ISSN 1192-4179

the Canadian Health Psychologist
le psychologue canadien de la santé

Fall/automne 1993 Vol.1 No. 2

Editorial
Éditorial

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

Psychophysiology and Health Psychology
Psychophysiologie et psychologie de la santé

Membership List
Liste des membres

Survey Results
Des resultats d'un sondage

Book Reviews
Comptes rendus

Notices
Annonces

Newsletter of the Health Psychology Section
of the Canadian Psychological Association
Bulletin de la Section de psychologie de la santé
de la Société canadienne de psychologie

Just when you thought it safe to go to your mail box - 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 years 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 Furedy 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 psychophysilogical 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 Bye-Laws 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 on vous avez pensé ne plus concir des risques en allent à la boîte aux lettres - voici le deuxième numéro du *psychologue canadien de la santé*. Depuis le derniér numéro le temps s'est vite écoulé et c'est avec plaisir que je vous présent ce numéro-ci.

Il contient deux articles qui résument des symposia qui se passérent au congrès de SCP. Dans une certaine mesure ils représentent des opinions marginales vis à vis la psychologie de la santé. Le première article par Irv Binik et collègues demande pourquoi la psychoogie de la santé ne tenait presque aucun compte des questions de la sexualité. Ils donnent des examples d'une série de sujets de récherche qui devraient être considérés par des psychologistes de la sante. Le deuxiéme article par John Furedy considère le rapport entre la psychophysiologie et la psychologie de la santé. Furedy et ses collègues prétendent que, dans l'absence de la co-opération, les psychologistes de la santé pourraient se servir par erreur des 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 memberes 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 saction. Les membres devraient noter que ces lois demandent l'élection des officiers. Dans le 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

Yitzcak M. Binik and Marta Meana
McGill University, Montreal

Frédérique Courtois
Université de Montréal

Ariel Stravynski
Université de Montréal

***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:** La psychologues dans le domaine de la santé n'ont pas généralement tenu compte de la fonction sexuelle ni comme une sujet important de recherche ni comme spécialité clinique. Cet article essaie d'aborder et soumettre à l'analyse critique la logie 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 fonctionne sexuelle dans le domaine de la santé, dans le but de réconcilier ces deux domaines.*

While most people would take for granted that adequate sexual functioning is an important aspect of general health, health psychologists do not seem to be convinced. Sexual function and dysfunction with the exception of AIDS-related topics have been more or less ignored by mainstream health psychology. This lack of attention is demonstrated by the relatively small number of articles related to sexuality in important health psychology journals and by perhaps an even smaller number of conference presentations. One interesting and perhaps indicative monitor of the field's interest is reflected in recent textbooks designed for undergraduates. We perused the indices and tables of contents of three standard health psychology text published since 1990 (Sarafina, 1990; Kaplan, Sallis, and Patterson, 1993; Taylor, 1991). Although AIDS was extensively dealt with, other sexuality related issues were totally ignored in two of the texts and only briefly mentioned in the third.

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, modem 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 psyxhologists 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 para and tetraplegic 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 Stravynski 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 (Stravynsi 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, p815). Perhaps by bringing sexology into mainstream health psychology one can promote the idea that being healthy and sexy are not mutually incompatible...

References

Binik, YM, Servan-Schreiber, D, Freiwald, S, & Hall, KS (1988). Intelligent computer-based assessment and psychotherapy: an expert system for sexual dysfunction. **Journal of Nervous and Mental Disease, 178,** 387-400.

Courtois, FJ, Charvier, KF, Leriche, A, & Raymond, DP (in press). Sexual function in paraplegia: I Evaluating sexual capacity. **Paraplegia.**

Kaplan, RM, Sallis, JF, Jr., & Patterson, TL (1993). **Health and Human Behavior.** New York: McGraw-Hill.

Kalogeropoulos, D. (1991). **Vasoactive intracavernous pharmacotherapy for erectile dysfunction: Its effects on sexual, interpersonal, and psychological functioning.** Unpublished doctoral dissertation.

Meana, M, & Binik, YM (1993). When coitus hurts: A r review of female dyspareunia. Manuscript submitted for publication.

Matarazzo, JD (1980). Behavioral health and behavioral medicine: Frontiers for a new health psychology. **American Psychologist, 35,** 807-817.

Sarafino, EP (1990). **Health Psychology.** New York: Wiley.

Seeman, J (1989). Toward a model of positive health. **American Psychologist, 44,** 1099-1109.

Sherwin, BB (1991) The psychoendocrinology of aging and female sexuality. **Annual Review of Sex Research, 2,** 181-199.

Stravynski, A, & Greenberg, D (1990). The treatment of sexual dysfunction in single men. **Sexual and Marital Therapy, 5,** 361-369.

Taylor, SE (1991). **Health Psychology** (2nd edition). New York: McGraw-Hill.

Psychophysiology and Health Psychology: Reflections on Some Experiences and Perspectives

John J. Furedy
Department of Psychology, University of Toronto

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 methodes et des measures de psychophysiologique dans l'études empirique de la psychologie de la santé, pourtant les liens conceptuels entre la discipline de psychphysiologie et celle de la psychologie de la santé restent compliqué et relativement ignorés. Cet article détaille une symposium de la SPC Congrés 1993 dont le but était de dresser un plan pour, justement, examiner ces deux disciplines. Les expériences et les points de vue de trois psychophysiologues 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 polygraphy: Disciplinary and professional issues". The perspective was that of someone who became a psychpophysiologist 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 poygraph has been employed. However, the perspective has remained that of an experimental psychophysiologist, 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, p241). 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 multidimensioality 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 academe 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.

(to page 28)

Alberta

Judith Beach
9119 - 117 Street
Edmonton, AB, T6G 1S1.

Harvey Brink
P.O. Box 188
Delburne, AB, T0M 0V0.

C. James Dillon
c/o Human Services Centre Inc.
6317 - 60th Avenue
Red Deer, AB, T4N 5T9.

Dr. James F. Evans
WCB - Rehab Centre
7123 - 119 Street
Edmonton, AB, T6G 1V7.

Barbara Fraser
Grey Nuns Hospital, Psychology
1100 Youville Dr. W
Edmonton, AB.

Ronna Jevne
Educational Psychology
University of Alberta
Edmonton, AB, T6G 2G5.

Magdalen Kirchen
316 Kingsway Garden Mall
109 Street & Princess Elizabeth
Edmonton, AB, T5G 3A6.

Deborah Lain
309 Sunvale Drive SE
Calgary, AB, T2X 3B8.

George Lucki
5850 - 44 Avenue
Red Deer, AB, T4N 3J5.

Dr. John W. Pearce
76 Waterloo Drive S.W.
Calgary, AB, T3C 3G1.

Dr. Terry D. Pezzot-Pearce
76 Waterloo Drive S.W.
Calgary, AB, T3C 3G1.

Arlene Cox
1104 - 505 4th Ave, SW
Calgary, AB, T2P 0J8.

Michelle Nanchoff
915 - 17 Ave NW
Calgary, AB, T2M 0P3.

Ms. Ann Marie Pagliaro
Faculty of Nursing
University of Alberta
Edmonton, AB, T6G 2G3.

M. Joan Saary
2452 - 22A Street N.W.
Calgary, AB, T2M 3X7.

Merle Woods
3503 34 Avenue S.W.
Calgary, AB, T3E 0Z6.

British Columbia

Elizabeth Bristowe
318-1345 West 15th Avenue
Vancouver, BC, V6H 3R3.

Dr. David Neil Cox
Psychology
SFU
Burnaby, BC, V5A 1S6.

Dr. Kenneth D. Craig
Psychology
UBC
Vancouver, BC, V6T 1Y7.
USERCRAI@MTSG.UBC.CA

Alice Bette Friedman
Box 906
Ganges, BC, T4N 1E0.

Roy V. Ferguson
534 Saint Charles Street
Victoria, BC, V8S 3M7.

Jerome I. Fransblow
Regional Psychiatric Centre
P.O. Box 3000
Abbotsford, BC, V2S 4P4.

Alice Bette Friedman
Box 906
Ganges, BC, V0S 1E0.

Peter Joy
4055 W. 39th Ave
Vancouver, BC, V6N 3B1.

Beverley Kort
201 - 2245 W. Broadway
Vancouver, BC, V6K 2E4.

Robert Laye
15 West 23rd Avenue
Vancouver, BC, V5Y 2G8.

Dr. Bonita Long
Counselling Psychology
UBC
Vancouver, BC, V6T 1L2.

Dr. Peter Suedfeld
Psychology
UBC
Vancouver, BC, V6T 1W5.
peter_suedfeld@MTSA.UBC.CA

Dr. Stevan John Welch
15549 Victoria Ave
White Rock, BC, V4B 1H7.

Michelle Bowers
609 - 1210 Jervis St.
Vancouver, BC, V6E 2E2.

Deborah McTaggart
2962 West 37 Avenue
Vancouver, BC, V6N 2T9.

Manitoba

Dr. John L. Arnett
291 Kingsway
Winnipeg, MB, R3M 0G6.

Om P. Chaudhry
824 Centennial Street
Winnipeg, MB, R3N 1R5.

Daryl D. Gill
R.R. 435, Rehabilitation Hospital
800 Sherbrook Street
Winnipeg, MB, R3A 1M4.

James Gretz
409 - 7 Street
Brandon, MB, R7A 3S9.

Dr. Michel Pierre Janisse
Continuing Education
University of Manitoba
Winnipeg, MB, R3T 2N2.
JANISSE@CCM.UMANITOBA.CA

Dr. Robert M. Martin
149 Oxford
Winnipeg, MB, R3M 3H7.

Dr. Donald E. Pettit
84 Allenford Drive
Box 119 - Group 29 - R.R. 1B
Winnipeg, MB, R3C 1L8.

Dr. L.S. Sandler
Psychology
U of Manitoba
Winnipeg, MB, R3N 2N2.

Dr. Michael Stambrook
Box 21011
Charleswood Post Office
33-3900 Grant Avenue
Winnipeg, MB, R3R 3C7.

Dr. John R. Walker
M4 -Psychiatry
St. Boniface General Hospital
409 Tache Avenue
Winnipeg, MB, R2H 3C1.

New Brunswick

Mme Claudette Godin
350 Rue Lavoie
Dieppe, NB, E1A 6R6.

Jean Pereira
220 Orleans
Dieppe, NB, E1A 1W9.

Christipe Surette
262 Rue Chantal
Dieppe, NB, E1A 4X9.

Xiaodong Bai
Psychology
U of New Brunsick
Fredericton, NB, E3B 5A3.

Newfoundland

Dr. T. Edward Hannah
Psychology
Memorial University
St. John's, NF, A1B 3X9.
THANNAH@kean.ucs.mun.ca

Dr. P. Michael Murray
Community Medicine
Memorial University
St. John's, NF, A1B 3V6.
MMURRAY@kean.ucs.mun.ca

Nova Scotia

Dr. Gordon S. Butler
Victoria General Hospital,Psychology
1278 Tower Road
Halifax, NS, B3H 2Y9.
GBUTLER@AC.DAL.CA

Dr. A. Samuel Danquah
Halifax Rehab Centre
P.O. Box 1003
Psychology
Dartmouth, NS, B3Y 3Z7.

Dr. Karina Davidson
Psychology
Dalhousie University
Halifax, NS, B3H 4J1.
KDAVIDSON@AC.DAL.CA

Dr. Janice Howes
Camp Hill Medical Centre
Psychology
1763 Robie St.
Halifax, NS.

Susan A. Hyde
65 Train Street
Sydney, NS, B1P 6H4.

Dr. Ann Robins Krane
Mt. Saint Vincent University
Halifax, NS, B3M 2J6.

Dr. Cynthia Mathieson
Psychology
Mount Saint Vincent University
Halifax, NS, B3M 2J6.
BMATHIESON@LINDEN.MSVU

Ms. Lynn Ross
Psychology,
Victoria General Hospital
1278 Tower Road
Halifax, NS, B3H 2Y9.

Dr. Murray Schwartz
Psychology
Victoria General Hospital
Tower Road
Halifax, NS, B3H 2Y9.
SCHWARTZ@AC.DAL.CA

Michael Vallis
Psychology
Camp Hill Medical Centre
1763 Robie St.
Halifax, NS.

Brent Vulcano
Psychology
St. Mary's University
Halifax, NS, B3H 3C3.

Ontario

Dr. Maria E.C. Barrera
Hospital for Sick Children
Psychology
555 University Avenue
Toronto, ON.

Anthony Bellissimo
Chedoke-McMaster Hospitals
Box 2000, Station "A"
Hamilton, ON, L8N 3Z5.

Dr. John W. Berry
Psychology, Queen's University
Kingston, ON, K7L 3N6.
BERRYJ@QUCDN

Dr. Daniel Bird
St. Joseph's Hospital, Psychology
50 Charlton Avenue E.
Hamilton, ON, L8N 4A6.

Dr Joanne Boehnert
Psychology
University of Guelph
Guelph, ON, N1G 2W1.

Dr. Douglas Bore
Psychology, University of Toronto
1265 Military Trail
Scarborough, ON, M1C 1A4.

Joan Martha Brewster
Sociobehavioural Research
A.R.F.
33 Russel Street
Toronto, ON, M5S 2S1.

Dr. A.J. Roy Cameron
Health Studies
University of Waterloo
Waterloo, On, 2N1 3G1.

Dr. Dugal Campbell
Ontario Mental Health Foundation
365 Bloor Street East, No 1708
Toronto, ON, M4W 3L4.

Dr. Mario Cappelli
Psychology
Children's Hospital of Eastern Ontario
401 Smyth Road
Ottawa, ON, K1H 8L1.

Michael Church
17 Ridley Gardens
Toronto, ON, M6R 2T7.

Dr. Joyce D'Eon
The Rehabilitation Centre
505 Smyth Road
Ottawa, ON,
K1H 8M2.

Dr. John R. Davis
78 Bond St N
Hamilton, ON, L8S 3W5.

Dr. Gerald M. Devins
Culture, Community &Health Studies
Clarke Institute of Psychiatry
250 College Street
Toronto, ON, M5T 1R8.
GDEVINS@UTORONTO

Dr. Brian David Doan
Psychology H-332
Sunnybrook Medical centre
2075 Bayview Avenue
North York, ON, M4N 3M5.

Mark Eveson
Southdown
Aurora, ON, L4G 3G8.

Dr. Leonard J. Goldsmith
73 Dingwall Ave.
Toronto, ON, M4J 1C4.

Dr. John T. Goodman
C.H.E.O.
401 Smyth Road
Otawa, ON, K1H 8L1.

Peter R. Henderson
Psychology, Rehab Centre
505 Smyth Road
Ottawa, ON, K1H 8M2.

Julia Holt
380 Armour Road
Pererborough, ON, K9H 7L7.

Giorgio Ilacqua
P.O. Box 1150
205 McLaughlin Road South
Brampton, ON, L6V 2M5.

Ms. Rosemary Jette
163 Concord Street S.
Ottawa, ON, K1S 0Z5.

Paul Kelly
CW2-373 Psychology
Toronto General Hospital
200 Elizabeth St
Toronto, ON.

Dr. Barbara Kisilevsky
School of Nursing
Queen's University
Kingston, ON, K7L 3N6.
KISILEVB@QUCDN

Dr. Kathryn E. Koenig
Psychology
York University
4700 Keele Street
North York, ON, M3J 1P3.

Margaret A. Kuiack
Psychology, Parkwood Hospital
801 Commissioners Road East
London, ON, N6C 5J1.

Dr. J. Michael LaCroix
208-586 Eglinton Avenue E.
Toronto, ON, M4P 1P2.

Robert Lahue
103 Thomas Street
Milton, ON, L9T 2E3.

Dr. J. John Lavery
Psychology
Brock
St. Catherines, ON, L2S 3A1.

Patrick Michael Lynch
89 Napier Street
Kingston, ON, K7L 4G2.

Wayne Meadows
P.O. Box 2930
580 Algoma Street N.
Thunder Bay, ON, P7B 5G4.

Karen Narduzzi
209 - 1655 Rooney
Windsor, ON, N9B 1L1.

William G. Newby
806 Colborne Street
London, ON, N6A 3Z9.

Dr. Kenneth Martin Prkachin
Health Studies
University of Waterloo
Waterloo, ON, N2L 3G1.
PRKACHIN@WATDES

Dr. Rebecca M. Renwick
Rehabilitation Medicine
University of Toronto
Faculty of Medicine
256 McCaul Street
Toronto, ON, M5T 1W5.

Dr. Stanley W. Sadava
Psychology
Brock University
St. Catherines, ON, L2S 3A1.

Dr. Ronald R. Schlegel
460 Frederick Street
Kitchener, ON, N2H 2P5.

Robert Shepherd
P.O. Box 130
148 Goderich St. W
Seaforth, ON, N0K 1W0.

Dr. Masud P. Siddiqui
205 - 267 O'Connor Street
Ottawa, ON, K2P 1V3.

Jane I. Staub
80 Berkindale Drive
Willowdale, ON, M2L 2A1.

Dr. David L. Streiner
Psychiatry
McMaster University
1200 Main Street W.
Hamilton, ON, L8N 3Z5.
STREINER@FHS.MCMASTER

Leora C. Dr. Swartzman
Psychology
Social Sciences
U.W.O.
London, ON.

Dr. Ronald Warner
Ryerson Counselling Centre
350 Victoria Street
Toronto, ON, M5B 2K3.

Keith Wilson
Psychology, Rehabilitation Centre
505 Smyth Road
Ottawa, ON.

Robert B. Woods
904 - 15 Erskine Ave
Toronto, ON.

Dr. Alan G. Worthington
Aird Street, P.O. Box 91
Grafton, ON, K0K 2G0.

Marta Young
57 Second Ave
Ottawa, On, K1S 2H4.

Diane Birch
9 Grenville Cres
Kingston, On, K7M 3A9.

Kent Allen Campbell
Psychology
McMaster University
Hamilton, ON, L8S 4K1.

Evelyne Girard Hacquard
C.P. 271
New Liskeard, ON, P0J 1P0.

Maria Gurevich
205 BSB
York U
4700 Keele St.
Downsview, ON.

Amber Hayward
92 First Avenue
Ottawa, ON, K1S 2G4.

Claude Manseau
1596 Des Grives Cr.
Gloucester, ON, K1C 5C1.

Dr. Fiore B. Mester
516 Glengrove Ave
Toronto, ON, M6B 2H2.

Lynn Miller
807 Kingfisher Crescent
Orleans, ON, K1E 2L5.

Kathryn J. Oakley-McKeen
877 Woorroffe Ave
Ottawa, ON, K2A 2G5.

Marie Pelletier
24 - 255 Stewart
Ottawa, ON, K1N 6K3.

Timothy Quek
369 Sentinel Road
Downsview, ON, M3J 1V1.

Lynn Rempel
314 Westwood Dr
Kitchener, ON, N2M 2L4.
Tamra Ricci
Stormont House
Carleton U
P.O. Box 1449
Ottawa, ON.

Douglas Saunders
482 Gilmour
Ottawa, ON, K1R 5L4.

Andrea Riesch Toepell
176 Finch Ave E
Willowdale, ON, M2N 4R9.

Québec

Marie-Christine Audet
119 Cremazie Est
Québec, PQ, G1R 1Y1.

Dr. Blaine Ditto
Psychology
McGill University
1205 Avenue Dr. Penfield
Montréal, PQ, H3A 1B1.

Dr. Patricia Dobkin
10755 Jeanne-Mance
Montréal, PQ, H3L 3C5.

Dr. Sara R. Frisch
Montréal General Hospital
1650 Cedar Avenue
Montréal, PQ, H3G 1A4.
M089001@MUSICA.MCGILL

Dr. Janel Gauthier
1282 Rue de la Monnerie
Cap Rouge, PQ, G1Y 1P4.

Dr. Morrie Golden
Herzel Family Practice Centre
Jewish General Hospital
3755 Cote Ste Catherine Road
Montréal, PQ.

Denis Houde
5567 Belanger Est
Montréal, PQ, H1T 1G3.

Vivian Iacovino
19 St. Dominique, Apt 2
Hull, PQ, J1A 1A1

Dr. Sylvie Jutras
Faculté des Lettres et Sci Humaines
Université de Sherbrooke
Sherbrooke,PQ, J1K 2R1.

Flora Kaplan
413 Roslyn Avenue
Westmount, PQ, H3Y 2T6.

Sylvain Neron
1200 Chemin du Golf #1107
Verdun, PQ, H3E 1P5.

Rodrigue Otis
151 Ch Bellevue
Eastman, PQ, J0E 1P0.

M. Rolland Poirier
6175 19ieme Avenue
Montréal, PQ, H1X 2G4.

André Renaud
Psychologie, FA Savard
Faculte des Sciences Sociales
Université de Laval
Ste-Foy, PQ, M3J 1P3.

Dr. Zeev Rosberger
Community Psychiatry
Jewish General Hospital
4333 Cote Ste. Catherine
Montréal, PQ, H3T 1E4.

Dr. John J. Sigal
Jewish General Hospital
4333 Cote Ste. Catherine
Montréal, PQ, H3T 1E2.

M. Fernando Simard
4118 Rue de Vieux-Pont
Jonquierre, PQ, G8A 1N5.

Dr. Pauline A. Theberg
4851 Draper
Montréal, PQ, H3X 3P6.

M. Jocelyn Villemure
840 - 2E Ave
Crand-Mere, PQ, G9T 2X5.

Edward G. Waked
5115 Rimbaud St
St. Leonard, PQ, H1R 1N3.

Phyllis Amato
7749 Henri Julien
Montréal, PQ, H2R 2B6.

Therese Beaudoin
749 Ave du Chateau
App 40
Ste Foy, PQ, G1X 3P4.

Jacky Boivin
Psychology
Concordia U
1455 De Maisonneuve Blvd W
Montréal, PQ.

Douglas French
104 - 925 Av Myrand
Ste Foy, PQ, G1V 2W2.

Sheila Jabalpurwala
350 L'Esperance St.
St. Lambert, PQ, J4P 1Y5.

Brian Morin
P.O. Box 9756
Ste Foy, PQ, G1V 4C3.

Chantal Robitaille
421 Lahaie
Laval, PQ, H7G 3B6.

M. Pierre Valois
Sciences de l'Education
Université de Québec à Trois-Riviéres
C.P. 500
Trois-Riviéres, PQ, G9A 5H7.

Dan Zhang
3 - 4360 Dupuis St
Montréal, PQ, H3T 1E8.

Saskatchewan

Dr. Gerald R. Farthing
317 Laval Cr
Saskatoon, SK, S7H 4N7.

Dr. Glenn Pancyr
Psychology
Royal University Hospital
Saskatoon, SK, S7N 0X0.

Dr. Lawrence F. Shepel
Psychology
University Hospital
Saskatoon, SK, S7N 0X0.

Dr. Cannie Stark-Adamec
Centre for Organizational and Social Psychology, Classroom Building,
University of Regina
Regina, SK, S4S 0A2.

Brian D. Sveinson
Counselling Services
U of Regina
Library Room 135
Regina, SK.

Mr. Carl von Baeyer
Psychology
University of Saskatchewan
Saskatoon, SK, S7N 0W0.

A. Ross Keele
932 8th Ave N
Saskatoon, SK, S7K 2X4.

Others/Autres

Dr. David W. Chan
Educational Psychology
Chinese University of Hong Kong
Shatin, NT,
HONG KONG.

Dr. David Clarke
Psychology
University of Nottingham
Nottingham,
ENGLAND, NG7 2RD.

Dr. Donna Lamping
Public Health & Policy
London School of Hygiene
Keppel St
London,
ENGLAND.

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 numéro du bulletin on présenta un questionnaire bref dans le fin de ramasser des détails 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 retoutnés par le poste. De ceux-ci 35 étant deçu je le croyais toujours utile de cataloguer les résponses et de résumer quelquesuns des résultats principaux.

Quant à l'histoire personnelle il y avait un mélange égale d'académiciens et de cliniciens. La plupart tenaient des doctorats. Les membres ont signalé une connaissance et compétence dans une large rangée 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. Désormais 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 séconde catégorie de préférences se concernait avec les événéments sociaux, les prix pour étudiants et les débats. Jusqu'à maintenant aucunde 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 additionel seront peut-être déçus.

L'évaluation du format du bulletin se divisa aussi en trois catégories. Comme dans l'évaluation des congrès les articles les plus populaires se concernaient avec le travail. Ces articles-ci traitaient de sujets généraux, résumaient la recherche récent, donnaient des rénseignements sur les subventions accordées on disponibles. De valeur un peu moins étaient les bibliographies et les critiques de livres. Les reportages de congrès et les nouvelles des membres avaient la monndre valeur. On se tiendra bien compte de toutes ces préférences.

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.

Nouvelles importantes

Au congrès annuel à Montréal on s'est accordé qu'il fallait faire un plus grand effort pour engager les membres dans les activités de la section. On s'est accordé sur les démarches suivantes:

1) les statuts de la section seraient distribués aux membres et il y aurait un appel pour la nomination des officers (voir les documents ci-joints)

2) les membres seraient encouragés à présenter des sujets au congrès annuel. S'ils voudraient un symposium ou un atelier sur des sujets particuliers qu'ils en envoient des détails et qu'ils sélectionnent un choix de présentateurs au plus tôt possible;

3) on organisera un événément social au prochain congrès si assez de membres indiqueront leur présence.

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 divers e 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

Furedy, J. (1983) International Journal of Psychophysiology, 1, 13-19.

Furedy, J. (1987) **International Journal of Psychophysiology, 4**, 293-297.

Furedy, J. and Heslegrave, R. (1991) **Advances in Psychophysiology, 4**, 157-192; 233-245.

Lykken, J. (1959) **Journal of Applied Psychology, 43**, 385-388.

Furedy, J. and Richardson, J. (1994) **Inter. J. Psychology.**

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 psychologically 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-circumspect 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; Sabbeth 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 childbearing 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

Alcock, D., Berthiaume, S., and Clark, A. (1984). Child life intervention in the emergency department. **Journal of the Association for the Care of Children's Health, 12,** 130-136.

Alcock, D., McGrath, P.J., Feldman, W., Goodman, G.T., and Park, M. (1985). Evaluation of child life intervention in emergency department suturing. **Pediatric Emergency Care, 1,** 111-115.

Benson, B.A., and Gross, A.M. (1989). The effect of a congenitally handicapped child upon the marital dyad: A review of the literature. **Clinical Psychology Review, 9,** 747-758.

McGrath, P.A. (1989). **Pain in Children: Nature, Assessment, and Treatment.** Guilford Press.

Ross, D., and Ross, S. (1988). **Childhood Pain: Current Issues, Research, and Management.** Williams and Wilkens.

Routh, D.K. (1988). **Handbook of Pediatric Psychology**. Guilford Press.

Sabbeth, B.F., and Leventhal, J.M. (1984). Marital adjustment to chronic childhood illness: A critique of the literature. **Pediatrics, 73,** 762-767.

Mario Cappelli
Children's Hospital of Eastern Ontario, Ottawa

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

Doctors Talking with Patients /PatientsTalking with Doctors

Debra L. Roter and Judith A. Hall

Auburn House: Westport, Connecticut
1992, 203 + xiipp
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
McMaster University
Hamilton, Ontario

Personal Coping: Theory Research, and Application

Bruce N. Carpenter (ed.)

Praeger: Westport, Conn.
1992, 276 pages
Hardcover, US$55.00
ISBN 0-275-93012-2

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 collegaues provides a good critique of curent 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 lierally hundreds of studies. It is the unquestionned 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 realise 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, peronal effectiveness and emotional states.

Crystal Park and Laurence Cohen provide an interesting overview on 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.

Michael Murray
Memorial University of Newfoundland
St. John's., NF.

Books for review/ Comptes rendus à faire

Brannon, C., and Feist, J. (1992) **Health Psychology, An Introduction to Behaviour and Health.** Wadsworth, Belmont.

Jevne, R.F., and Levitan, A. (1989) **No Time for Nonsense: Getting Well Against the Odds.** LuraMedia, San Diego.

Martelli, L.J., Peltz, F.D., Messina, W., and Petrow, S. (1993) **When Someone You Know Has AIDS: A Practical Guide.** Crown Trade, New York.

Ray, E.R. (ed.) (1993) **Case Studies in Health Communication.** Erlbaum, New Jersey.

Roy, R. (1992) **The Social Context of the Chronic Pain Sufferer.** University of Toronto Press, Toronto.

Sierles, F.S. (ed.) (1993) **Behavioral Science for Medical Students.** Williams and Wilkins, Baltimore.

Taylor, S.E. (1991) **Health Psychology , Second Edition.** McGraw Hill, New York

PERODICALS

International Journal of Behavioral Medicine: The Official Journal of the International Society of Behavioral Medicine
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 BG OEGSTGEEST, The Netherlands.

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

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

AIDS: Education and Research
Publisher: Guildford Press
Editor: Dr. Francisci 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 Cancer Center, King Street West, Kingston, ON K71 2V7.

Society for Psychophysiological Research
Details: SPR, Blendonview 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 Keita, 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, Universteit van 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.

121st Annual Meeting of the American Public Health Association, San Francisco, 24-28 October 1993.
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 31/2" 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 rechereche et d'intervention, des comptes rendus et des annonces. Les articles devraient avoir moins de 2,000 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 31/2"*

Dr Michael Murray
Division of Community Medicine
Memorial University of Nfld.
St. John's
Newfoundland A1B 3V6.
Tel :(709)737-6213
Fax:(709)737-2168