north of Toronto, moving to his present position a couple of years ago. At DCIEM many of his peers and superiors did not readily recognize the potential of PP for human factors research, and much of Ron’s time and nervous energy was spent in (successfully) persuading at least some of these people of PP’s merits and relevance.

His paper covered three settings that he experienced, in which PP had rather different roles. In the first, academic environment (that he experienced most directly as a student) PP is characterized by investigation into fundamental issues in psychology, such as learning, perception, cognition, and emotion. Although this may seem to be an environment in which PP thrives, the academic psychological research environment can be indifferent, if not hostile, to the PP approach, because of an unwillingness to explore the multidimensionality of behaviour, or a reluctance to depart from specific paradigmatic traditions that employ only behavioural and questionnaire-based dependent variables.

In the second, applied military context, PP is seen as a technique to operationalize specific psychological constructs, so that procedural or engineering solutions can be applied to correct human deficiencies. Unfortunately, although the military setting may appear broader than the narrow confines of academia it can yield an even more marked rigidity when it comes to defining issues, methodology, and results, in terms of established paradigms. In addition, in those instances where PP methods are adopted, unless they deliver considerable gains quite quickly, they can be very vulnerable to policy shifts and be abandoned for having failed to deliver on what, in the first place, have been excessive promises about the magic of PP.

It is in the third, medical environment that PP may have the best opportunity to flourish, because it offers practical benefits with respect to improved diagnostic specificity and treatment monitoring, as well as a broader understanding of health and illness. Ron presented data with cardiovascular dependent variables in sleep-deprivation experiments to illustrate how PP methods can provide information that is different from, and complementary to, the information provided by physiological and psychological methods. Of course, as Ron stated in his abstract, his views were based on personal and potentially biased experiences, and one obvious source of bias is that his experience in the third, medical environment, also happens to be the most recent. Nevertheless, while recognizing that the positive interpretation of the medical environment is tentative, he nevertheless suggested that this third, broader, multidisciplinary environment, coupled with clear goals, would appear to offer the most positive atmosphere for PP.

The final presentation by Mike Lacroix was entitled “From Psychophysiology research to rehabilitation practice: Tips on crossing the DMZ”. This presenter traced his own evolution from academic psychologist specializing in PP research to practitioner-businessman running an extensive practice in rehabilitation psychology. Like the other two presenters, his intellectual origins were a traditional academic area, in his case operant autonomic conditioning, with doctoral work at the experimentally-oriented McMaster University department. From the mid-seventies he joined the faculty at York University, and left at the end of the eighties. He was clearly successful at “playing the academic game”, as evidenced by success in obtaining NSERC and other grants, on-schedule promotion, and associate editor of the journal PP. So he does not fit the stereotype of the failed academic leaving academia. Rather, he left because he grew increasingly frustrated in academia of the gradual severing of the relationship between productivity and rewards in both grant funds and salary merit increases, the narrower and narrower specialty areas, and the increased bureaucratization of academic life.

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Dr. Donna Lamping
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Who are we?  
Results of a survey

In the last issue of The Canadian Health Psychologist a short questionnaire requesting details of the background of section members and what they would like to see in future issues and at annual conventions was included. Of 150 questionnaires distributed six were returned by Canada Post leaving a maximum sample size of 145. Of these only 35 (24%) returned completed questionnaires. This was rather disappointing but I still thought it useful to compile the responses and to summarize some of the main findings.

As regards background the membership was evenly split in terms of clinical vs. academic. Most had PhDs. The range of topics in which members expressed knowledge or expertise was very wide-ranging covering most of the topics listed in the questionnaire. Admittedly, several of the respondents felt that the topic list was too restrictive and felt that theoretical orientation was more important.

The assessments of different convention options could be broken down into three groups. The most popular options were oral presentations, poster sessions, workshops, and invited speakers. Since the current convention format emphasizes poster presentations future organizers could bear this in mind. In view of the strong preference for oral presentations the section will have to consider ways of improving this.

The second group of preferences was for social events, student awards, and debates. None of these options have been attempted by the section before but they offer a means of encouraging greater participation by section members.

The least preferred options were awards for best presentations or psychologist of the year and joint sessions with other sections. In view of this, those section members working towards yet another award may be disappointed.

Again the ratings for the format of the newsletter fell into three groups. The most popular, like the convention ratings, were work oriented. They were general articles, summaries of recent research, details of forthcoming events, and of grants awarded or available. Of slightly less importance were bibliographies and book reviews. Conference reports and news of members were of least importance. All these preferences will be taken into consideration in future issues.

Qui sommes-nous?  
Des resultats d’un sondage.

Dans le premier numero du bulletin on presenta un questionnaire bref dans le fin de ramasser des details sur l’histoire personnelle des membres de la section et sur leurs idées pour les prochains numéros et pour les congrès annuels. Ayant distribué 150 questionnaires l’échantillon final resta à 145, 5 ayant été retournés par le poste. De ceux-ci 35 étant de l’opinion que le croyant toujours utile de cataloguer les réponses et de résumer quelques uns des résultats principaux.

Quant à l’histoire personnelle il y avait un mélange égal d’académiciens et de cliniciens. La plupart tenaient des doctorats. Les membres ont signalé une connaissance et compétence dans une large gamme de sujets y compris la majorité des sujets présentés au questionnaire. À vrai dire plusieurs ont senti que le liste de sujets était trop restrictif et que l’orientation théorique était beaucoup plus importante.

L’évaluation des choix vis à vis le format du congrès pourrait être divisée en trois catégories. Les choix les plus populaires étaient les présentations orales, les présentations par affiche, les ateliers et les parleurs invités. Normalement les organisateurs des congrès devront porter leur attention sur ce fait-ci, étant donné que le format courant des congrès met l’accent sur les présentations par affiches. Vu la préférence

Une seconde catégorie de préférences se concernait avec les événements sociaux, les prix pour étudiants et les débats. Jusqu’à maintenant aucune ces possibilités n’a été essayé par la section, mais elles offrent un moyen d’encourager une participation plus active chez les membres de la section.

Les choix les moins préférés étaient les prix pour les meilleurs présentations, les prix pour le psychologue de l’année, et les sessions avec des autres sections. Étant donné ceci ces membres-là qui travaillent à la suite d’un prix additionnel seront peut-être déçus.


Michael Murray
Important News

At the Annual Convention in Montreal it was agreed there should be a greater attempt to involve members in section activities. The following steps were agreed:

1) section bye-laws would be distributed to members and a call for nominations for officers would be made (see enclosures);

2) members would be encouraged to submit material for the Annual Convention. If they would like to have a symposium or workshop on particular topics they should submit details of topics and possible presenters as soon as possible;

3) a social event will be organised at the next convention if sufficient members indicate they will be attending.

Psychophysiology and health psychology
(from page 22)

Not that his present position is free from frustration, but they are more challenges than frustrations and there is a sense of increased control over one’s own fate, and a closer contingency between performance and rewards. For making a successful crossing, the presenter offered three rules: (1) develop specific expertise in the area that you wish to develop (in his case rehabilitation psychology), (2) be prepared to defend and even market your services; and (3) be prepared for many academic and applied people, respectively, to perceive you as a renegade and dilettante.

Of the list of skills that transfer well from academia, Mike offered the following: (1) the ability to narrowly define one’s area of expertise; (2) writing skills gained from thesis and scientific article writing, which includes the ability to tailor one’s writing to one’s audience; (3) willingness to take chances rather than always follow the herd; (4) ability to stretch one’s very limited dollars to their ultimate efficacy; (5) managing people who are diverses not only in personality but also in status and interests; (6) objective and quantitative thinking; and (7) long-term planning. Finally, Mike suggested that, contrary to dominant trends, he was “very bullish on psychology”, provided that psychological services are delivered by groups of individuals in clinics with diverse skills rather than being delivered along the solo-practitioner, GP model. His experience indicated that it is possible to be “intellectually challenged in private practice, help clients, remain scrupulously ethical, and make money, all at the same time”.

It seems clear to me that the relationship between PP and HP is a complex one, and we will only make progress in our understanding and control of behaviour if we are prepared to reflect on basic problems, and move beyond our particular school of thought or paradigm. The symposium was useful in taking at least some preliminary steps in this direction.

References
The Pediatric Psychologist:
Issues in Professional Development and Practice

L. Peterson and C. Harbeck

Research Press: Champaign, Ill
1988, 187 pages
Softcover, US$16.95
ISBN 0-87822-296-0

As a psychologist working within a pediatric setting I looked forward to reading and reviewing this book which is one of a series on health psychology edited by Gloria Leon. My interest was further stimulated by the foreword of Dr. Leon, who commented that the major contribution of the book was its developmental perspective for pediatric problems. The book is brief containing only 132 pages (excluding references) presented in seven chapters.

It begins with a short introduction on pediatric psychology tracing its foundation. This is followed by a chapter which attempts to illustrate how pediatric psychology differs from child clinical psychology and the relationship between the pediatric psychologist and other health care providers. This latter chapter also contains an outline of the developmental perspective on pediatric psychology consisting of a review of basic developmental psychology (e.g. Piaget, Erikson).

After an overview on a systems formulation of psychological problems seen in pediatric settings, the authors review psychological interventions classified into four types: psychologically caused medical problems (e.g. chronic intractable pain); psychosocially caused medical problems (e.g. non-organic failure to thrive); psychological interventions to reduce medically caused distress (e.g. preparation for surgery). In the final chapter, Peterson and Harbeck discuss areas for future research as well as the training needs for pediatric psychologists.

Peterson and Harbeck unfortunately attempt to present far too much scope with little depth providing the reader with only brief introductions to major pediatric psychological problems. The developmental perspective was limited to a few pages and it was not a consistent theme throughout the book. While psychological interventions to reduce medically caused distress and medical problem management made some sense, the rationale for the psychological and psychosocially caused medical problems is vague and questionable considering that failure to identify a physical cause does not justify a psychological or psychosocial etiology. This is particularly true in children's pain and while the authors acknowledge this, they nonetheless continue their review in a non-circumstantial style.

Some sections of the text are simply inadequately reviewed. For example, Peterson and Harbeck discuss the work of Alcock, Berthiaume, and Clark (1984) on interventions for emergency procedures but note there is no empirical data regarding the success of these strategies. In fact, an evaluation of Alcock's program was conducted (Alcock, McGrath, Feldman, Goodman, and Park, 1985) but is not referenced here. In the family systems section, as another example, the authors report that childhood chronic illness can result in separation and divorce while ignoring the literature which shows that separation and divorce rates do not differ between couples with children with a chronic condition and couples with healthy children (Benson and Gross, 1989; Sabbath and Leventhal, 1984).

Other statements made by the authors do not have a data base to support their claims. In the behavioral problems section they formulated nocturnal enuresis as a childhood problem virtually ignoring findings from urological and sleep research. In reviews of management of acute and chronic pain research and intervention, Peterson and Harbeck argue that the pediatric psychologists' challenge is to limit or eliminate the desire for pediatric medication. I would suggest that the challenge is to reduce the frequency, duration, and intensity of pain; to help children cope with pain in order to minimize its impact on daily activities; and, to assist hospital staff in the recognition of pain in order that sufficient therapeutic doses and schedules of pharmacological interventions can be administered.

Since its publication, a number of texts have been published in the pediatric psychology area which are not only more current but also more thorough. For example, pediatric pain research can be found in texts published by McGrath and Unruh (1987), McGrath (1989), and Ross and Ross (1988), while Routh's (1988) Handbook of Pediatric Psychology presents a more in-depth view of pediatric psychology. While Peterson and Harbeck do deserve credit for undertaking a difficult task (trying to review a rapidly growing specialty in a brief text), their effort falls short of expectation.

References

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Coronary Heart Disease: A Behavioral Perspective

T.W. Smith and A.S. Still

Research Press: Champaign, Ill.
1992, 186pp
Softcover, n.p.

The treatment and prevention of coronary heart disease (CHD) presents a challenge to all health professionals. In *Coronary Heart Disease: A Behavioral Perspective*, the authors present an informative review of the psychological aspects of coronary heart disease, one of the most prevalent health problems in the Western world.

As the authors state, CHD provides an excellent example of the biopsychosocial view of health and illness, and they present a comprehensive description of the interplay between biomedical and psychosocial factors in this health problem. Moreover, although the major emphasis of this book is on the role of behavioral factors and interventions in the prevention and treatment of CHD, the authors provide a good overview of the pathophysiology of CHD as well as the standard medical and surgical approaches to this problem. (This section is particularly helpful for non-physicians).

From the outset, the authors state their position that the prevention of CHD risk factors is often more effective than their subsequent modification, and they carefully outline both biomedical and psychosocial risk factors for CHD. They also provide a comprehensive review of the behavioral techniques that can be used for risk reduction and describe both individual and small group interventions. At the same time, the authors acknowledge the difficulty of helping patients to modify their lifestyles, and they rightly suggest “guarded optimism”.

The authors also include an interesting section on the psychological responses to a coronary crisis and the role of the spouse in treatment and rehabilitation. An expanded description of the role of the spouse in prevention would have been helpful, as would a more detailed review of other family and systems factors. The psychosocial interventions that may be appropriate during rehabilitation are also discussed.

This book is worthwhile reading for health professionals working with this patient population or working in a healthcare setting in which they have to grapple with the influence of biomedical and psychosocial factors on health and illness. In particular, this book provides an informative description of the psychological and behavioral aspects of coronary disease, its treatment and prevention.

The experienced clinician may also consider it a useful, basic text for review, or to assist in communicating fundamental psychological concepts and approaches to other health professional groups.

Yvonne Steiner
Sir Mortimer B. Davis - Jewish General Hospital and McGill University

Doctors Talking with Patients / Patients Talking with Doctors

Debra L. Roter and Judith A. Hall

Auburn House: Westport, Connecticut
1992, 203 + xi1pp
Hardcover, CAN$45.00
ISBN 0-86569-048-0

The basic premise of this book is that, despite all the impressive advances in technology, the key component of the medical visit is the talk (both verbal and non-verbal) between the patient and the physician. The authors hold that not only is this interaction crucial for history taking, but that it also affects the health behaviours of the patient and the thoroughness of the physician. The book’s ten chapters are divided into four sections. The first section (four chapters) examines different models of the doctor-patient relationship, and how patient and physician characteristics may influence the nature of the interaction. Since many of these factors are immutable (e.g., gender, education, and social class), the emphasis is more on becoming aware of how the interview may be affected by them. The two chapters in the second section focus on what happens during typical medical visits. After being somewhat descriptive, the third section (three chapters) is more prescriptive, discussing ways that both the physician and the patient can improve the level of dialogue. The last section, which is a single 21/2 page chapter, is really a plea to make medicine more humane by instituting the proposed changes.

One of the major points of the book is that “the patient should be considered an expert in his or her own right and as such has unique perspectives and valuable insights into his or her own physical state, functional status, and quality of life” (p.8). But, the increased recognition of the patient is not at the expense of the physician. Both parties are seen as human, and therefore subject to biases, faults, and limitations. This also means, though, that both can change for the better.

The two authors have spent most of their careers examining the nature of the doctor-patient interaction, and it shows. They know this field well, and can marshal an impressive body of evidence to support their points. The book was obviously written by scholars, but their style is graceful and non-pedantic. However, although they say that their audience is both physicians and patients, the former group will obviously be far more comfortable with the format and presentation; tables, citations, reference lists, and other such trappings of the academic magnum opus. In many ways, this is unfortunate; they have interesting and important things to say to patients about how they can improve the interaction and their satisfaction with the process. As psychologists, we can hope that the authors aren’t telling us anything new about the importance of the clinical interview, and how to talk to patients. What they do offer is excellent documentation of the
phenomenon. The book will be of greatest help to those involved in medical education; we should make it required reading for all medical students. Indeed, given the authors' statements that medical students are better interviewers than more experienced physicians, perhaps we should also give it to our colleagues to read. Reading it ourselves before passing the book on would be time well spent.

David L. Streiner
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Personal Coping: Theory Research, and Application
Bruce N. Carpenter (ed.)
Preager: Westport, Conn.
Hardcover, US$55.00

Research and theory development with respect to stress has grown rapidly in the past two decades. Much of current research focuses on delineating the processes of coping with stress. This book provides an excellent summary of recent research in this area. Not surprisingly, many of the authors base their contributions on the process model of coping developed by Richard Lazarus and Susan Folkman.

Bruce Carpenter begins the volume with a brief summary of current issues in coping research. He emphasizes the importance of future researchers specifying what they mean by the term coping since it is often used in different ways by different people.

There then follows a series of twelve chapters taking up different aspects of coping research. The first by Arthur Stone and his colleagues provides a good critique of current measures of coping. In particular, they critique Folkman and Lazarus's Ways of Coping Inventory which, as they point out, has been used uncritically in literally hundreds of studies. It is the unquestioned acceptance of the general applicability of this measure which places many of the research findings in doubt. They conclude that there is a need to realize that different people may use different coping strategies to cope with different problems. The restriction of research to this one measure limits the opportunity to identify the character of these strategies.

Susan Folkman then gives an update on her current thoughts on the concept of coping. She emphasizes that "the current challenge is to identify stable aspects of the coping process, which can be done by repeatedly assessing coping across contexts and time". This search for stability in ways of coping is a theme returned to in chapters by Robert McCrae on Situational Determinants of Coping, Bruce Carpenter and Susan Scott on Interpersonal Aspects of Coping, and by Herbert Lefcourt on Perceived control, personal effectiveness and emotional states.

Crystal Park and Laurence Cohen provide an interesting overview of the role of religious beliefs and practices as coping strategies. They point out that although the majority of U.S. residents (and probably Canadians) report a strong religious belief psychologists and other social and behavioural scientists have given it little attention. Park and Cohen consider religion within the framework of Lazarus and Folkman's model. In particular, they refer to two personal resource variables within that model: commitment and belief. They argue that religion can influence the entire coping process from primary and secondary appraisal through to the use of specific coping activities.

Another interesting chapter is that by Jeanne Schafer and Rudolf Moos entitled Life Crises and Personal Growth. In this they discuss the neglected topic of growth-promoting aspects of life crises. These they categorize under three headings: enhanced social resources, enhanced personal resources, and the development of new coping skills.

It is obvious that research into coping is a central focus for health psychologists. This book provides an excellent starting point for both researchers and clinicians. The references are extensive and up to date. Overall, this volume would provide an excellent addition to the libraries of most health psychologists.

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Books for review/Comptes rendus à faire


PERIODICALS

Publisher: Lawrence Erlbaum Associates, Inc., 365 Broadway, Hillsdale, New Jersey 07642
Editor: Dr. Neil Schneiderman, Department of Psychology, University of Miami, PO Box, 248185, Coral Gables, Florida 33124-2070.

Psychophysiology: Journal of the Society for Psychophysiological Research
Publisher: Cambridge University Press, 40 West 20th Street, New York, NY 10011-4211.
Editor: Dr. Michael GH Coles, Department of Psychology, University of Illinois, 603 East Daniel, Champaign, Illinois 61820.

Psychology and Health: An International Journal
Publisher: Harwood Academic Publishers, PO Box 786, Cooper Station, New York, NY 10276
Editor: Dr. Adrian Kaptein, Medical Psychology, Department of Psychiatry, Leiden University, PO Box 1251, 2340 DG OEGSTGEEST, The Netherlands.

Anxiety, Stress and Coping
Publisher: Harwood Academic Press
Editor: Dr. Ralf Schwarzer, Institut fur Psychologie der Freien Universität Berlin, FB 12, Habelschwerdtter Allee 45, D-1000 Berlin 33, Germany

Health and Canadian Society/Santé et société canadienne
Editor: Dr. Barry Edginton, University of Winnipeg, 515 Portage Ave, Winnipeg, Manitoba, R3B 2E9.

AIDS: Education and Research
Publisher: Guildford Press
Editor: Dr. Francesco Sy, School of Public Health, University of South Carolina, Columbia, South Carolina, 29208, U.S.A.

ORGANIZATIONS

Association of Medical School Professors of Psychology
Details: Dr. Phyllis R. Magral, Georgetown University Child Development Center, Bles Building, Room CG-52, 3800 Reservoir Road, NW, Washington DC 20007-2190.

Canadian Association of Psychosocial Oncology
Details: Ms Donna Forster, Department of Social Work, Kingston Regional Cancen Center, King Street West, Kingston, ON K7L 2V7.

Society for Psychophysiological Research
Details: SPR, Blondenview Office Park, 5008-24 Pine Creek Drive, Westerville, Ohio 43081-4899.

CONFERENCE DATES

Psychology and Women’s Health: Creating a Psychosocial Agenda for the 21st Century, Washington DC, 12-14 May 1994
Details: Dr. Gwendolyn Puryear Keitz, American Psychological Association, 750 First Street, NE, Washington DC, 20002-4242.

Third International Congress of Behavioral Medicine, Amsterdam, 6-9 July 1994.
Details: Conference Office, Universität Amsterdam, PO Box 19268, 1000 GG Amsterdam, The Netherlands.

Sixth International Meeting of Women and Health, Kampala, Uganda, 17-23 October 1993.
Details: Conference Organizer, PO Box 1191, Kampala, Uganda.

Details: APHA, 1015 15th Street, Washington DC 20005

INFORMATION

The Canadian Health Psychologist
Edited by Michael Murray

The Canadian Health Psychologist is produced by the Health Psychology Section of the Canadian Psychological Association and distributed to all members of that section. It is designed to serve as a discussion forum for any issues of relevance to psychologists working in the area of physical health. The editor welcomes brief articles, reports of events, letters, news of members, research and intervention reports, book reviews and announcements. Articles should be no longer than 2000 words with ideally no more than six references, and with an abstract in English and in French. If possible, articles should be submitted in ASCII format on a 3 1/2" diskette.

Le psychologue canadien de la santé
Édité par Michael Murray

Le psychologue canadien de la santé est produit par la section de psychologie de la santé de la Société canadienne de psychologie et est distribué à tous les membres de cette section. Son intention est de servir comme rendez-vous où l'on puisse discuter les questions qui ont rapport à tous les psychologues qui travaillent dans le champ de la santé physique. L'éditeur recevra avec plaisir des articles courts, des rapports des événements, des lettres, des nouvelles des membres, des rapports de recherche et d'intervention, des comptes rendus et des annonces. Les articles devraient avoir moins de 2000 mots avec moins de six références, et un résumé en Français et en Anglais. Si possible, veuillez présenter les articles au format ASCII sur une disquette 3 1/2".

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