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Welcome to the first issue of the *Canadian Health Psychologist*. It would seem that throughout the world interest in health psychology is growing rapidly. The purpose of this newsletter is to promote the interests of health psychologists throughout Canada by providing a forum for ideas and information about research, teaching and practice.

Textbooks of health psychology often trace the origin of the sub-discipline/specialism to the 1970s. However, its history can be traced back further to researchers and practitioners who may not have called themselves psychologists. In this respect it is interesting to refer to the recent discussion in *Applied Psychology 42(1)* which reflected on a lead article by Wolfgang Schönpflug entitled "Applied Psychology: Newcomer with a long tradition". In that article Schönpflug distinguishes between basic psychology which emerged from philosophy in the last century and applied psychology which can trace its history back to more ancient lay and professional people who considered the human side of various practical problems. In this century there have been attempts to unite these ontological and utilitarian perspectives in psychology with varying degrees of success.

Within health psychology the tension between these two perspectives can be viewed as productive or destructive. It can be considered productive in that health psychology can be perceived as being at the interface of the two approaches and can use the basic psychological principles to solve health-related problems but can also contribute to the development of basic psychological knowledge. Conversely basic psychology can be viewed as at best an irritant in the sense that its traditional positivist methodology and ecological invalidity confuse rather than enlighten the researcher or practitioner attempting to understand a particular health problem in the real world.

This argument about history and method can also extend to the scientist-practitioner debate. Terms too can carry a message. Health psychology as a sub-discipline can be considered part of the larger science of psychology whereas health psychology as a speciality is part of the professional practice. The aim of *The Canadian Health Psychologist* is to provide a forum for the discussion and clarification of these ideas.

One other issue I would like to mention is the interaction of health psychology with other disciplines and professional groups. This can range from the various social and human sciences through to the many social and health professionals. Each of these concerns

Bienvenue à la premiére édition du *psychologue canadien de la santé*. Il paraît que tout le monde s'intéresse de plus en plus à la psychologie de la santé. Ce bulletin essaie d'encourager les intérêts des psychologues de la santé au Canada par la provision d'un rendez-vous pour les idées et les renseignements quant à la récherche, au renseignement, et à l'exercice de la psychologie.

Les manuels de la psychologie de la santé tracent l'origine de la sous discipline/spécialisme aux annés 1970 . Pourtant l'histoire remonte plutôt aux rechercheurs et aux practiciens qui ne se sont pas nommé ainsi. C'est intéressant ici de signaler la discussion récente dans *Psychologie Appliquée 42(1)* qui réflétait l'article principale de Wolfgang Schönpflug entitré "Applied Psychology: Newcomer with a long tradition". Dans cette article Schönpflug fait la distinction entre la psychologie de base qui naissait de la philosophe de la dernière siècle et la psychologie appliquée qui remonte aux personnes plus anciennes entre laiques et professionelles, qui considèrent le côté humain de divers problèmes practiques. Pendant cette siècle-ci on a tenté d'unir ces perspectives ontologiques et utilitaires de psychologie. On a eu un certain succès.

Quand il s'agit de la psychologie de la santé, il existe une tension entre ces deux perspectives qu'on peut appercevoir comme soit productive ou destructive. On peut la considérer comme productive si l'on situ la psychologie de la santé à l'intersection des deux pointes de vue, et aussi dans le sens que la psychologie de la santé peut se servir des principes psychologiques de base pour résoudre les problèmes de santé en même temps contribuant au développement de la conaissance de la psychologie expérimentale. Au contraire la psychologie expérimentale se présente comme au mieux, rien q'un irritant dans le sens que sa méthodologie positiviste traditionnelle et son invalidité écologique réussit à confondre plutôt que déclairer la recherche ou la practique de celui qui essaie de comprendre un problème de santé quelconque au monde réel.

Cet argument au sujet de l'histoire et de la méthode peut s'appliquer aussi au débat "savant/praticien". Les termes aussi portent un message. La psychologie de la santé en taut que sous-discipline peut être considéré comme faisant partie de la science de la psychologie générale. En tant que spécialité la psychologie de la santé fait partie de la pratique professionelle. Le but de *psychologue canadien de la santé* est de créer un lieu de rencontre pour la discussion et l'éclaircissement de ces idées.

have their own theoretical ideas and methods which are often ignored by psychologists. One feature of health psychology is that because it often involves multidisciplinary and interprofessional collaboration it can offer a opportunity for enlightening the whole of psychology with new ideas. Again *The Canadian Health Psychologist* can provide an opportunity for presenting these ideas.

The first issue contains two articles about the current and future direction of the discipline. The first is written by Jerry Devins. In it he sketches out some of the achievements of health psychology in terms of practice and considers some of the challenges for the future in a changing society and changing health system.

The second article by Ken Craig who argues that if psychologists are to improve the health of society they must be aware of the wider societal forces which promote ill health. Readers are encouraged to submit comments on these articles.

This issue also includes some short articles about research, some conference reports and some book reviews. I would like to thank those who submitted material for this first issue and look forward to receiving your comments, letters, articles, and news items for the next issue. In particular, I would welcome news of members, new appointments, publications, or meetings organized so that other section members can become aware of what is going on across the country. It is hoped to produce the next issue before the Annual Convention so members are encouraged to submit material to me in the next month or so.

In order to develop the newsletter it is necessary to have some information on the readership. For this reason this issue also includes a short questionnaire about your background and interests. It would be very useful if you could complete this and return it to me as soon as possible.

Il y a encore une autre question à laquelle il faut s'addresse, la question des relations entre la psychologie de la santé et les autres disciplines et groupes professionnels y compris les sciences sociales et humaines de plusieurs variétés et les professionnels sociaux et de la santé. Chacun de ces groupes a ses propres idées théoriques et méthodes dont les psychologues ne tiennent souvent pas compte. La psychologie de la santé se caractérise par un trait important, il nécessite souvent une collaboration multidisciplinaire et interprofessionelle. Ainsi elle fournit à la psychologie une opportunité pour l'éclaircissement du sujet par de nouvelles idées. Encore, *le psychologue canadien de la santé* offre une opportunité à présenter ces idées.

Cette premiére édition contient trois articles qui concernent la direction immédiate et projetée de la discipline. Le prémièr, écrit par Jerry Devins, esquisse quelques accomplissements de la psychologie de la santé du point de vue de la practique, et considère quelques défits futurs dans une société changeant et un système de santé qui change constamment. Le deuxième vient de Ken Craig qui raisonne que si les psychologues veulent améliorer la santé de la société, ils doivent se tenir compte des plus larges forces dans la société qui encouragent la mauvaise santé. Le troisième est écrit par David Marks, président de la "groupe speciale de psychologie de la santé " de la «British Psychological Society». J'èspére que ceci sera le prèmère parmi beaucoup d'articles écrits par des psychologues de la santé qui travaillent en dehors du Canada. Les lecteurs sont invités à envoyer leur réactions à tous ces articles.

Cette édition contient aussi quelques courts articles de récherche, quelques bulletins des congrés, et quelques critiques. Je voudrais remercier des individus qui ont écrit des articles pour celle-ci, la premiére édition et je m'attends à recevoir vos commentaires, vos lettres, vos articles, et vos nouvelles pour l'édition prochaine. J'aimerais particulièrement recevoir les nouvelles des membres, des nouvelles nominations, des publications, où des réunions organisées, pour que tout membre puisse être informé des événéments récents au Canada entier. On espère publier la prochaine édition avant l'êté. J'encourage donc les membres à tout m'envoyer (articles, lettres, nouvelles) aussitôt que possible. À fin de dévelloper le bulletin cette édition contient aussi un questionnaire qui comprend une histoire personelle brève et un liste d'intérêts. On vous serait très reconaissant de compléter ce questionnaire et de me l'envoyer.

Challenges for Health Psychology in the 90's

Gerald M. Devins
Clarke Institute of Psychiatry, Toronto
(Chair, Health Psychology Section)

Abstract: *Health Psychology has achieved much over the past few decades in terms of its interventions. As we move into the 20th century there are many new challenges. This article considers some of these. It highlights certain initiatives for the future including increased emohasis on prevention and modification of treatment-seeking behaviour. It concludes by considering options for research.*

Résumé: *La psychologie de la santé a beaucoup réalisé du point de vue d'intérvention pendant les décades récentes. Comme nous avançons vers la 20ème siècle il se présente beaucoup de nouvelles défits. Cet article considère qulques-uns parmi eux. Certaines initiatives pour le futur son mises en vedette y compris une insistence agrandie sur la prévention, et sur la modification du comportement qui mène au choix d'un traitement quelquonque. L'article termine avec quelques suggestions pour la recherche.*

Health Psychology has gained considerable recognition and credibility in recent years. In large part, this is attributable to the fact that significant progress has been achieved. The rapid parallel development of biomedical knowledge and technology and the questions that they raise (e.g., quality vs. duration of survival) have further sensitized the professional and lay publics to the relevance and value of theory, research, and practice in Health Psychology.

Our field addresses significant problems that threaten the well-being of individuals, groups, and, in some instances, the survival of the larger society. Behavioral efforts to control the HIV epidemic and to promote the practice of safe sex illustrate some of the most exciting developments in recent years. Health promotion represents another domain in which the promise of Health Psychology has been recognized in relation to the goals of protecting and enhancing health at both the individual and collective levels. The value of health-promoting lifestyle alterations, such as maintaining physical fitness and appropriate nutrition, smoking cessation, moderate alcohol consumption, seat-belt use, and stress-management practices, is widely recognized. Psychoneuroimmunology, and its relevance to the etiology and treatment of life-threatening and disabling conditions, such as cancer, multiple sclerosis, and rheumatoid arthritis, have also captured the imaginations of health care providers, recipients, policy makers, and the public at large. Health psychologists have for many years focused on quality of life and the ways in which this can be compromised by chronic life-threatening or disabling conditions. Physicians and health care policy-makers have begun to recognize that such data can contribute meaningfully to the evaluation of surgical and other medical interventions, thereby helping to inform the rational prescription of alternative treatments (e.g., maintenance dialysis vs. kidney transplantation, alternative antihypertensive medications, total vs. partial mastectomy). Increased respect for the relevance of quality of life data in evaluating new medical treatments and the ways in which they are provided to consumers has been expressed by national health care and biomedical research funding agencies, such as NHRDP and MRC. Research has also begun to demonstrate that behavioral and psychotherapeutic interventions can exert substantively important effects on traditional health indicators, such as morbidity and mortality, over and above the therapeutic effects of the medical interventions that they have been introduced to complement. It is important to note that most of these achievements have been demonstrated in the context of high calibre programmatic empirical research efforts.

Health Psychology has also made a number of important contributions to education--both at the academic and public health levels. Many universities and colleges offer undergraduate and graduate courses in Health Psychology. Some have begun to offer advanced specializations and formal graduate programs. Although at least one health psychologist (who shall remain nameless!) has been accused, on occasion, of egocentrically overestimating the enthusiasm of his audience for the subject matter, evidence that our field is, indeed, intriguing to others can be taken from the fact that the print and broadcast media regularly feature reports of new developments in Health Psychology as these are reported in the scholarly and professional literatures.

Clearly, Health Psychology has achieved much in its short history and we have good reason to be proud of our discipline. A number of challenges remain, however, that can usefully direct our efforts as we proceed through the 1990's and anticipate appropriate directions for the 21st century.

Challenges for the 90's

Although the validity of forecasting future directions can certainly be challenged (especially in the case of psychological science--cf. "Observations on psychology's past and future" by C.A. Boneau, *American Psychologist,* 1992, 47, 1586-1596), current developments in Health Psychology and in the larger society offer some reasonable leads about the types of efforts and new initiatives that can be considered promising. The following is my own

personal "wish list" of new initiatives for Health Psychology "in the 1990's and beyond."

Increased emphasis on prevention. Prevention of disease offers perhaps the most stringent test of the validity and power of our knowledge. Certainly much has been learned in relation to this objective. Yet it seems reasonable, at this time, to strive for increased effectiveness. As already noted, a number of behavioral and lifestyle variables have been identified as risk factors for the subsequent development of life-threatening illnesses, such as cancer and heart disease. Although public health educators appear successfully to be communicating the messages to target audiences, the fact that these problems haven't yet been eradicated requires us to acknowledge that (a) much progress remains to be achieved and (b) there are practical limits to the amount of change that can be effected by a single discipline insofar as other competing influences can be expected to introduce counter-measures in the service of their own objectives (e.g., efforts to promote smoking cessation vs. the objectives of the tobacco industry). It might be useful, therefore, to explore psychological initiatives that could anticipate and counteract such influences.

A wide range of other preventive objectives might also be addressed, including the challenge of stimulating increased adoption of safe sexual behavior, and much simpler but important changes, such as improved oral hygiene or increased use of safety devices, such as seat-belts, crash helmets, and other protective gear by motorists, cyclists, and laborers.

Modification of treatment-seeking behavior might also be attempted in relation to important health issues. One area in which such efforts might be especially productive involves the appropriate utilization of health services. Given escalating health care costs and finite financial resources, the reduction of unnecessary health care utilization presents a worthy goal for research and practice in Health Psychology. The complement to this objective would involve increasing appropriate treatment-seeking behavior when this is, indeed, indicated. Presumably, such achievements can increase the efficiency with which the health delivery system operates and simultaneously help to prevent occurrences of secondary consequences that can result from inappropriate delays in seeking treatment.

A second objective might entail assisting health care consumers to communicate more directly and effectively with service providers. Efforts might be undertaken, for example, to encourage and teach individuals how to ask questions of health care professionals. Similarly, efforts might also be productively directed at teaching providers how to answer such questions effectively when they arise (e.g., taking into consideration the intellectual, educational, cultural, and emotional level of the patient).

Collaboration between health care recipients and service providers. Of course, the goal of prevention can never be completely attained. Considerable additional benefit may be achieved, however, if we are able to encourage and enable patients to collaborate with health professionals in the delivery of care. Current work in the self-management of chronic illness provides a good example. Self-management programs endeavor to teach a variety of self-control skills to health care consumers. Training typically includes self-monitoring, stress-, pain-, and time-management skills, energy conservation, and behavioral contracting to maintain active involvements. Many programs also specifically address strategies and tactics to enhance adherence to therapeutic regimens and communication with service providers. A fundamental premise of the self-management approach is the philosophy that improved health care is achieved when self-care and active participation in the management of one's illness are assumed by the affected individual. It is important, therefore, that patients learn to collaborate with health service providers and that efforts be coordinated. The cultivation of a spirit of partnership is believed to be especially constructive toward this end.

Models of care for a multicultural society. Canada is rapidly evolving into one of the most culturally diverse nations in the world. Recent census data indicate, for example, that one in six people living in Canada was born outside the country; in our larger metropolitan centers, this proportion is as high as one in three. In metropolitan Toronto, for example, residents originate from more than 110 different countries and speak more than 90 different languages. As might be expected, many of these new Canadians speak neither of the two official languages. The pattern of immigration is also changing significantly. Although most immigrants to Canada migrated from European countries prior to 1980, the majority have immigrated from Asia in more recent years. Given this diversity of ethnocultural backgrounds, it seems reasonable to question the validity and appropriateness of many of our current principles and practices in Health Psychology insofar as these have been developed, tested, and refined largely within the Euro-Canadian cultural context. An exciting challenge for Health Psychology, and especially Canadian health psychologists, in the 1990's and beyond, therefore, involves the adaptation of currently useful theories and practices for application within a multicultural society. Clearly, such efforts will enable us to serve the humanitarian goal of contributing to the well-being of a broader cross-section of the population. It can also produce valuable scientific gains, however, by providing opportunities to investigate the ethnocultural boundary conditions that may limit the extent of our knowledge.

How Shall We Conduct Our Research?

Each of the preceding issues presents exciting and important new challenges for Health Psychology. Given that I have been asked to present my own thoughts about challenges for Health Psychology in the 1990's, let me conclude the discussion with a statement of some of my biases about how best we might approach these goals. In introducing these, I acknowledge the rights of others to their own opinions. The following, therefore, represent my own views on how we might best direct our efforts.

It is important, first, to recognize what we have already achieved in Health Psychology and to encourage continued activity in pursuing the programs of research that are already in progress. In continuing to develop these

interests, however, it is crucial to maintain and increase our emphasis on theory-driven research. The derivation of testable hypotheses from internally consistent and empirically supported theoretical frameworks will maximize the validity and, therefore, the usefulness of our research.

In developing our research programs, it would be highly desirable to incorporate both theoretically and practically important foci. For example, investigations of the stress-and-coping paradigm from a developmental-systems perspective in the context of a specific medical condition can provide theoretically rich information that is relevant to a number of sub-specialty areas within Psychology while simultaneously providing practical information that can be applied by health service providers in caring for individuals affected by the condition across the lifespan.

Insofar as much of the research in Health Psychology is concerned with hypotheses about the causal priorities between constructs (e.g., social support and survival), it will be important to reassert the importance of randomization and experimental control. Naturalistic research designs, by far the most commonly employed strategy in Health Psychology research, can test the degree to which the data are logically consistent with our hypotheses--especially when supported by large sample sizes, prospective longitudinal (i.e., repeated measures) components, and sophisticated multivariate and linear structural relations statistical models. Nevertheless, the lack of randomization and experimental control limits their ability to rule out alternative explanations for experimental results and, thus, limits our ability to address questions of causality.

It would also be desirable to increase the extent to which research, practice, and educational efforts are integrated toward these goals. Certainly each of these domains of activities can inform developments in the others, enhancing the overall product as a result. Toward this end, it is highly appropriate to cultivate new forums within which health psychologists can communicate their ideas, findings, fantasies, and biases. In closing, therefore, I would like to thank Michael Murray for taking the initiative and investing the time and effort to produce this inaugural newsletter for the CPA Section on Health Psychology. Hopefully, these efforts will contribute additional support for Health Psychology as we proceed through the 1990's and enter the 21st century.

Some reflections on Health Psychology and Pain

Ken Craig
University of British Columbia

Abstract: *This article considers two themes. The first is that although health psychology offers much promise for improving the health of society it should not neglect the social and institutional forces which contribute to illhealth. The second is that the character of pain is dependent upon the social context.*

Résumé: *Cet article considère deux thémes. D'abord, bien que la psychologie de la santé offre beaucoup d'espoir pour àméliorer la santé de la société elle devrait toujours se tenir compte des forces sociales et institutionelles qui contribuent à la mauvais santé. Ensuite, le genre de douleur dépend du context social.*

The Editor has asked for an analysis of the current issues for this issue of *The Canadian Health Psychologist.* My response was to indicate that my observations would reflect a very personal perspective, rather than the product of a systematic survey of the field. My broader perspective on health psychology was pursued in the book *Health Enhancement: Disease Prevention and Early Intervention* (edited by K.D. Craig and S.M. Weiss, 1990) that arose from a Banff Conference we organized on behavioural medicine. We attempted a broad range of coverage, focusing upon the major sources of morbidity and mortality - cancer, heart disease, and accidents, and risk factor modification through environmental change and behavioural control of exercise, diet, smoking, and hypertension, among others. But, as Jerry Devins effectively pointed out in a review of the book (*Canadian Journal of Behavioural Science*, 24, 134), new developments and innovations are taking place at a remarkable pace and it is difficult to keep track. It has always seemed to me small wonder that the field of health psychology should have emerged given the powerful contributions psychology has and can make to understanding and promoting so many dimensions of personal health.

Perhaps worth repeating from our introductory chapter in that volume is my conviction that systemic problems in the manner in which health is conceptualized

by the public, professionals, and scientists represent a continuing and serious barrier to advances in the field of health psychology. While a lot of lip service is paid to the important roles of prevention and lifestyle change, a variety of personal, social, and economic forces mitigate against widespread implementation of the changes necessary to produce a healthier community.

Immoderate lifestyles (e.g. high fat diet, sedentary habits, smoking, excess alcohol or other substance abuse) are well entrenched among many (most?) of us. Even the benefits of change are often disputed and the interventions needed to promote change poorly understood. Changes demand personal energy, time, money, and even discomfort in the interests of long-term benefit. Often the devil seems little more than a term for immediate gratification.

Supporting these unfortunate habits are broader social institutions. For example, the public demands and expects the social structures, institutions, and healthcare delivery systems derived from acute care models of disease and illness rather than preventive formulations. As an educator, I know that health care professionals continue to be educated, trained, hired, and expected to operate primarily using the acute care model. Related to this is the dominance of focus upon biological formulations of disease that neglect the broader psychosocial context needed to introduce preventive dimensions. Fortunately, there is evidence of change. For example, Joe Matarazzo in 1984 was able to attribute the decline in the incidence of cardiovascular disease over the prior ten years to health-related lifestyle changes involving smoking, diet, control of hypertension, and exercise.

There are also massive economic forces that make the introduction of social changes difficult. The public treasury is committed to supporting the acute health care delivery system. The extent to which current efforts to change the national health care system are seen as threats to the health of the community reflects how difficult it will be to institute change. We also need to recognize that every risk factor has a major industrial system that would be threatened by changes. Collapse of the tobacco industry provides a good example. Distillers and breweries in Canada profit from alcohol abuse. Sedentary lifestyles are supported by entertainment and sporting industries. Contemporary diets support food processing industries incompatible with the best health. One could ask who profits from the carnage of motor vehicle accidents.

My entree into the challenges of understanding the psychology of pain came out of laboratory research in which I was surprised by the plasticity of pain. Without repeating the details of a number of studies, yet again, we were impressed with the ease with which we could manipulate both the experience and expression of pain through systematically exposing participants in our studies to social models who represented themselves as either tolerant or intolerant to pain. This striking effect of the social context led to the conviction that, with notable exceptions, psychological factors had largely been neglected among practitioners and research scientists interested in pain. I am not convinced that additional demonstrations of plasticity in pain expression are necessary, or will have an impact on medical practitioners who largely ignore psychosocial factors when attempting to understand the underlying pathophysiological basis of their patients' complaints. What we need are convincing models of pain and illness behaviour that recognize psychosocial factors as the important contributors to patient variance that they are.

Of late, I have seen my research as focusing upon various problems relating to myths and misinformation concerning the psychology of pain. Misunderstandings concerning the nature of pain in the infant, the role of nonverbal communication in diagnostic assessments, voluntary control processes in patient signs and symptoms, beliefs in the effectiveness of pharmaceutical interventions, and emotional factors relating to pain have become preoccupations.

Our development of detailed, objective measures of pain in the newborn child (as described in *Canadian Psychology* last year) seem to be contributing to dispelling the myth that the neonate is relatively insensitive to pain and provides a behavioural reference for understanding a variety of perceptual, social, and biological factors relating to infant pain. Some of the disgraceful neglect of infant pain reflects failure to measure pain in infants. With Ruth Grunau and others, we find, for example, that premature children, who must be cared for in intensive care facilities, display only minimal behavioural evidence of distress, despite evidence that they may be hypersensitive to pain. This work may also lead to improvements of analgesic interventions for infants. For example, we are just concluding data collection on a study in collaboration with colleagues in pediatrics and pharmaceutical science examining morphine as an analgesic and sedative for preterm newborns cared for in an intensive care nursery. To my knowledge, this is the first study using morphine as an analgesic with infants that has included an objective behavioural index of analgesia. We are also likely to collaborate on a study examining the safety and efficacy of EMLA as an anesthetic for circumcision of male newborns, sponsored by Astra Pharma Inc. EMLA is an effective method of skin anesthesia for painful diagnostic and therapeutic superficial skin procedures. There is an estimated 20-30% of Canadian newborns, or 60,000, circumcised annually. Maybe we can help with efforts to palliate this very painful procedure.

Our measures of facial expression during neonatal pain derived from the broader study of adult pain-instigated facial grimaces. We recently published a paper arguing that the clinical and research literature was overly preoccupied with self-report of pain and neglected the powerful role of nonverbal communication as sources of influence upon both clinicians and non-professionals grappling with the challenges posed by pain in others. Along with Ken Prkachin, Linda LeResche and others we are finding the study of facial expressions to be a valuable index of the experience of pain that is nonredundant with self-report. For example, it appears less amenable to situational bias and self-presentational factors. As well, it provides one means for coming to grips with understanding voluntary control and misrepresentation of individuals who are either exaggerating the severity of their distress, on the one hand, or suppressing evidence on the other. I am looking forward to a conference next autumn focusing upon the

measurement of facial expression to help us with this work. Related to this is earlier work with Ken Reesor and current work with Heather Hadjistavropoulos looking at what we have characterized as 'medically incongruent pain', or signs and symptoms patients present upon examination that could not have a basis in our current understanding of pathophysiological principles. This logically leads to attempting to understand the origins of the patient's behaviour in psychological and social factors, a pursuit dear to the heart of health psychologists.

Understanding the role of emotions during pain represents one powerful source of insights and interventions. I recently revised my chapter on the "Emotional Aspects of Pain" for the forthcoming third edition of Pat Wall and Ron Melzack's *Textbook of Pain*. Fear, anxiety, and depression are powerful determinants in people suffering from both acute and chronic pain of poor coping, excessive avoidance behaviour, and long-term disabilities. Psychologists have powerful interventions for unreasonable emotional reactions that deserve more trials than they have received in the past. For example, Sue Bennett-Branson and I are working on a paper showing that children receiving day surgery often suffer from considerable pain when they return home and both they and their parents must rely upon personal resources to help the children cope. I am also pursuing with some colleagues the proposition that some of the motivation for current demands for changes in legislation that would allow physician-assisted suicide on demand is based upon the misapprehension that the pain and suffering associated with terminal illness are most often overwhelming. The reality is that pain can be effectively controlled in better than 90% of all patients, and improvements can be expected. The problem is more one of under-treatment of cancer pain. Adverse attitudes toward the use of opiates on the part of health care professionals, patients, and their families often prevent the effective use of available technologies.

As a final point, those interested in recent advancements in understanding and treating adverse emotional states would be interested in the forthcoming Banff Conference on Anxiety and Depression that Keith Dobson and I are organizing (March 22-25, 1993). I would be happy to send details.

Health Psychology in the U.K.

David Marks
Middlesex University, London, England
(Chair, Special Group in Health Psychology, British Psychological Society)

Abstract: *In the U.K. there have been rapid developments in the structure and organisation of health psychology. This aricle reviews some of these developments and considers possible future changes.*

Résumé: *Au Royaume Uni il y a eu des développements rapides dans la structure et organisation de la psychologie de la santé. Cet article examine quelques uns de ces développements et considère des changements possible dans le futur.*

Health psychology is the fastest growing field of applied psychology in the U.K. In 1986 the Health Psychology Section of the B.P.S. was established at a meeting attended by about 100 members of the Society. In 1992 the Section was redesignated as the Special Group in Health Psychology when the membership was around 700. The Special Group includes a Practitioner grade of membership for psychologists who have worked for at least three years within the field of health psychology as defined by Matarazzo (1982). The first tranche of applications are being processed and it is anticipated that about one half of current members will probably fall into this category.

The new status of health psychology as a profession complements its scientific and academic status which has been developing internationally for 15-20 years. The main areas in which health psychologists in the U.K. are working are as follows:

- providing interventions for behavioural risk factors in individuals , groups, and communities, including health promotional and health educational approaches;

- developing models and measures of outcomes (e.g. quality of life, adjustment to illness);

- enhancing health professional-patient communication through the development of models, measures, and training

packages;

• developing systematic ways of exploring cognitive processes underlying health behaviour;

• developing and evaluating psychological procedures for preparing patients for hospitalization and stressful hospital procedures;

• investigating the interface between individual health behaviour and social, economic, and cultural processes;

• implementing psychological studies of uptake and impact of health screening for such conditions as hypertension, HIV, breast and cervical cancer, and genetic disorders;

• providing management, support, and rehabilitation of people with chronic and disabling conditions as well as for their carers;

• conducting health needs assessment, health and lifestyle surveys, quality of life measures, and other psychological and social research for departments of public health;

• investigating factors affecting adherence to medical treatment and advice, and developing interventions to facilitate this;

• teaching health psychology to other health professionals;

• providing supervision and support for other health professionals implementing psychological interventions and treatments;

• helping others set, measure, and monitor the psychological quality of care in hospitals, day care and residential settings.

One of the key issues for the future development of health psychology in the U.K. is training. Currently four universities offer part-time or full-time degrees in health psychology (City, London, Middlesex, and Surrey universities) but the emphasis of all four degrees is research rather than practice. The Special Group has therefore established a Training Sub-Committee which has a remit to develop a professional training programme that would receive recognition by the B.P.S. There is also the possibility of a European Diploma in Health Psychology, perhaps with different qualifications for Clinical Health Psychologists and Research Health Psychologists.

It will be necessary to press for changes in the criteria for employment of psychologists within the National Health Service currently restricted to "Clinical psychologists" and "research psychologists" only. Health psychologists are currently employable under the latter category only or are clinically trained but filling a health psychologist's role. This situation is undesirable because the health psychology content of clinical psychology training is very minimal, usually no more than 10-20 hours, and the scope for health psychology goes well beyond the traditional clinical role, as the above list indicates.

Recent NHS reforms have led to a major restructuring of the service into purchaser and provider units. Because psychologists tend to be providers they lack the power held by purchasers to bring about the changes which would enablepsychology to make a more comprehensive contribution. Essentially it's another example of 'he that pays the piper calls the tune'. However there are still many opportunities for health psychologists within the NHS as it is currently undergoing fundamental change. The new NHS Trusts created by the reforms purchase those services which can be shown to deliver the most health gain at the most economic (1.e. cheapest) price.

The White Paper on The Health of the Nation has established a strategy in the form of quantifiable targets for the year 2000. Five key areas are cardiovascular diseases, cancer, mental health, HIV/AIDS, and accidents. Many of the behavioural risk factors associated with these key areas are made the subject of specific targets by the White Paper, e.g. a reduction in the prevalence of smoking among adults to no more than 20% by the year 2000. It is certainly regrettable that, unlike Canada, a tobacco advertising ban is not part of the British government's health strategy because that undoubtedly would contribute a significant drop in smoking prevalence as in Finland, New Zealand, Norway, and Canada. However, the White Paper provides a significant opportunity for health psychology to deliver programmes which bring about the behavioural changes required by the new health strategy. Exciting times therefore lie ahead!

Health Psychology research in Canada 1991-1992

Michael Murray
Memorial University of Newfoundland

Résumé: *Cet article donne une liste des articles écrits par les membres de la section de psychologie de la santé publiés entre 1991-92. Cette liste est le résultat d'une recherche de MEDLINE et PsychLit utilisant les noms des membres et Canada comme des mots de recherche.*

Health Psychology is a rapidly expanding area of research. In an attempt to gauge the breadth of the discipline in Canada I conducted a search of the 1992 issue of MEDLINE using names of section members and Canada as keywords followed by a similar search of PsychLit. Naturally research in health psychology is conducted by people who are not members of the section and is also published in a wide range of journals which are not covered by MEDLINE or by PsychLit. A further difficulty is that some indexed journals do not give location of author and so articles published in them are omitted from this listing. In addition, members may have published using an address outside Canada and so again these articles are omitted. Sometimes I was unsure if the articles identified were by section members, but I have usually included these. Finally, I decided to omit some articles which were identified but which were about topics which are not usually considered part of health psychology. In addition, I have included details of some articles which were sent to me separately.

In total, I obtained details of twenty three articles. All but three of these were joint publications indicating that health psychology research is largely a collaborative activity usually with non-psychologists.. Five articles were published in broadly psychological journals (psychosomatics, social psychology, health psychology), five in broadly clinical health journals (pain, rheumatology) four in nursing journals, four in social/public/women's health journals, two in medical journals, and the remaining three in various other journals. This wide range of publication venues may reflect a problem health psychologists face in establishing a sense of identity both within the workplace and within the broader profession/discipline. Hopefully, the *Canadian Health Psychologist* will provide a forum for the authors of these articles and other section members to express their views and so contribute to the strengthening of the field in Canada.

I am sure I have omitted some articles by section members and so my apologies to them. In future issues I intend to update this list. If you would like your publications listed send details of them to me.

1991

Craig KD, Hyde SA, Patrick CJ. Genuine, suppressed and faked facial behaviour during exacerbation of chronic low back pain. **Pain 46(2)** 161-171.

Cumming DC, **Cumming CE,** Krausher RJ, Fox EE. Towards a definition of PMS.II: A factor analytic evaluation of premenstrual change in women with symptomatic premenstrual change. **Journal of Psychosomatic Research 35(6),** 713-720.

Devins GM. Illness intrusiveness and the psychosocial impact of end-stage renal disease. **Loss, Grief and Care, 5(1-2),** 83-102.

Gray RE, **Doan BD**, Church K. Empowerment issues in cancer. **Health Values, 15(4),** 22-28

Frisch SR, Dembeck P, Shannon V. The head nurse: perceptions of stress and ways of coping. **Canadian Journal of Nursing Administration 4(4)** 9-13.

Kohn PM, Lafreniere K, **Gurevich M.** Hassles, health, and personality. **Journal of Personality and Social Psychology, 61(3),** 478-482.

Lacroix JM, Martin B, Avendano M. Symptom schemata in chronic respiratory patients. **Health Psychology, 10(4),** 268-273.

Murray M, Chambers M. Effect of contact on nursing students attitudes to patients. **Nurse Education Today 11(5),** 363-367.

Taylor SM, Elliott S, Eyles J, Frank J, Haight M, **Streiner D,** Watter S, White N, Willms D. Psychosocial impacts in populations exposed to solid waste facilities. **Social Science and Medicine, 33(4),** 441-447.

1992

Poole GD, **Craig KD.** Judgements of genuine, suppressed, and faked facial expressions of pain. **Journal of Personality and Social Psychology 63(5),** 797-805.

Cumming DC, Kieren D, **Cumming CE.** Chlamydia trachomatis - clinical aspects of preventing tubal infertility and ectopic pregnancies. **Canadian Family Physician 38,** 2647-2655.

Kieren D, **Cumming CE,** Cumming DC. Preventing sexually transmitted diseases - effecting behavioural change. **Canadian Family Physician 38,** 2641-2645.

Devins GM, Edworthy SM, Guthrie NG, Martin L. Illness intrusiveness in rheumatoid arthritis: differential impact on depressive symptoms over the lifespan. **Journal of Rheumatology, 19,** 709-715.

Devins GM. Social cognitive analysis of recovery from a lapse after smoking cessation: Comment on Haaga and Stewart. **Journal of Consulting and Clinical Psychology, 60(1),** 29-31.

Gray RE, **Doan BD,** Shermer P, Fitzgerald AV, Berry MP, Jenkin D, Doherty MA. Psychologic adaptation of survivors of childhood cancer. **Cancer 70(11),** 2713-2721.

Bass M, **Howes J.** Women's health: the making of a powerful new public health issue. **Women's Health Issues, 2(1),** 3-5.

Mathieson CM, Faris PD, Stan HJ, Egger LA. Health behaviours in a Canadian community college sample - prevalence of drug use and interrelationships among

behaviours. **Canadian Journal of Public Health 83(4),** 264-267.

Melby V, Boore JRP, **Murray M.** Acquired immunodeficiency syndrome - knowledge and attitudes of nurses in Northern Ireland. **Journal of Advanced Nursing, 17(9),** 1068-1077.

Edgar L, **Rosberger Z,** Nowlis O. Coping with cancer during the first year after diagnosis: assessment and intervention. **Cancer, 69(3),** 817-828.

Moore AD, **Stambrook M.** Coping strategies and locus of control following traumatic brain injury: relationship to long-term outcome. **Brain Injury, 6(1),** 89-94.

Pelletier M. The organ donor family members' perception of stressful situations during the organ donation experience. **Journal of Advanced Nursing, 17(1),** 90-97.

Godin G, **Valois P,** Lepage L. Self-reported smoking and exercising behaviours during the postnatal period: assessing congruence between spouses. **Revue d'Epidemiologie et Santé Publique, 40(2)** 121-125.

Valois P, Godin G, Bertrand P. The reliability of constructs derived from attitude-behaviour theories - a application of generalizability theory in the health sector. **Quality and Quantity 26(3),** 291-305.

Research in brief/Recherche en bref

Cette partie du bulletin est pour des rapports courts sur la recherche en cours./This part of the Newsletter is open for brief reports of ongoing research.

Le rapport entre les facteurs familiaux et le prognostic des enfants traités par la greffe de la moelle osseuse

Patricia L. Dobkin et Roger-Michel Poirier
Groupe de recherche l'inadaptation psycho-sociale chez l'enfant (G.R.I.P.), Université de Montréal

La greffe de la moelle osseuse (GMO) est le traitement de choix et souvent le dernier recours pour les enfants atteints de maladies graves (ex,: leucémie). La procédure est compliquée et implique plusieurs phases, chacune demandant des ajustements du patient et des membres de sa famille. Les effets secondaires de la procédure sont communs et mettent, parfois, la vie du patient en danger (ex,: GVH). Les complications physiques sont exaspérées par l'impact psychologique sur le patient, le donneur et les membres de la famille.Les professionels qui travaillent dans ce domaine proposent qu'il y ait un lien entre les facteurs familiaux et les réactions des patients. Les clinicien(ne)s constatent que les enfants en traitement ayant des familles dysfonctionelles manifestent plus de complications et meurent plus souvent que les enfants qui appartiennent à des familles fonctionnelles. Cependant, jusqu'à ce jour, une seule étude a envisagé cette possibilité, mais un schéma rétrospectif et transversal a été utilisé (McConville et coll., 1990). Notre étude a employé un schéma prospectif, longitudinal, utilisant des mesures répétées contenant quatre phases: Temps 1 (avant GMO), Temps 2 (15 jours après GMO), Temps 3 (150 jours après GMO), et Temps 4 (1 an après GMO). Les parents et la fratrie ont été interviewés et ont rempli des questionnaires qui évaluaient l'individu, le couple, et le fonctionnement de la famille avec une emphase sur la dernière variable. Un group contrôle, pairé selon l'âge et le sexe de l'enfant malade, est suivi pour que les deux groupes puissent être comparés.Le but principal de l'étude est de mieux comprendre les facteurs qui influcent les réactions des enfants qui sont traités avec le GMO. Un deuxième but est de préciser l'impact de cette expérience sur les membres de la famille et ses sous-systèmes. Enfin, il est prévu que les résultats de cette étude seront utiles pour le développement d'une intervention qui a pour but d'aider les familles obligées de faire face à cette épreuve.

The relationship between family factors and prognosis in pediatric bone marrow transplantations

Bone Marrow Transplantation (BMT) is the treatment of choice and often last resort for children with a variety of diseases (e.g., leukemia, apastic anemia). The medical procedure is complicated involving several phases, each which place new demands on the patient and his/her family members. Medical side effects following the procedure are common and are sometimes life threatening (e.g., graft-verses-host disease). Physical complications are compounded by the psychological impact on the patient, donor, and family members. Health care professionals working in this area readily acknowledge a link between family factors and patient reactions. Clinicians note that pediatric patients with dysfunctional families have more complications and die more often than those who have healthy families. However, to date, only one study has addressed this issue empirically, albeit retrospectively using a cross-sectional design (McConville et al., 1990). The present study employs a prospective, longitudinal, repeated measures design involving four phases: Time 1 (prior to BMT), Time 2 (15 days post BMT), Time 3 (150 days post BMT), and Time 4 (1 year post BMT). Both parents and siblings are interviewed and requested to complete questionnaires assessing individual, couple, and family functioning, with an emphasis on the latter variable. A healthy control group, matched for age and gender of the patient, is being followed for comparison purposes. The main objective of the study is to gain an understanding with regard to family factors which influence children's physical responses to BMT. A secondary aim is to delineate the impact this procedure has on the various subsystems of the family. Finally, it is anticipated that the study findings will be helpful in identifying components of a treatment aimed at assisting families unable to cope with BMT effectively.

HEALTH PSYCHOLOGY IN A CHANGING EUROPE

VIth European Health Psychology Society Conference, University of Leipzig, Germany, 25-28 August 1992.

This was a very exciting conference which demonstrated the growing strength of Health Psychology in Europe. Approximately five hundred delegates attended from almost every European country and from further afield. There were nineteen symposia (each of about five papers), 120 poster presentations, six workshops, and a series of special lectures all crammed into just three full days. With such a wide range of attractions it was only possible to sample a small part of the offerings.

One high point was a series of papers by Ralf Schwarzer and his colleagues from the Freie Universitat Berlin. In a special lecture he gave a masterly overview of research into health-related cognitions. His colleagues provided details of a number of research projects concerned with the stress experienced by refugees who have fled to Germany from Eastern Europe and elsewhere. This concern with the health effects of the recent rapid social change in Europe was reflected in a number of other presentations.

Leipzig, in what was previously East Germany, was deliberately chosen as the conference venue by the Society before the recent revolutions as a means of increasing contact between East and West. The fact that there were representatives from most of the East European states demonstrated the success of this venture., Talking with these delegates about the tremendous changes over the past few years was an added benefit of the conference.

Finally, of course, Leipzig was the university where Gustav Fechner worked and where Wilhelm Wundt established the first psychological laboratory in 1879. His memory is commemorated in the names of streets, buildings, and even in the name of the psychology department. We were treated to a special lecture and video presentation on their work.

Membership of the European Health Psychology Society cost 14 pounds sterling per annum,. Further details are available from Professor John Weinman, Unit of Psychology, Guy's Hospital Medical School, London SE1 9RT, England, U.K.

STRESS IN THE 90's: A CHANGING WORKFORCE IN A CHANGING WORKPLACE

Conference organized by the American Psychological Association and the National Institute for Occupational Safety and Health, Washington D.C., 20-22 November 1992.

This is the second conference organized on the theme of occupational stress by the APA and NIOSH. The large number of delegates testified to the growing interest in the subject. Delegates, both psychologists and others, were drawn not only from academia and various research institutes but also from health service facilities, EAPs, and private consultancy firms.

Stress is sometimes considered a central concern for Health Psychology. The focus of this conference on occupational stress emphasized the need for awareness of the wider social and occupational context within which stress occurs. A large proportion of the 450 papers and posters presented would be of interest to health psychologists. They ranged from studies of stress among healthcare providers to studies of accidents in the workplace.

Reference should be made to the inspirational opening address by Donald Millar, the Director of NIOSH. He emphasized that working people are a nation's most valuable resource. The current poverty and unemployment facing so many in the USA today is an indictment of that nation's leaders. While we research stress, our aim should be to help people improve their working and living conditions and so contribute to a better society. This theme was echoed in several other contributions.

It is intended to publish a selection of the conference presentations.

CONFERENCE DATES

International Congress of Health Psychology, Tokyo, Japan. 26-30 July, 1993.
Details: Professor M. Oda, International Congress of Health Psychology, c/o Department of Literature, Waseda University, 1-24-1 Toyama, Shinjuku-ku, Tokyo, Japan 162. (FAX: 81-3-3203-7718)

VIIth European Health Psychology Conference, Brussels, Belgium. 1-5 September, 1993.
Details: Professor J. Vinck, Limburg University Centrum, University Campus, B-3590 Diepenbeck, Belgium.

11th King's College International Conference on Death and Bereavement, London, Ontario. 17-19 May, 1993.
Details: Dr J. Morgan, King's College, 266 Epworth Street, London, ON N6A 2M3. (Tel: 519-433-3491; FAX: 519-433-0353).

2nd World Conference on Injury Control, Atlanta, USA, 20-23 May, 1993.
Details: World Injury Control Conference Co-ordinator, Division of Injury Control,(F36), Centers for Disease Control, Atlanta, GA 30333, USA. (Tel: 404-488-4360)

28th Annual Conference of the Association for the Care of Children's Health, Chicago. 30 May - 2 June 1993.
Details: Eleana Widder, Association for Care of Children's Health, 7910 Woodmount Avenue, Suite 300, Bethesda, MD 20814, USA. (Tel: 301-654-6549; FAX: 301-986-4553)

Periods: From Menarche to Menopause

S. Golub

Sage: Newbury Park, California
1992, 282pp
Papercover, US$18.95
ISBN 0-8039-4206-0

In *Periods: From Menarche to Menopause*, Golub has pulled together a large amount of diverse research on the menstrual cycle. Her systematic review of this literature emphasizes the rapid growth of studies in the last twenty years in particular, a trend which serves to emphasize the need for an overview such as is provided by this book. The book is divided into ten chapters which reflect a general life cycle approach.

To introduce our understanding of the origins of contemporary attitudes towards menstruation, Golub begins with a cross-cultural view of the meaning of menstruation. A large portion of the book is then devoted to discussion of menstruation itself: its onset, its physiological and psychological aspects, its effects on sexual behaviour, and special topics such as painful periods and the premenstrual syndrome. One chapter is devoted to the menopause. She concludes with a chapter with recommendations for counseling. As a psychologist with a private practice Golub is in an appropriate position to focus on the practical implications of the reviewed research in her final chapter. In the appendix one will find a list of research ideas which would be of interest to health psychologists and their students working directly in this field.

This book is highly readable. The first chapter is engaging as it reviews the the historical origins of our myths, taboos, and language of menstruation. Developmentalists will find the review of the literature on the onset of menstruation interesting as it contains a research picture of the knowledge and attitudes held by adolescents, both male and female. Other chapters, such as the one discussing the physiological aspects of menstruation and dysmenhorrhea, are more technical, but nevertheless contain clear summaries of the research which are highly readable.

However, the chapter on premenstrual symptoms and PMS may be unsatisfactory to health psychologists who have been paying close attention to the present debate about the use of DSM III-R criteria in diagnoses of PMS (see, for example, Pantony and Kaplan, 1991; Walker, 1991; Brown, 1991). This is not because Golub ignores the issues of the "politics of PMS", to which she devotes three pages of a twenty-five page chapter. Rather, the author seems to be unaware that her choice of review articles highlights a medical model bias which favours a focus on medical diagnoses, etiology, and treatment of PMS, the latter which includes psychotherapy. In her concluding chapter, she confirms this focus again by emphasizing the "very stringent criteria" in DSM III-R needed to diagnose premenstrual experiences.

One should perhaps overlook this lapse away from an otherwise well-balanced presentation of research. Golub has made an important contribution to the health psychology field by summarizing a wide range of studies which have never been considered together but legitimately belong together. Each chapter advances our understanding of the biopsychosocial impact of menstruation on women's lives across the lifespan.

Patony K, Caplan P (1991) Delusional dominating personality disorder: a modest proposal for identifying some consequences of rigid masculine socialization. **Canadian Psychology, 32,** 120-133.

Walker LEA (1991) DDPD: consequences for the profession of psychology. **Canadian Psychology, 32,** 136-138.

Brown LS (1991) Diagnosis and dialogue **Canadian Psychology, 32,** 142-144.

Cynthia M. Mathieson
Mount Saint Vincent University

Health Psychology: Clinical Methods and Research

CK Prokop, LA Bradley, TG Burish, KO Anderson, and JE Fox

Collier Macmillan: Toronto
1988, 509pp
Hardcover, n.p.
ISBN 0-02-313480-1

The authors of *Health Psychology : Clinical Methods and Research* promise a survey of the contribution of Psychology to the understanding, assessment, prevention and treatment of physical distress and disease, and by and large they deliver admirably. This is a clearly written, up to date introductory textbook on the basic concepts, research methods, and clinical interventions that are the foundation of contemporary Health Psychology in North America.

The book is divided into three major sections. Part I outlines the historical context in which Health Psychology has developed and describes the healthcare system in which it is practiced today. This introduction to the field is accompanied by an excellent introductory chapter on basic psychological research design and methods. Part II constitutes one of the most clearly articulated, concise expositions of the diathesis-stress model of illness to be found in any contemporary Health Psychology textbook, supported by equally clear introductions to behavioural and learning principles, and to the main physiological bases of health and illness.

Together, Parts I and II lay the groundwork for the second half of the book. Part III summarizes the contributions of Health Psychology to 1) the assessment and alteration of health endangering behaviour; 2) the psychological preparation of patients for stressful medical procedures; and 3) the role of health psychologists in the treatment of various diseases, including cardiovascular disease, cancer, diabetes, respiratory and gastrointestinal disorders, chronic pain

syndromes and rheumatoid arthritis, as well as contributions to child and geriatric healthcare.

The authors all are behaviourally-oriented clinicians, and therein lies the book's main strength and weakness. On the one hand, this is a uniformly tough-minded, empirically-oriented exposition of Health Psychology, with well-defined models of health behaviour and learning, and numerous examples throughout of concrete, practical psychological interventions for various health-related difficulties. However, the book fails to mention the crucial contributions to contemporary Health Psychology of clinical neuropsychology, and of other, nonbehaviourally-oriented psychological approaches to intervention with individuals, couples and families coping with chronic or life-threatening health problems. It is also disappointing to find no reference to the role of psychologists in palliative care generally, or in the treatment of cancer pain in particular. Finally, no attention is given to the health psychologist's large role in health system planning and the humanization of healthcare delivery in this era of severe constraints.

Despite these limitations, this is a fine introduction to Health Psychology, ideally suited to a graduate level course or seminar. The book will take the novice health psychologist far in understanding important issues and concepts in health psychological assessment, prevention, treatment and research. 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.

Brian Doan
Sunnybrook Health Science Centre and Toronto-Bayview Regional Cancer Centre

Family Health Psychology

TJ Akamatsu, MA Parris Stephens, SE Hobfoll, and JH Crowther (Editors)

Hemisphere Publishing, Washington
1992, 254pp
Hardcover, CAN$66.85
ISBN 1-56032-247-0
(Available from Gage Publishing, Agincourt, Ontario)

As health psychology has developed it has begun to move away from an individualistic model of health and illness and to consider the social and cultural context of human behaviour. One important aspect of this context is the family which has been an important concern for clinical psychology but less so for health psychology. This book is an attempt to inject a much needed awareness of the role of the family in the development, prevention, and treatment of a variety of health concerns.

The book is one of an excellent series on Applied Psychology which is under the general editorship of Stevan Hobfoll of Kent State University. Fortunately for us all of the texts so far in this series have dealt with health-related issues.

This book consists of three main sections. The first is concerned with health cognitions and prevention, the second with family and marital factors in chronic illness, and the third considers intervention issues. Each section is preceded by a short overview and there is also a general introduction and discussion. This serves to give a sense of coherence which is sometimes missing from an edited volume.

In the introduction Akamatsu and Laing emphasize that because of the limited interest of psychologists in the family it is necessary to turn to other disciplines such as sociology, social work, and psychiatry for a theoretical basis. It is from within these disciplines that the ideas of family systems theory and family therapy derive their inspiration and it is for this reason that the contributors to this volume are not only psychologists but also physicians, social workers, nurses and family therapists. Psychologists have traditionally been skeptical about the scientific rigour of these disciplines and to an extent this made me someone apprehensive about the content of this volume. However, I was pleased to find that the chapters were well researched and referenced and provide a good source for researchers and practitioners in this field.

In reviewing an edited volume it is inevitable that only a few of the contributors will be mentioned. The chapter by Drotar on *Integrating theory and practice in psychological intervention with families of children with chronic illness* is an excellent example of how judicious consideration of theoretical models can pay dividends in the identification of intervention strategies.

I particularly enjoyed the chapter by David Gochman on *Health cognitions in families*. In this chapter he not only reviews the current research about these health cognitions but describes a clear research agenda which would be useful for anyone looking for research directions in this area.

Akamatsu's concluding article serves not only to review the preceding chapters but to raise some questions about this new sub-speciality of family health psychology. He emphasizes the changing character of the family and the need for researchers to specify the particular family unit they are investigating. Similarly there is a need to be aware that families will react differently to different illnesses

Overall, this is a welcome addition to the field of health psychology in general and a valuable inspiration to psychologists concerned with family health. Unfortunately, in view of its high price many potential readers may not be able to purchase their own copy but they should definitely order a copy for their institution library.

Michael Murray
Memorial University of Newfoundland

Promoting Cultural Diversity: Strategies for Health Care Professionals

K Hopkins Kavanagh and PH Kennedy

Sage: Newbury Park, California
1992, 162 pages
Paperback, $19.00
ISBN 0-8039-

Although concern regarding issues of racial and other social inequality in educational and health care services is not new, this text offers a fresh and positive approach to promoting understanding and valuing of cultural diversity among health care providers and clients, as well as educators and students, who may differ in relation to such factors as age, culture, ethnicity, gender, sexual orientation, socioeconomic status, and health condition. Focusing on coming to understand and value cultural diversity in contexts of health care education and practice, this text offers educators and clinicians a valuable tool for their own empowerment, as well as, those of their colleagues, clients, and students.

The text is divided into three parts. Part I, *Conceptual Background,* presents a well-referenced theoretical overview of such relevant concepts as: social interaction and communication,; health beliefs and practices; culturally congruent care; cultural relativism; social stratification; and professional responsibility. This section is developed by the authors in an effort to anchor readers in current thinking about human diversity and to develop in them an appreciation and respect for both human differences and similarities. The authors emphasize the need for respectful engagement and mutual communication in approaching diversity. Part I concludes with questions and myths for discussion based on the material provided, as well as, helpful and well-referenced notes for clinical facilitators or educators.

Part II, *Communication, Intervention, and Diversity*, provides several teaching-learning strategies that "safely mimic" interactions involving diversity. The authors present a good argument for fostering mutual, cross-cultural communication and provide general goals for facilitating communication among members of diverse groups. Considering three modes of intervention: cultural preservation; cultural negotiation; or cultural repatterning; strategies for organizing effective teaching-learning activities (e.g., scenarios, collages, and case studies) are provided. These strategies explore stereotypes commonly encountered in health care education and practice settings and illustrate the complexity of diversity in health care situations. These strategies will prove valuable to clinicians and educators in such health-related disciplines as medicine, nursing, psychology, and social work. This section also concludes with helpful questions and myths for discussion.

Part III, *Application: Case Studies and Collages,* presents a selection of case studies and collages with which to practice the analytical and communication skills presented in Parts I and II. Each of the case studies, reflecting such issues as sex role and gender, socioeconomic differences, and ethnicity, is followed by useful questions to stimulate thinking and discussion. A final comprehensive case illustrating institutionalized racism is presented as a model for analyzing other scenarios. The use of articulation triangles, the Interactive Decision Model presented in Part I, and a summary table are provided to facilitate the analysis of this case. A discussion of approaching intervention based on the assessment and analysis of the case situation is provided along with a brief discussion of the role of evaluation.

The text concludes with a comprehensive and current reference list, a general index, and biographical summaries of the authors. Would I recommend this text? Yes, and I have encouraged several of my colleagues in practice and in education to review for possible clinical education or course use. A relatively inexpensive text, *Promoting Cultural Diversity* is well worth the price.

A.M. Pagliaro
University of Alberta

Psychosomatic Syndromes and Somatic Symptoms

R Kellner

American Psychiatric Press:
Washington D.C.
1992, 260 pages
Hardcover,
ISBN 0-88048-110-2

This book is an interesting and well written treatise on the more common forms of somatization which present in medical practice. It includes detailed speculation about the mechanisms which are hypothesized to produce psychosomatic syndromes. The first section of the book includes chapters on the following syndromes: fibromyalgia, chronic fatigue, globus, dysphagia, non-ulcer dyspepsia, irritable bowel syndrome, urethal syndrome, behaviour induced physiological changes (hyperventilation and aerophagia), and chronic pain syndromes. The second part of the book focuses on the concepts of somatization, hysteria and deception as possible explanations for the development of the syndromes discussed in the first section.

Each of the clinical problems covered in the first section is presented in an organized fashion with a discussion of the signs and symptoms of the disorder, its prevalence, studies related to etiology of the problem, and issues related to diagnosis and treatment. For many of the syndromes, there is a case history illustrating the clinical presentation of the disorder. For each chapter there is a segment in which the findings from the literature presented in the section on etiology are critically discussed and analyzed. A summary and presentation of main conclusions closes each chapter.

What is perhaps most striking about the book is the comprehensiveness of the literature review. Dr. Kellner has put together a list of references in the area of somatization which in itself would be a valuable resource to professionals working in the area. Another aspect of this work which is to be

commended is the acknowledgment of the complexity of the issue being addressed. There is recognition of the multifactorial etiology of these disorders and of the difficulty in disentangling the effects of the various contributing factors. The complex relationship of somatization to actual physical disease is also noted and explored. Dr. Kellner clearly appreciates the impact that the history, expectations and fears of the individual patient may have on both the clinical presentation and response to treatment. This recognition of complexity is welcome for disorders that are often dismissed by both general practitioners and psychiatrists alike as being indicative of personality disorder and thus unlikely to benefit significantly from treatment.

Dr. Kellner critically reviews the literature in the area of medical and psychological treatment alternatives for each syndrome and consolidates the evidence for and against each option. Overall, this is a well written, scholarly analysis of what is known about a complex set of syndromes, their etiology and treatment.

Olga J Heath
General Hospital, St John's

Psychology and Health

M Genest and S Genest

Research Press: Champaign, Illinois
1987, 256 pages
Papercover, $22.05
ISBN 0-87822-280-4

This book is the first in the Research Press Health Psychology Series. The authors are to be commended for the clarity with which they articulated their aims. In their introduction these are stated thus: 'This volume will examine the contributions of health psychologists and other psychological researchers in studying the parameters of health behavior, lifestyle change, maintenance of change, and development of the groundwork for effective programs of prevention and treatment. The fundamental issues of treatment of illness versus prevention of illness, factors influencing adherence to medical or lifestyle change interventions, and social and cultural attitudes that have shaped the health-care system will be explored. Empirical literature and the behavioral applications of research on the following disorders will be presented: spinal cord injury, tension headache, hypotension, essential hypertension, chronic pain, acute stress (arising from invasive medical procedures) and chronic stress and its relation to peptic ulcers, cardiovascular disease, and cancer. Suggestions for lifestyle changes related to smoking, obesity, fitness, and substance abuse on an individual and community level conclude the volume' (page 4).

This work is an excellent choice to be the inaugural volume of the series. It is written for students of psychology as well as health professionals and others who have some basic knowledge of psychology. It places the development of Health Psychology into its historical context and contrasts the mechanistic approach to illness which we have inherited from the 17th century with a developing concern for the prevention of diseases and health promotion. While the authors emphasize the contribution of psychologists and other behavioural scientists, their claims are modest and based on existing evidence. Their enthusiasm is always mitigated by common sense. Patients are presented as voluntary consumers of health services whose choices are influenced by a variety of factors. Furthermore, they recognize that factors of crucial importance in promoting 'healthy behaviour' are more likely to be under the direct control of health professionals than their patients, making the role of care-givers one with added responsibilities. The chapter on social and cultural issues is particularly thought provoking and should alert aspiring health psychologists of the difficulties. In my opinion, the book is a concise and informative introduction to the subject. Therefore, I recommend it strongly to senior psychology undergraduates, medical students, and postgraduate students in clinical psychology.

Andrée Liddell
Memorial University of Newfoundland

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 3½" 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 rechereche et d'intervention, des comptes rendus et des annonces. Les articles devraient avoir moins de 2,000 mots avec moins de six reférences, et un résumé en Français et en Anglais. Si possible, veuillez présenter les articles au format ASCII sur une disquette 3½"*

Dr Michael Murray
Division of Community Medicine
Memorial University of Newfoundland
St. John's
Newfoundland A1B 3V6