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The Canadian Health Psychologist/ Le psychologue canadien de la santé

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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 review articles, research and intervention reports, reports of events, letters, news of members, book reviews and announcements. Articles should ideally be no longer than 2500 words with about ten references. They should preferably include an abstract in English and in French. If possible, articles should be submitted on a computer disk.

The opinions expressed in this newsletter are strictly those of the author and do not necessarily reflect the opinions of the Health Psychology Section or of the Canadian Psychological Association, its officers, directors or employees. This is in no way affected by the right of the editor to edit all copy published.

The newsletter is produced two times a year, Spring and Fall. The deadlines for submission of articles are: Spring issue: 31 March; Fall issue: 31 October

Individuals who do not belong to the Health Psychology Section may subscribe by sending \$10 (payable to CPA Health Psychology Section).

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 but est de servir comme un agent de discussion pour des psychologues qui travaillent dans le domaine de la santé physique. Les articles revues, rapports de recherche et d'intervention, rapports d'événements, lettres, nouvelles des membres, des comptes rendus et des annonces sont le bienvenue chez le rédacteur pour soumission. Idéalement, les articles ne devraient pas dépasser 2,500 mots avec 10 références ou moins et, si possible, incluent un résumé en français et en anglais. Aussi, si possible, les soumissions devraient être présentées sur une disquette.

Les opinions exprimés dans ce bulletin son strictement ceux de l'auteur et ne reflètent pas nécessairement les opinions de la section de psychologie de la santé ou la société canadienne de psychologie, ses officiers, ses directeurs, ou ses employés. Le rédacteur a le droit d'éditer toutes soumissions.

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Les individus qui ne sont pas membres avec la section de psychologie de la santé s'abonner en envoyant 10\$ (payable à SCP Section de la psychologie de la santé).

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Editorial/Éditorial

This issue of the Canadian Health Psychologist begins with two papers which were initially presented at the International Congress of Psychology in Montreal. This congress was very successful for the Health Psychology Section as was evidenced by the large number of members and guests who attended our reception. The second paper by Lesley Graff and Bob Martin details the results of an important survey of health psychologists in Canada. These findings should be read together with those of our own smaller survey of section members (p.54). There is also an article on the World Wide Web on which we now have our own page. Members are encouraged to make use of this new resource.

The Canadian Health Psychologist continues to grow in influence. We now have established an exchange arrangement with our colleagues in the U.S., the U.K., and in Europe (see p49). In addition, we are now indexed by the Canadian Periodical Index and on CD-ROM by Canadian Business and Current Affairs Fulltext. Members might like to approach their university or hospital library to enquire whether they are interested in subscribing.

Members should note the announcements on page 56, in particular the call for section officers. If you are interested in playing a role in the section don't hesitate to get in contact.

Ce numéro du Psychologue canadien de la santé présente deux articles présentés au Congrès international de psychologie qui s'est tenu à Montréal. Le congrès fut un franc succès pour la Section de psychologie de la santé compte tenu de la grande participation des membres et des invités à notre réception. Le deuxième article par Lesley Graff et Bob Martin, présente en détail les résultats d'un important sondage sur les psychologues de la santé au Canada. Nous vous suggérons de lire les résultats de ce sondage parallèlement avec notre propre sondage des membres de la Section (p.54). Vous trouverez aussi un article sur le "World Wide Web" sur lequel nous avons notre site. Les membres sont invités à se prévaloir de cette nouvelle ressource.

Le Psychologue canadien de la santé continue de prospérer. Nous avons maintenant établi des arrangements d'échange avec nos collègues aux E.U., au R.U., et en Europe (voir p.49). De plus, nous sommes maintenant répertoriée dans l'Index des périodiques canadien et sur CD-ROM par la "Canadian Business and Current Affairs Fulltext". Les membres intéressés à s'abonner devraient communiquer avec la bibliothèque de leur université de leur hôpital.

Veuillez noter l'annonce à la page 56 au sujet de l'appel de mise en candidature pour les membres de direction de la Section. Si vous êtes intéressés à vous impliquer dans la Section, n'hésitez pas à communiquer avec nous.

Michael Murray

Autobiography and Health Psychology

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Abstract

Autobiographies are an extremely popular form of literature but have been largely neglected by psychologists. The current 'narrative turn' provides an opportunity for health psychologists to investigate this literary form. This article considers some published personal accounts of illness or illness autobiographies. The content of these autobiographies is reviewed as well as their impact on society and the social construction of illness.

Résumé

Les autobiographies sont une forme de littérature très populaire mais jusqu'à présent, négligées par les psychologues. Le présent "tour narratif" donne l'occasion aux psychologues de la santé d'étudier cette forme littéraire. Cet article examine quelques récits personnels de malades qui ont été publiés. Le contenu de ces autobiographies, leur impact sur la société et la construction sociale des malades y sont examinés.

Over the past twenty years health psychology has grown rapidly in popularity as evidenced by the numerous textbooks and journals dedicated to the subject and the size and growth of specialized societies. One problem faced by a discipline which is young and experiencing such rapid growth is that there is a tendency to adopt the standards and methods of more established disciplines as a means of gaining respectability and status within the scientific community. This rush for respectability can curtail debate about the legitimacy of the more dominant theoretical and methodological frameworks. Fortunately, health psychology has arrived on the scene at a time of intense debate about the nature of psychology and of science. This debate provides an opportunity to consider somewhat more the foundations of the discipline.

Psychology has been characterized as the archetypal positivist science. Born in the heyday of nineteenth century positivism it has maintained a fascination with supposed objective measurement and identification of statistical associations between so-called variables. The continued dominance of this positivist approach is sustained, argues Ibanez (1993), through the use of a certain "rhetoric of scientific truth: which includes claims to uniqueness, absolutism, supra-humanity, ideological legitimation, and production of power effects. The continuance of this rhetoric at a time of challenge makes use of certain "defence mechanisms" designed to prevent debate about the legitimacy of

its position. These defence mechanisms have tended to denigrate opposing view points and so avoided discussion about epistemological issues.

One innovative approach to the study of human development which offers great promise is that based upon the study of narrative (see Sarbin, 1986). This approach cuts across the various human and social sciences and acts as a bridge with the study of the humanities. Basically, this approach argues that human beings are natural storytellers. We exchange stories constantly in our everyday life. We define the world through stories and to an extent, we live our lives through stories. Some stories are emancipatory while others are restrictive. It is through an understanding of these stories that we can begin to grasp how we create meaning in the world. The exploration of peoples stories has grown enormously in the past decade and it straddles both scientific and popular culture. There are journals and conferences devoted to the study of narrative, and story telling magazines and festivals. An illustration of the popular interest in the study of narrative is that the July issue of New Yorker magazine devoted its editorial to the subject.

Much of the research into narrative has focussed on the verbal stories which people exchange. This paper is concerned with the stories which people write about their experience of illness (see Murray, 1997). In some respect, these can be considered part of the wider literature on autobiography.

Recent reviews (e.g. Eakin, 1985) of the genre of autobiography have revealed that it is largely a modern phenomenon. Although there are examples since early times of written personal accounts of life, the most famous being the Confessions of St. Augustine, it is only since the last century that autobiography has become a popular form of literature. It can be considered part of the general process of the rise of individualism and concern about selfhood which was part of the bourgeois revolution in western society. It has also been suggested (Ignatieff, 1988) that this process of documenting personal histories is especially pronounced in new societies which are less sure of their identities which is perhaps one reason why the genre is so popular in North America.

In many ways the development of autobiography has paralleled the development of the discipline of psychology. Both emerged in the last century and have a central concern with developing an understanding of the self. Indeed, early psychologists (e.g. Wundt) emphasized the value of self-reports although this interest declined with the rise of the positivist approach. Now that this approach is being heavily criticized a reassessment of the value of the study of autobiography seems appropriate. Within the social sciences and indeed the humanities there has been a growing interest in the value of autobiography as a genre and there is currently much discussion about its differentiation from the broader field of literature.

Great writers have often included characters who were ill in their stories. One frequently cited example is *The Death of Ivan Ilyich* by Fyodor Dostoyevsky. More recently there has been an increase in the number of personal rather than fictional accounts of illness. These published illness narratives or autobiographies are quite popular with the general public as a visit to any bookstore will confirm. They have also begun to attract the attention of researchers in the humanities and social sciences.

Anne Hunsaker Hawkins (1993) describes these published illness narratives as "pathographies". She suggests that they are the modern form of spiritual autobiographies which have long been popular with the public. However, Arthur Frank (1995), who has published several important articles on illness narratives, maintains that spiritual autobiographies remain popular and I would tend to agree with this. Further, he notes that written illness narratives are not confined to published books. They are also available in "grass-roots" publications and now on the Internet which provides a forum for detailed accounts of various illness experiences. This latter is a whole new field of material which is largely unresearched.

Health psychology has much to learn from a study of these published accounts. A review of the literature indicates that the most popular health problems discussed are cancer (especially breast cancer), AIDS, and mental illness. The popularity of these writing indicate the pervasive fear about these illnesses. The books are marketed as providing hope for patients and their

families that these diseases need not be fatal despite the failure of medical science.

We can investigate these books from a variety of perspectives. Here I will consider the content of a sample of them, their impact on the writer and also on the reader. An analysis of these autobiographies reveals that they adopt a similar framework. They begin by sketching out an early life as a period of relative innocence. Pinell (1987) in her analysis of letters written by cancer patients makes a similar comment about the blameless stance adopted by her authors. She argues that this stance of innocence is a psychological requirement for subsequently attributing the blame for the disease to other sources. It is also similar to Herzlich's (1974) finding that laypeople generally characterize themselves as the source of health and others or way of life as the source of illness.

The central portion of the accounts provide a detailed description of the initial diagnosis and subsequent treatment. The final portion describes the impact of the disease on the author's life. In closing their accounts the authors deal with a variety of interleaving issues. For example, they discuss the reaction of others to their misfortune and their attempts to pass as normal.

Perhaps the most important theme in closing the accounts is the reassessment of identity. Arthur Frank (1995) considers this theme to be central to all illness narratives. He argues that at the core of any illness narrative is an epiphany, or turning point, after which the person reassesses themselves and their place in the world.

There are various types of identity reassessment. There are those who have their faith or general beliefs reaffirmed through the crisis. There are those who feel that their life has been transformed through the experience such that they will say things like "Its a funny thing. I know that the disease was horrible. But in many ways I'm glad I had it. It made me a better person". One of the central themes in narrative accounts in general is the process of what Paul Ricoeur (1981) describes as *emplotment*. Through the creation of a story/narrative the author brings meaning to an event. He or she brings order to what was a classic sequence of events. In doing so they begin to exert control over their lives.

Many of the authors of these illness narratives are quite self-conscious of this process. They write that the illness brought disorder to their lives and they engaged in writing as a means of restoring order. For example one author writes "I wrote it to make myself feel better, to tidy up the mess in my head and it worked. When I was done I felt right side up again. different than before, but okay - in some ways better" (Rollins, 1993).

In analysing these illness autobiographies or narratives health psychologists must realize that they are not contemporaneous

accounts of the experience. Rather they are written after the event is largely over. They are created from the present looking back, attempting to organize and give meaning to a threatening experience (Freeman 1993).

As such while they provide some insight into the character of the experience they also provide insight into how the individual attempts to reorganize their lives after the experience.

An important issue for health psychologists is the extent to which these published accounts contribute to social representations about specific illnesses. Farmer (1994) has investigated the role of oral narratives in the creation of social representations of disease in society. There is less work investigating the role of written narratives in the creation of social representations of health and illness. Admittedly, it would be difficult to tease out the individual contributions since written accounts combine with oral and filmed accounts of illness. Admittedly we do know that historically written stories, particularly the religious and spiritual stories, have had a tremendous influence in shaping a society's belief systems. For that reason we would anticipate that these modern written accounts would have a similar, although less generalized impact.

Plummer (1995) has indicated published narratives help in the creation of communities of common interest. He was specifically concerned with the impact of AIDS accounts on the gay community. These written accounts raised consciousness and awareness of this disease but also helped shape the community and their shared belief system. In gay book stores in particular, you will find many written accounts of AIDS. In reading these illness accounts the readers with similar health problems can begin to define themselves with reference to a community of people.

Not surprisingly, Paul Ricoeur (1991) in his detailed discussion of narrative identity has commented on how through the process of reading the reader engages in the process of self-definition. As he argued: "the self does not know itself immediately, but only indirectly by the detour of the cultural signs of all sorts which are articulated on the symbolic mediations which always already articulate action and, among them, the narratives of everyday life." Through reading these illness autobiographies the patient begins to develop an understanding of their own illness experience.

Illness narratives/autobiographies can be analysed in other ways but the investigation of them by health psychologists can provide a tremendous opportunity to explore the social construction of illness. Rom Harré has commented that psychologists ignorance of language which is all around us is similar to fish ignoring the water in which they swim. A similar analogy can be made about illness stories - both oral and written, they are all around us it is time that psychologists turned their attention to them.

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Note: A version of this paper was presented as part of the symposium on Social and critical issues in health psychology at the XXVI International Congress of Psychology in Montreal.

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Health Psychology in Canada: A Report on a Survey

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Abstract

In 1995, the CPA Health Psychology Section members, as well as the Canadian Register of Health Service Providers in Psychology members, were asked to take part in a survey of health psychologists to gather information regarding the current definition of health psychology and activities of health psychologists in Canada. There was an excellent response from the section with almost half of the members replying. The survey results are summarized.

Résumé

En 1995, nous avons demandé aux membres de la Section de psychologie de la santé de la SCP et du Répertoire canadien des psychologues offrant des services de santé à participer à un sondage pour obtenir d'information sur la définition actuelle de la psychologie de la santé et sur les activités des psychologues de la santé au Canada. La réponse des membres de la Section et du Répertoire fut excellent. Presque la moitié des membres ont répondu. Les résultats du sondage sont présentés.

The role of psychologists in health care has expanded well beyond their traditional involvement with psychiatry, as health psychology in Canada has enjoyed significant growth over the past few decades. But, just what is health psychology and what are psychologists doing in the health care field? In the current study, members of the Health Psychology Section - Canadian Psychological Association, and members of the Canadian Register of Health Services Providers in Psychology were surveyed to assess their opinions and activities. Based on an excellent return of almost 600 questionnaires, the results are described in terms of the background training, general activities, specific health issues, and range of settings in which health psychologists are involved, as well as their broad collaboration with other professions and medical disciplines, and their opinions on the definition of this field.

Method

The questionnaire was developed in a small pilot study, using multiple response items rather than open-ended questions. It was mailed directly to CPA health psychology section members (n=155), who were asked to also forward copies to nonmember colleagues (n=41). As well, the survey was included in the national registry's (CRHSPP) newsletter in both French and English, with a letter of introduction and support from the CRHSPP president. Four hundred and eighty seven CRHSPP members replied, for a total of 580 respondents.

Results

All of the respondents, with one exception, spent some proportion of their time in health psychology work, suggesting that the participants were clearly involved as health psychologists. In fact, the median proportion of professional time

in health psychology activities was 80%.

The participants were primarily PhD psychologists (PhD - 72%; MA or MSc - 22%; BA or MD 1%; missing - 5%), and the majority received their training in clinical psychology (67%) or counselling psychology (23%). Other areas of training included experimental psychology (11%), educational psychology (10%) and neuropsychology (8%). (Note that some individuals indicated more than one area of academic degree training, thus the percentages add up to > 100%). Psychologists responded from every part of Canada, at rates that were roughly proportional to the numbers of practising psychologists in each area (see Figure 1) (Hearn & Evans, 1993).

Participants were asked to indicate the proportion of their health psychology time in each of several common professional activities. For the sample as a whole, the greatest proportion of time was spent in direct service in the form of treatment and assessment, as can be seen in Figure 2.

There were some significant differences, however, between the CPA section and CRHSPP member groups in the way their health psychology time was distributed across the various activities. While the largest proportion of time was in treatment for both CPA section members and CRHSPP members, the CRHSPP group spent approximately half of their health psychology time in treatment activities (51%) as compared to CPA health psychology section members, who spent 29% of their total health psychology time providing treatment ($t=-6.6$, $p=.00$). CPA section members also spent more of their time, proportionally, in teaching (15%) than did CRHSPP members (10%; $t=2.2$, $p \leq .03$). In addition, the health psychology section members spent a quarter of their time in research activities, compared to only 6% for the CRHSPP members ($t=5.64$, $p=.00$).

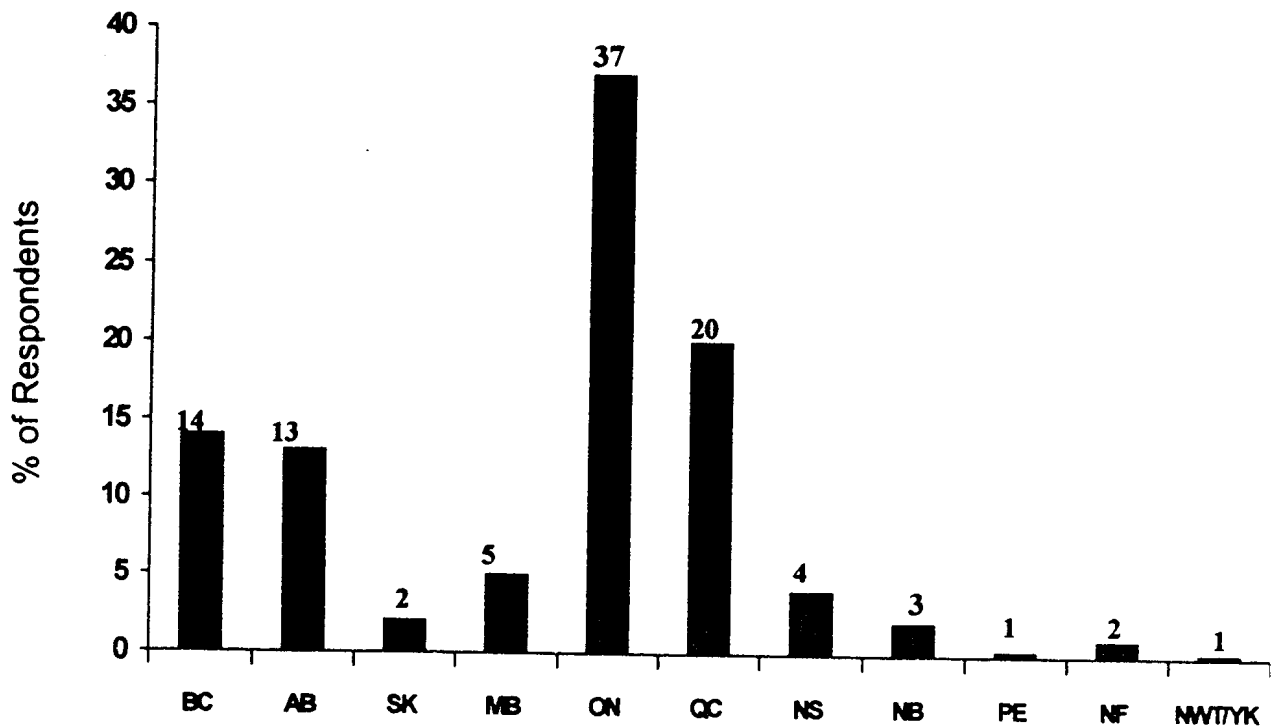


Figure 1: Distribution of Survey Respondents by Canadian Provinces

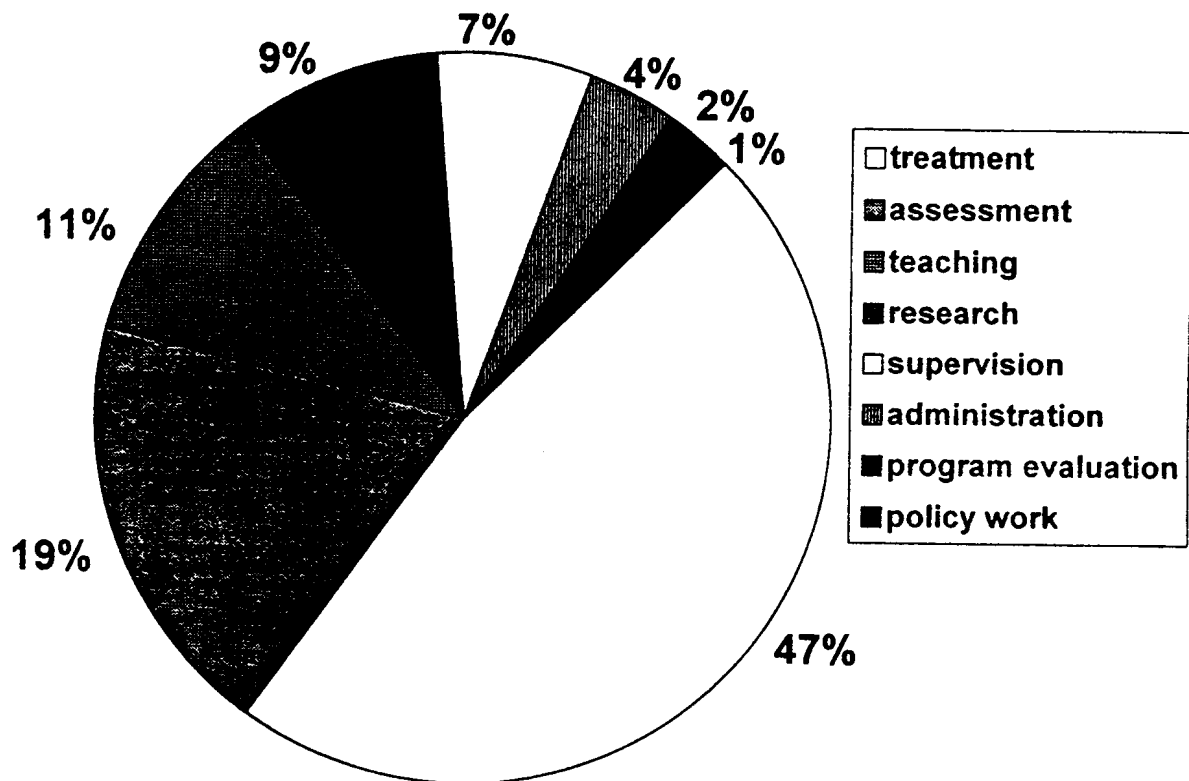


Figure 2: Mean Proportion of Health Psychology Time in Psychological Activities

Survey respondents were also asked to indicate all the settings in which they provided health psychology services. Just under half of the sample (48%) worked out of one setting: 52% worked in 2 or more settings. As can be seen in Figure 3, a striking 75% of the participants provided at least some service in a private practice setting. Universities and hospitals were the other areas where health psychology services were most commonly provided. Multiple response analyses showed that, of the 435 respondents (or 75% of the total sample) who provided health psychology services in a private setting, 169 worked exclusively in private practice, and another 174 worked privately as well as in one other setting, which was most typically a hospital.

Almost all of the respondents (86%) said that they routinely worked with other disciplines in their health psychology activities. The professional disciplines shown in Figure 4 are not meant to be an exhaustive list, but represent those disciplines that at least 10% or more of the survey participants worked with on a weekly basis. Respondents were most typically involved with family physicians, with two-thirds of the sample reporting regular contact. Fewer psychologists were involved with specialists such as cardiologists (6% of the sample), gastroenterologists (4%), psychiatrists (4%), and dentists (3%).

Respondents were asked which health issues or conditions they were involved with on a regular, weekly basis in their health psychology activities. Figure 5 shows the most common health issues, for which at least 10% of the sample were involved. Pain, headaches, and alcohol/drug use were the areas of greatest involvement. Fewer psychologists worked regularly with those having health conditions such as epilepsy (5%), diabetes (5%), or burns (1%).

One area of particular interest to us in surveying Canadian health psychologists, was the question of a definition of health psychology. Respondents were asked to indicate which of several components should be included in a definition of health psychology, and then were asked to rank order their top three choices as core aspects of a definition of the field. The suggested components were taken primarily from the American Psychological Association, Division of Health Psychology definition (Stone, 1990), and respondents were asked to add their own suggestions. As can be seen in Table 1, promotion of health, prevention of illness, and treatment were seen by the vast majority as important aspects of a health psychology definition.

Promotion of health, and treatment of illness ("physical" and "mental") were identified as the core components. In the qualitative comments, some participants qualified their choices by noting that promotion of health and prevention of illness were similar tasks and they selected one or the other. Others noted that treatment of mental illness, particularly in the form of anxiety or depression, was a key focus of treatment for health psychology. While these were the key components endorsed, health system and policy work were also seen as having a role in

health psychology by a large number of the sample (two-thirds).

When asked if they included mental health and mental illness in their definition of health psychology, 83% of the respondents answered "Yes", 14% answered "No", and 3% did not commit themselves one way or the other. The question engaged a large number of respondents: some were concerned about conceptual or disciplinary boundaries; others connected the question to professional identity; still others traced its implications for health care funding and public policy.

Conclusion

The survey helped to clarify the picture of health psychology in Canada. It appears that Canadian health psychologists work regularly with a broad range of health specialists and other disciplines; in this sample, a higher proportion were involved with family physicians than with psychiatrists. The majority of individuals who are doing health psychology work have their training background in clinical psychology. Health psychologists are still found mainly in the university and hospital work sites. However, many provide services in more than one setting, and almost three-quarters of the sample were doing some private practice work. Finally, there was general agreement on the core definitional aspects of health psychology, with most emphasizing health promotion and illness treatment roles, and subsuming mental health/illness issues. However, areas of exclusion/inclusion for a definition were hotly debated in the qualitative comments, reflecting health psychology's struggle with these issues. Thanks to all who took part and helped to develop this picture of Canadian Health Psychology.

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Note: A version of this paper was presented as part of the symposium on Health Psychology around the world at the XXVI International CONgress of Psychology in Montreal.

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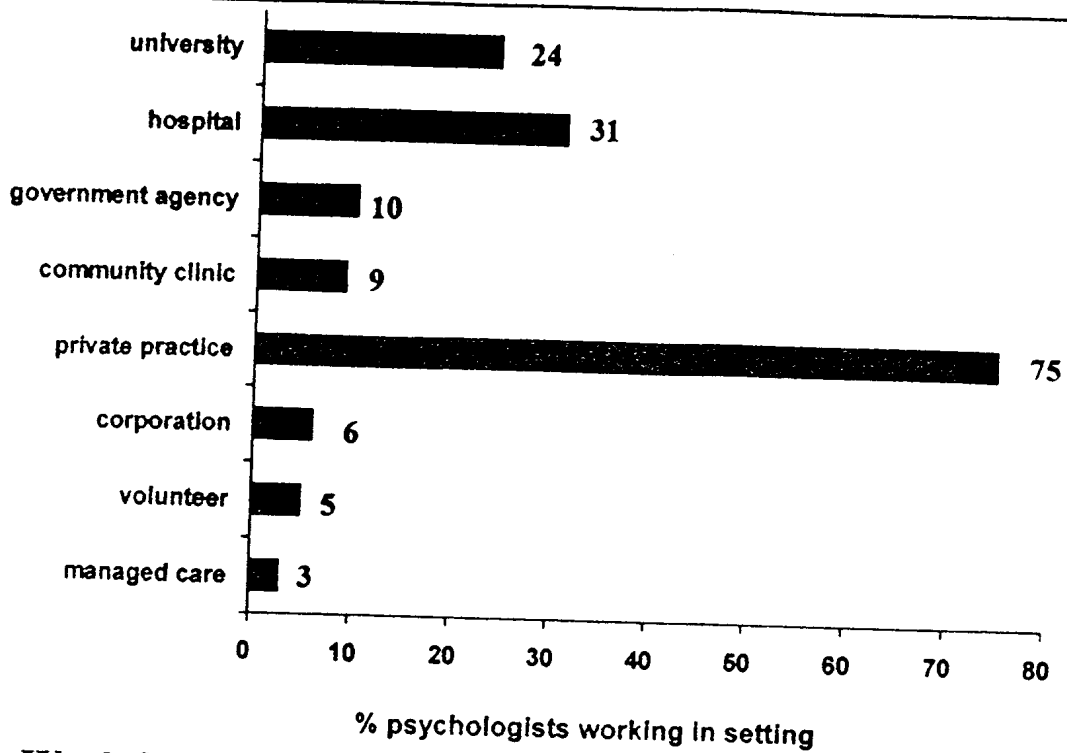


Figure 3: Work Settings of Health Psychologists

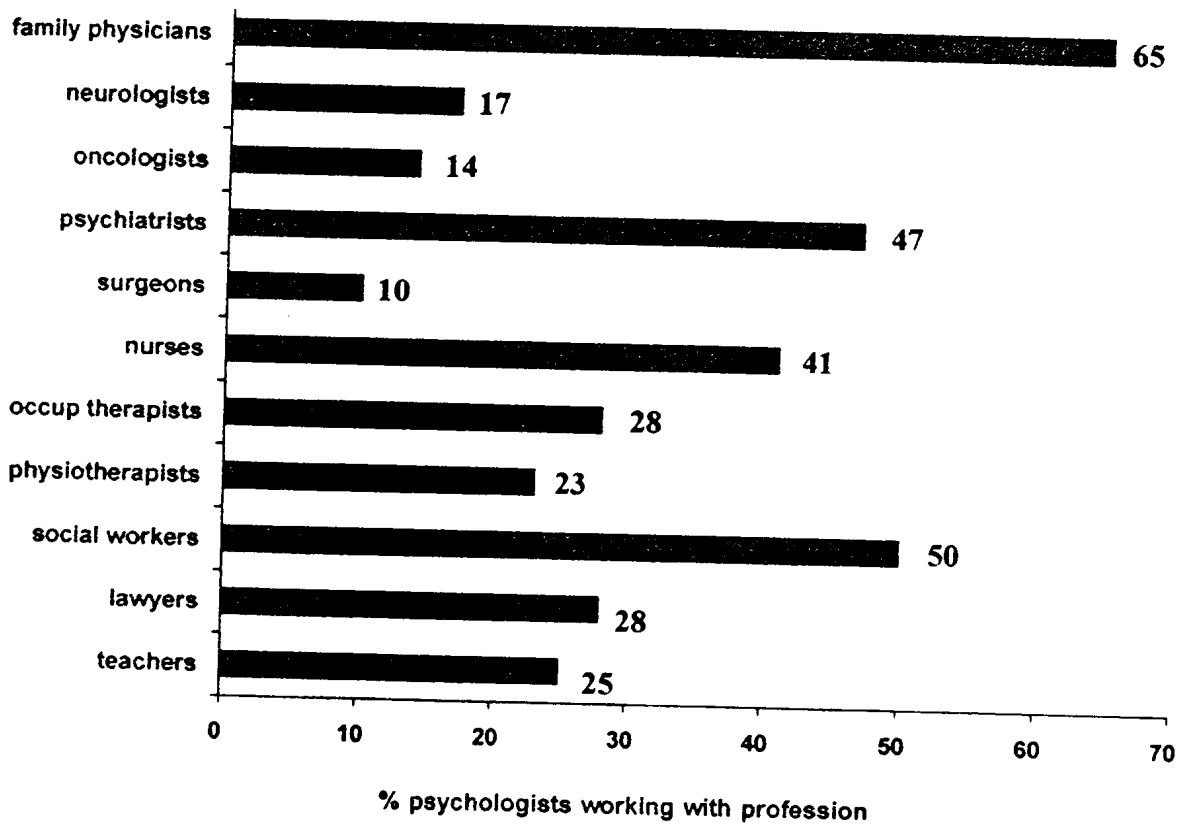


Figure 4: Multidisciplinary Involvement of Health Psychologists

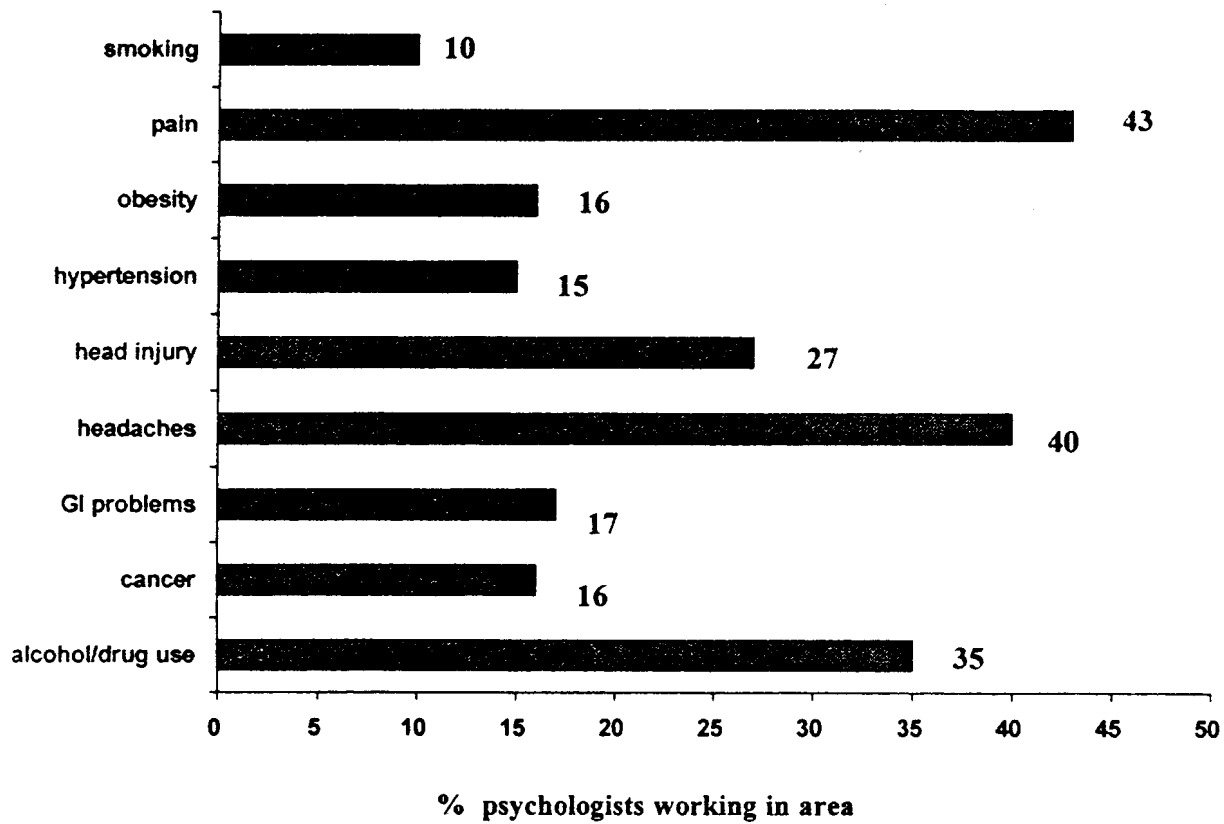


Figure 5: Common Health Psychology Issues

	% Psychologists Endorsing Each Component	Top ranked Components
Promotion and Maintenance of Health	94	1st
Prevention of Illness	88	
Treatment of Illness/Injury	84	2nd
Treatment of Mental Illness	74	3rd
Identification of Health Correlates	84	
Analysis of Health Care System	69	
Health Policy Formation	67	
Other	27	

Table 1: Definitional Components of Health Psychology

Health Psychology and the World Wide Web

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Has anyone out there *not* heard of the World Wide Web? It would be difficult, if not impossible to go a week without reading or hearing something about the World Wide Web, a.k.a. the Internet, the Net, the WWW, and the Web. (Although these terms are often used interchangeably, the WWW is actually just one aspect of the Internet.) To the uninitiated, the Web may seem a bit mysterious or even challenging. To the initiated, the Web can be a good source of information, professional contacts, and access to resources such as on-line articles and computer software.

The purpose of this article is to provide an overview of the Web, and to illustrate its usefulness. It is not intended as a complete guide to accessing the WWW - this article will cover some of the basics and it should be relatively easy for you to find someone who has had some experience "surfing the net" and is willing to show you more.

So what is the Internet? Basically, it is a collection of interconnected computers scattered all around the world. These computers have literally millions of files which you can access from your home PC. You can think of these files (or "pages") as documents which can contain the equivalent of up to several hundred typed pages, although for practical purposes, most Web pages are no longer than four or five print pages. Many pages also contain "graphics" (e.g. logos, illustrations, maps) and some even contain audio files and short videos.

The Web gives you almost instant access to these pages - if you know where to look - but first of all the basics. To surf the web you need a computer, an internet provider, a connection to the internet provider, and computer software (browsers) which allow you to easily access and view the websites. Many people have access to the Web because the mainframe computers at their place of employment are hooked into the Internet. If not, access is available through a number of network service providers (there are over 3000 world-wide!). In most large centers you have the option of choosing from among a number of local, national or international providers (e.g. AMERICA-ON-LINE, COMPUSERVE, iSTAR). If you live in a rural area, your choices will likely be more limited. Fees vary with services provided, but some typical rates are \$10.00 per month for 5 to 10 hours of internet access per month and \$30.00 for 20-50 hours per month.

In work settings, personal computers often are linked directly to mainframes. If this is not the case, or if you want to access the WWW from your home, you will need a computer with a modem (minimum 14.4 bps recommended) and a telephone line to connect with the service provider. You can use your regular telephone line for this purpose, but you will not be able to make or receive regular telephone calls while you are "on-line". If you are in a rural area (and in some urban areas), you may have to pay regular long distance telephone rates to connect with your service provider if they are not within your local calling area.

The software (browsers) are the easiest part. While you can purchase browsers in most computer stores, the same browsers are often available for free if you download them off the Web (a bit of a Catch 22 - if you don't have a browser, it can be difficult downloading anything from the Web!). Most internet providers (both commercial and institutional) provide free or low-cost browsers when you subscribe to their services. While there are dozens of browsers around, by far the most widely used are Netscape's Navigator, NCSA's Mosaic, and Microsoft's Internet Explorer. These are all graphical browsers - that is, they usually display the pages exactly as they are set up, with different types of fonts, coloured and patterned backgrounds, pictures, maps, and other graphics. Other browsers, such as Lynx are text based. You can generally access all the same pages with a text based browser as you can with a graphics browser, but without all the bells and whistles - plain text, no graphics, and little or no colour. However, the upside is that text browsers are much faster to use than graphical browsers because they don't spend time retrieving graphics. (If you are not interested in the bells and whistles, most graphical browsers give you the option of "turning off" graphics or colored backgrounds.) In some cases, public freenets or institutional e-mail providers may provide access to the internet with text based browsers, but not with graphical browsers.

Once you are set up and "online", if you can point and click with a mouse (or "Tab" and "Enter" with a text based browser), then the rest is easy. There are three common ways of finding and getting to a particular page.

The first way is to obtain the Unique Resource Locator (URL) for the page you want and enter it in the appropriate place in your browser. URL's are addresses. The URL for our own CPA Health Psychology Section homepage is

<http://is.dal.ca/~hlthpsych/hlthhome.htm>

Let's break it down.

a) **http://** stands for HyperText Transfer Protocol (Hypertext Markup Language, or HTML is the "language" of the Web). Most Web browsers will also allow you to access files which begin with **ftp://** which stands to File Transfer Program, and predates the Web.

b) The next part of the address points to the particular computer (or "domain") the page is stored in. In **is.dal.ca**, **ca** stands for CANADA, **dal** stands for DALHOUSIE UNIVERSITY and identifies the computer system. You can usually tell in which country the computer is located by the abbreviation: **ca** is CANADA, **uk** is UNITED KINGDOM, **aus** is AUSTRALIA and so forth. The United States is different. In place of a country abbreviation, U.S. based mainframe computers use abbreviations which describe the type of institution: **gov** for GOVERNment, **edu** for EDUcational, **com** for COMMercial, etc.

c) the remaining part of the address points to the computer directory and subdirectories in which the file for the page is located. Files which are written in HTML usually end with the file extension **.htm** or **.html**. Files ending in **.jpg**, **.jpeg**, and **.gif** are graphics files.

The most common ways of obtaining URL's for particular Websites is from friends and colleagues or finding them in newspaper and magazine articles or advertisements about particular websites.

The second common way of reaching pages is though "links". Most Web pages are "linked" to other web pages. For example, when you reach the home page of the Health Psychology Section, by a simple matter of pointing and clicking, you can jump to other pages at the Health Psychology Section site - such as a page listing the table of contents and abstracts of a recent issue of the Canadian Health Psychologist. You can also jump to a LINKS page, which lists other Web Sites, such as CPA, SBM, APA. Simply pointing and clicking will take you there.

The third way of reaching pages is as the result of a search. There are dozens of "search engines" available on the Web, such as Yahoo, Alta Vista, and Lycos. With many of them, it is possible to set up fairly sophisticated searches. For example, with Alta Vista you could specify that you were looking for any reference to "heart disease" and "depression" but excluding "congenital heart disease" for the period January 1, 1996 to June 1, 1996. The search would result in a listing of the pages in the search engine's database which met your criterion - in a matter of seconds. Then it is just a matter of pointing and clicking on the pages you wish to view.

When you come across material you wish to keep or print off, it

is usually a simple matter to use the browser to download a copy. It is even possible to download freeware and shareware software from the Web. One site (<http://software.com>) boasts of over 100,000 software programs.

Here are some other useful URL's:

a) <http://cuiwww.unige.ch/meta-index.html> - extensive list of WWW search tools for everything from people to documents to software to real estate!

b) <http://www.schnoggo.com/people.html> - finding e-mail addresses and people on the Net

c) <http://thelist.com> - list of Internet Service Providers

d) <http://www.york.ac.uk/inst/ctipsych/web/MainMenu.html>
- psychology software and computers in psychology

e) <http://www.nova.edu/Inter-Links/health/psychlist.html>
- electronic mailing lists related to psychology

Our CPA Health Psychology Section pages are intended to be a source of information and resources for section members and the general public about health psychology in Canada. Currently in the pages you can find: membership information and application forms; brief biographies of the section executive; table of contents and abstracts from recent issues of the Canadian Health Psychologist, and the results of the Health Psychology Training Survey of internship and university programs in Canada. In addition, the Health Psychology Section Links page will provide you with links to other sites specifically related to health psychology; such as the APA Health Psychology Division, the Society of Behavioral Medicine, The European Health Psychology Society, and the Journal of Health Psychology.

Your comments and suggestions about our Health Psychology Section Website are welcome. If you would like to suggest or contribute items for the site, please contact me:

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QEII HSC
1278 Tower Road
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Fax: (902) 428-2148
e-mail: gbutler@is.dal.ca

If you are submitting something you would like to have considered for inclusion in the Website, please send a copy on a 3 1/2 inch DOS diskette in ASCII, WordPerfect, or Word.

HEALTH PSYCHOLOGY 2000: THE DEVELOPMENT OF PROFESSIONAL HEALTH PSYCHOLOGY

Report of the EFPPA Task Force on Health Psychology

David Marks (UK; Convenor), Carola Brucher-Albers (Germany), Frank Donker (Netherlands), Zenia Jepsen (Denmark), Jesus Rodriguez-Marin (Spain), Sylvaine Sidot (France) and Brit Wallin Backman (Norway)

This report was approved by the General Assembly of the European Federation of Professional Psychologist Associations held in Athens in July 1995. The Task Force is continuing its work and will establish minimum training standards for member associations within the framework of this report.

1. Introduction

The Task Force on Health Psychology was established in 1993 after approval in principle at the 1992 General Assembly of EFPPA. It was agreed that the terms of reference and objectives of the Task Force would focus on the development of professional training for workers within this new field of applied psychology. At different stages, the Task Force membership included Katharina Althaus (Switzerland), Carola Brucher-Albers (Germany), Victor Claudio (Portugal), Frank Donker (Netherlands), Jaques Donnen (Germany), Zenia Jepsen (Denmark), David Marks (UK; Convenor), Jesus Rodriguez-Marin (Spain), Mario Sellini (Italy), Sylvaine Sidot (France), and Brit Wallin Backman (Norway). Marie Johnston attended the first three meetings of the Task Force in her role as President of the European Health Psychology Society. Matin Backman (Norway) attended all meetings as an observer. Pierangelo Sardi (Italy) attended the final meeting as an observer/interpreter. Ernst Hermann-Maurer (Switzerland) served as the EFPPA EC-Liaison Officer. The Task Force held three meetings in 1993 in London, Tampere, and Amsterdam; four meetings in 1994 in Tromso, Alicante, Madrid, and Paris; and a final meeting in 1995 in Copenhagen. Attendance at Task Force meetings is listed here: Katharina Althaus: 1/1; Martin Backman: 7/8; Carola Brucher-Albers: 1/1; Victor Claudio: 0/3; Frank Donker: 7/8; Jaques Donnen: 0/5; Zenia Jepsen: 4/5; Marie Johnston: 3/3; David Marks: 8/8; Jesus Rodriguez-Marin: 6/8; Mario Sellini: 1/2; Sylvaine Sidot: 7/8; Brit Wallin Backman: 7/8.

The Task Force disseminated early drafts of this document in a variety of different ways to solicit comments from member organizations, potential training organizations and interested parties. The Task Force was concerned particularly to seek the views of those who were not directly represented in the Task Force. Comments from interested parties were therefore invited at all stages as it was essential that EFPPA member should be

given the opportunity to submit their comments on the draft proposals before the Task Force had completed its discussions. It was also important that the major scientific organization concerned with health psychology in Europe, the European Health Psychology Society, should be able to participate in, and be kept fully informed of, the work of the Task Force.

A round-table discussion of the Task Force's draft document "The Training Needs of Professional Health Psychologists" was held at the 8th Conference of the European Health Psychology Society (13-15 July, Alicante). An invited symposium on "Psychology's Contribution to Health" was presented at the 23rd International Congress of Applied Psychology (17-22 July, Madrid). Two progress reports have been published in News from EFPPA (June 1993 pp. 28-29; September 1994, pp. 18-20). A discussion document on training needs was published in the European Health Psychology Society Newsletter (June 1994, Number 8, pp.1-2 and 7). A Workshop on Health Psychology 2000 was convened at the 4th European Congress of Psychology in Athens (2-7 July 1995).

The purpose of this report is to provide a set of guidelines concerning the major potential content areas of training programmes offered to professional health psychologists. The objective of the guidelines is to provide a general indication of the potential future contribution of professional health psychology. It is hoped that the development of professional health psychology within EFPPA member countries may be enhanced by the existence of these guidelines. With the exception of the ethical principles in the Meta-Code which should be mandatory in all training, the guidelines are not seen as prescriptive but indicative of the expected knowledge-base and deliverable skills of professional psychologists working in the fields of health and health care.

There are different approaches to health psychology matters in the different member associations. A consensus on the training

requirements of professional psychologists in Europe is yet to be achieved. A principle of "subsidiarity" needs to operate with respect to the adoption and implementation of these guidelines within different member associations. These should allow for different political and irreversible historical contexts and conditions determining the professional organization of psychology applied to health in different EFPPA countries. However, it should be useful to have a framework for purposes of comparison in the accreditation process relating to training in different areas of applied psychology. These guidelines are intended to provide such a framework for the developing area of health psychology.

2. Mission and vision of professional health psychology for the year 2000

2.1 Health psychology in context

Health psychology is the application of psychological theory, principles, methods and research to health, physical illness, and health care. In accordance with the definition provided by the World Health Organization, health is seen as wellbeing in its broadest sense, not simply the absence of illness. Expanding upon the original WHO definition, wellbeing is a multifactorial construct consisting of a complex interplay of cultural, social psychological, physical economic and spiritual factors. Human wellbeing is therefore a complex product of genetic, developmental, and environmental influences. There is recognition of the fact that health consists of a multifaceted set of processes, many of which have psychosocial dimensions. The promotion and maintenance of health involves psychosocial processes at the interface between the individual, the health care system, and society.

Health psychology is concerned with the psychological aspects of the promotion, improvement and maintenance of health. The context of these psychological aspects of health includes the many influential social systems within which human beings exist (families, workplaces, organizations, communities, societies, and cultures). Any psychological activity, process, or intervention which enhances wellbeing is of interest to health psychology. Equally, any activity, process, or circumstance which has psychological components and which threatens wellbeing is of concern to health psychology.

The mission of professional health psychology is to promote and maintain wellbeing through the application of psychological theory, principles, methods and research, taking into account the economic, political, social and cultural context.

The primary purpose or "vision" of professional health psychology is the employment of psychological knowledge, methods and skills in the promotion and maintenance of wellbeing.

The application of psychological knowledge, methods and skills in the promotion and maintenance of wellbeing is a multidisciplinary professional activity and it is not possible to define the field in a narrow way because of the many different settings and situations in which psychologists and psychology may have a role in human health.

This mission and vision statement are in complete accordance with the proposed EFPPA Meta-Code of Ethics which states:

Psychologists ... strive to help the public in developing informed judgements and choices regarding human behaviour, and to improve the condition of both the individual and society.

It should be the primary objective of training to facilitate the embodiment in everyday working practice of the ethical principles of the proposed EFPPA Meta-Code, namely:

- (1) Respect for a person's right and dignity;
- (2) Competence;
- (3) Responsibility; and
- (4) Integrity

2.2 Conditions which promote and maintain health

Integrity and meaning are key characteristics of health; fragmentation and meaninglessness are key characteristics of ill-health. Having the necessary resources to deal effectively with life events and changing social and economic circumstances is a necessary condition for health. Resources may be classified into five main categories: biological, psychological, social, economic and spiritual. Five main constructs may be specified as related respectively to these categories: immunocompetence, dispositional resilience, social support, socio-economic status, and belief systems. The availability and appropriate combination of these resources creates the conditions for wellbeing. The relative nonavailability of resources, or the availability in an inappropriate combination, creates the conditions for ill-health. A primary goal of health psychology is to establish and improve the conditions which promote and maintain the quality of life.

2.3 Inalienable right to health care for all

All people have an inalienable right to health care without discrimination, prejudice, or favour in regards to gender, age, religion, ethnic grouping, social class, material circumstances, political affiliation, or sexual orientation.

3. Objectives of training

3.1 Rationale for training

Health psychology is a rapidly growing area of applied psychology. Professional psychology is changing in response to

new developments in research and practice flowing out of this new interdisciplinary field. At the same time, changes in health policy in many countries are generating new roles for psychologists. With a growing awareness of the importance of psychosocial factors in the promotion and maintenance of wellbeing, the demands for professional health psychology services within health care systems are expected to increase.

As noted above, under the ethical code of our profession there is an absolute responsibility to ensure that psychologists only practise in areas of competence. This principle requires that health psychologists be trained and assessed for their competence. Psychologists wishing to practise in new areas have a responsibility to ensure that they have the appropriate experience and/or training.

3.2 Academic background of trainees

It is assumed that psychologists entering health psychology training will already have an academic level of education in psychology as specified and recognized by EFPPA.

3.3 Complementarity with other fields of psychological knowledge

There are overlapping competences between health psychologists and other professional psychologists and it is likely that there will be shared, generic components of training. Psychologists with experience and/or training in other fields of applied psychology wishing to have a professional qualification in health psychology should therefore be permitted to receive accreditation of their prior experience and/or training and vice versa. The proposed training should be specifically designed to fulfil this objective of complementarity.

3.4 Centrality of the scientist-practitioner model

The scientist-practitioner model provides the ideal model for professional training. This accords with the position statements on health psychology training provided by expert groups working in the USA (e.g. Sheridan et al., 1988). Professional health psychologists normally will require some form of practitioner skills training in health care settings in addition to research and evaluation skills. Only by demonstrating competency both in the provision of health care and in evaluation and research will professional health psychologists be able to meet the future challenges and demands of health care systems.

3.5 Interprofessional relationships

Health psychology is an interdisciplinary field with strong theoretical and practical links with many other professions, e.g. nursing, health promotion, social work, among many others.

3.6 Professional autonomy and complementary independence from other health care professions

The ultimate objective of training should be professional autonomy and complementary independence. The latter requires mutual respect of experience and training, without intrusions, infringements, or subordination, across health care professions.

3.7 Stages of competency

It is recognized that practitioner training passes through stages in which a person will, at first, practise under supervision of another fully experienced practitioner. Following an appropriate level of supervised placement experience with a range of settings and client groups, the psychologist will be competent to practise in his/her own right. However, training is never final and practitioners require continuous professional development through the acquisition of new skills and with the development of new technologies and the up-dating of knowledge following the advancement of research.

4. Training requirements of professional health psychologists

The training requirements of professional health psychologists fall into eight categories: the academic knowledge base (psychology); academic knowledge base (other); application of psychological skills to health care delivery; research skills; teaching and training skills; management skills; professional issues; ethical issues.

4.1 Academic knowledge base (psychology)

Professional health psychologists need an indepth understanding of the following:

- Lifespan perspectives and developmental processes
- Health-related cognitions
- Social factors and ethnicity
- Psychoneuroimmunology
- Psychophysiological processes
- Primary, secondary, and tertiary prevention in the context of health-related behaviour
- Risk factors
- The health and safety of individuals in the workplace
- Personality, health and disease
- Stress
- Health care professional-patient communication
- Psychological aspects of medical procedures
- Coping with life events

4.2 Academic knowledge base (other)

Professional health psychologists need some understanding of relevant aspects only of the following disciplines:

- Biology
- Epidemiology
- Ethics
- Health policy
- Health economics
- Health sociology
- Immunology
- Medical anthropology
- Medicine
- Physiology
- Pharmacology
- Neuroendocrinology
- Religious studies

4.3 Application of psychological skills to health care

According to the principle of subsidiarity (see section 1 above) the content of training in different countries will vary according to local circumstances and conditions. Of particular relevance will be accredited generic training in applied psychology. There will also be complementarity with existing training routes and professional expertise in clinical psychology, neuropsychology, educational psychology, work psychology and other applied fields.

Professional health psychologists need a working knowledge of at least the following psychological skills:

- Communication skills
- Consulting skills
- Counselling skills
- Assessment and evaluation
- Psychological interventions aimed at change in individuals and systems (e.g. families, groups, work-sites, communities)

4.4 Research skills

Professional health psychologists need a working knowledge of research skills in specific application to health and healthcare.

4.5 Teaching and training skills

Professional health psychologists require appropriate skills for teaching and training students and other health and social care professionals including supervisory skills.

4.6 Management skills

Professional health psychologists require a working understanding organizations and teams.

4.7 Professional issues

Professional health psychologists require a working understanding of the following:

- The place and status of health psychology in society
- Professional identity and autonomy
- Legal and statutory obligations and restrictions
- Transcultural understanding
- International perspectives on professional health psychology

4.8 Ethical issues

Professional health psychologists are expected to comply with the code of ethics defined by EFPPA's Meta-Code and the appropriate, existing national code.

Reference

SHERIDAN, E.P., MATARAZZO, J.D., BOLL, T.J., PERRY, N.W., WEISS, S.M., AND BELAR, C.D. (1988) Postdoctoral education and training for clinical service providers in health psychology. *Health Psychology* 7, 1, 1-17

This report was prepared by Professor David F. Marks, Health Research Centre, School of Psychology, Middlesex University, Queensway, Enfield, Middlesex EN3 4SF. Tel/FAX: 0181-362-5558; e-mail:david78@mdx.ac.uk

Health Psychology Publications

Recently we entered into an agreement with other health psychology newsletters to exchange information and articles. This will work two ways such that not only will we learn more about health psychology in other countries but they will also, hopefully, learn more about us. In this issue I thought it would be useful to summarize the activities of these other newsletters and related publications.

U.S.A.

American Psychological Association, Division 38 (Health Psychology)

This is the largest health psychology group in the world with almost 4000 members. Their newsletter is produced four times a year and has approximately 20 pages per issue. It is called:

The Health Psychologist

Editor: Ken Wallston

School of Nursing

Vanderbilt University

308 Godchaux Hall

Nashville, TN 37240

Email: ken.wallston@mcmail.vanderbilt.edu

Division 38 also helped establish the first health psychology journal which is produced six times a year. It is called:

Health Psychology

Editor: David S. Krantz

Department of Medical and Clinical Psychology

Uniformed Services University of Health Sciences

4301 Janes Bridge Road

Bethesda, Maryland 20814-4799

U.K.

The Special Group in Health Psychology (S.G.H.P) of the British Psychological Society has approximately 800 members. It produces a newsletter on a quarterly basis. It is called:

Health Psychology Update

Coordinating Editor: Stephen Wright

Department of Medical Psychology

Hadley House, Leicester General Hospital

Gwendolyn Road

Leicester LE5 4PW, England, UK

Email: 5jw20@Le.ac.uk

This is quite a substantial publication with up to 48 pages per issue. The S.G.H.P. also helped in the recent establishment of a new journal called:

British Journal of Health Psychology

Editors: Jane Wardle

ICRF Health Behaviour Unit

Institute of Psychiatry, University of London

Andrew Steptoe

Department of Psychology

St. George's Hospital Medical School

University of London

Europe

The European Health Psychology Society has about 300 members. It produces the following newsletter every six months:

E.H.P.S. Newsletter

Editor: Jan Vinck

Department MMC

Limburgs Universitair Centrum

Univesitaire Campus

B-3590 Diepenbeek, Belgium

Email: jvinck@luc.acibe

The E.H.P.S. also supports the following journal:

Psychology and Health

Editor: Adrien Kaptein

Department of Psychiatry

Leiden University

P.O. Box 1251

2340 BG Oegstgeest

The Netherlands

Other Publications

Journal of Health Psychology

Editor: David Marks

Health Research Centre

Middlesex University

Queensway, Enfield

Middlesex EN3 4SF, England, UK

This journal from Sage Publications currently produces four issues per year. It has three section members on its editorial board.

Psychology, Health and Medicine

Editor: Lorraine Sherr

Department of Primary Care and Population Sciences

Royal Free Hospital School of Medicine

Rowland Hill Street

London NW2 2PF, England, UK

This journal from Carfax Publications produces three issues per year. It has two section members and four other Canadian psychologists on its editorial board.

CPA Health Psychology Section AGM Minutes Montreal, August 1996

Michael Murray, PhD, Chair

Patricia Dobkin, PhD, Chair-Elect

Gordon Butler, PhD, Secretary/Treasurer

Meeting began at 1:05 p.m.

by the Canadian Periodical Index.

1. Agenda approved.

2. Minutes of the June 1995 AGM accepted.

3. Section Chair's Report Michael Murray reported that the executive has met (by teleconference) on three occasions since the 1995 AGM to attend to section business. Major activities of the section this year have been the development of the membership directory, a survey of health psychology training in Canada, and a website. Also during the past year, the section has become affiliated with the International Association of Behavioral Medicine. However, the section has not yet received an invoice with respect to the affiliation, and the decision to continue with the affiliation will be made once the cost is evaluated. During the 1995 AGM an AIDS/HIV Significant Interest Group (SIG) was formed as a subsection of the Health Section, but the SIG is operating independently of the section.

The Health Psychologist Newsletter was published twice this past year, with the latest issue being a special issue on AIDS/HIV. Twice as many copies as usual were printed for distribution at the International Congress in Montreal and elsewhere. This was done to enhance the profile of the section. During the year, the Newsletter began to be indexed

4. Secretary/Treasurer's Report Section membership currently consists of 136 Members, 30 Student members, 7 Associate Members and 16 members of the AIDS/HIV SIG. 69 people who were on the 1995-1996 membership list did not renew for 1996-1997. This high number appears to be a combination of an outdated membership list plus a lower overall renewal to the CPA. CPA head office assisted in clarifying the current membership list. Efforts made to encourage renewal included a mailed appeal to all non-renewing individuals.

The future of the AIDS/HIV SIG with respect to mailing was discussed at the AGM. Most of the AIDS/HIV group has chosen not to formally join the Section. The SIG chairperson will be contacted and informed that the section can no longer afford to support mailings to nonpaying members.

The 1995-1996 Financial Report and the 1996-1997 Budget were presented. In 1995-1996, expenditures exceeded revenues by \$819.06, due largely to the costs incurred in printing and mailing the membership directory and to the printing of the newsletter. Although membership dues were increased to \$10.00 from \$5.00, the decline in membership resulted in much lower revenues than projected. The 1996-1997 Budgets projects a deficit of \$1115.00 with the cost of the newsletter and the Health Psychology Reception at the International

Congress accounting for 80% of projected expenses. Despite the higher expenditures of the past few years, the Health Psychology Section will still have approximately \$5000.00 in its account at the end of the 1997 fiscal year as the result of a build up of assets over several years of inactivity. The executive believes that the recent expenses are necessary to attract new members to the section, and if the attempt to attract new members is unsuccessful, the Newsletter and other expensive items will be scaled back accordingly.

As suggested by members attending the 1995 AGM, this year a membership directory was published and sent to all members. In addition, a survey of training opportunities in Health Psychology in Canadian Universities and Internship Programs was conducted.

A World Wide Web site for the Health Psychology Section was launched in 1996, with Dalhousie University providing space for the site.

5. Section Awards Due to the difficulty in identifying student papers at the International Congress, the Student Award will not be offered this year. The possibility of presenting a yearly "Health Psychology Award" was discussed but rejected as not feasible at this time. Instead, suggestions for section-sponsored CPA speakers and nominations for Health Psychology Section Fellows will be requested in the newsletter.

6. Next Year's AGM Health Psychology across the life cycle was suggested as a topic. Ideas were presented for speakers.

7. Other Business Dr. Richard Allon, Chair of the CPA Committee on Sections, brought greetings from the CPA.

Patricia Dobkin suggested that the section have a student representative. Nominations/ expressions of interest will be sought through the newsletter.

8. Adjournment Meeting adjourned at 1:50 p.m..

Respectfully submitted,

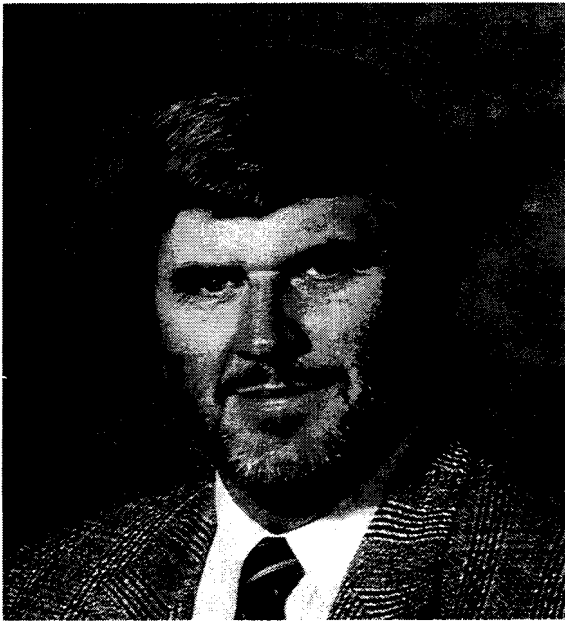
Gordon Butler, PhD
Secretary/Treasurer

RECEPTION

The AGM was followed by a reception open to all Health Psychologists attending the International Congress of Psychology in Montreal. Displays of the Section Newsletter, representative publications of section members, the Training Survey, membership demographic profiles and the Website were presented by the Section Executive. Dr. Lesley Graff, a section member, displayed a poster summarizing a recent survey of health psychologists in Canada.

The reception was judged by the executive to be very successful in raising the profile of the section in Canada and abroad. Guests at the reception included individuals from almost all of the Canadian provinces. In addition, the following countries were also represented: Australia, Cuba, France, Germany, Mexico, Netherlands, U.K., and U.S.

Executive Profiles



Gordon Butler was born in Saint John, NB, and completed his undergraduate training at the University of New Brunswick. He received his MSc in Clinical Psychology from Memorial University of Newfoundland and his PhD in Clinical Psychology from Queen's University in 1986. Upon completing his training, he spent two years in Calgary working in a residential treatment centre for children. For the past eight years he has been at the Victoria General Hospital (now Queen Elizabeth II Health Sciences Centre) in Halifax. There, he provides clinical services to patients with cystic fibrosis and patients with cardiovascular and haematological diseases.

Dr. Butler has appointments with the Departments of Psychology and Psychiatry, Dalhousie University and also he maintains a private practice. His research interests include patient education and quality of life in cardiac transplant and cystic fibrosis patients. He is also interested in professional issues and is a past-president of the Association of Psychologists of Nova Scotia and is currently a member of the Nova Scotia Board of Examiners in Psychology.



Patricia Dobkin is a Clinical Psychologist with a broad background in Health Psychology. She has trained at McGill (BA, 1982; Postdoctoral Fellow, 1989-1991), University of Georgia (M.Sc., 1984; PhD, 1987), and the University of Rochester Medical Centre (Clinical Internship and Predoctoral Fellow, 1984-1986). Her research pertains to chronic illness across the lifespan. Currently she is studying the effects of social support on treatment of substance abuse, group psychotherapy for women with systemic lupus erythematosus, and family factors affecting pediatric oncology patients' outcomes. By investigating various problems she searches for ways to transfer methods from one area to another (e.g., adult to pediatric psychosocial cancer); she refers to this as the creative cross-over effect. Also, by examining similar theoretical constructs in dissimilar domains she seeks to uncover universal phenomena which may have a greater overall impact in medical science and clinical practice.

Dr. Dobkin is an Assistant Professor in the Department of Medicine at McGill University and is a Medical Scientist at the Montreal General Hospital

Research Institute in the Division of Clinical Epidemiology. She recently received a Senior Career Award from CQRS, the provincial equivalent of Social Sciences and Humanities Research Council. She teaches a graduate course in the Department of Epidemiology and Biostatistics entitled: "Psychosocial Factors Affecting Medical Conditions", and an undergraduate course to first year students entitled: "Mind/Body Medicine"; both were created to increase awareness of the biopsychosocial aspects of health in future health care workers.

In addition to her professional commitments she is the mother of two-year old twins!

Some representative publications are:

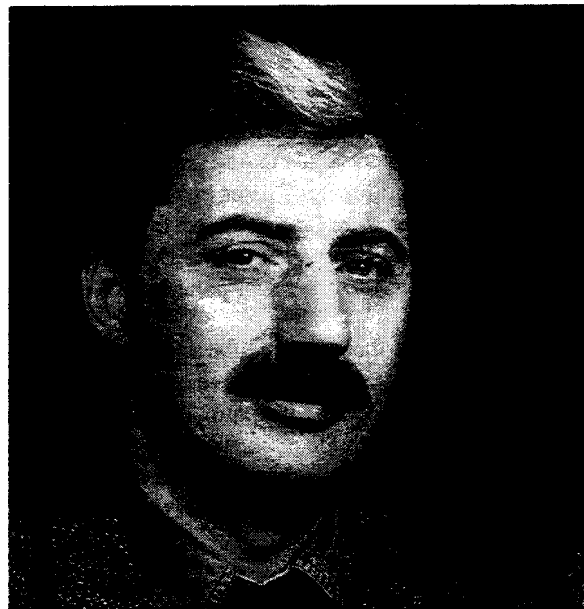
Dobkin, P.L., Pihl, R.O., & Breault, C. (1991). Validation of the Derogatis Stress Profile using laboratory and "real world" data. Psychotherapy and Psychosomatics, *56*, 185-196.

Dobkin, P.L., Létourneau, C., & Breault, C. (1994). Determining baseline and adaptation periods in stress research. Psychotherapy and Psychosomatics, *61*, 109-116.

Dobkin, P.L., Tremblay, R.E., Desmarais-Gervais, L., & Dépelteau, L. (1994). Is having an alcoholic father hazardous for children's physical health? Addiction, *89*, 1619-1628.

Dobkin, P.L., Tremblay, R.E., Mâsse, L.C., & Vitaro, F. (1995). Individual and peer characteristics in predicting boys' early onset of substance abuse: A seven-year longitudinal study. Child Development, *66*, 1198-1214.

Dobkin, P.L., Tremblay, R.E., & Sacchitelle, C. (1997). Predicting boy's early onset substance abuse from father's alcoholism, son's disruptiveness, and mother's parenting behavior. Journal of Consulting and Clinical Psychology.



Michael Murray is Professor of Clinical Psychology in the Faculty of Medicine at Memorial University. His primary appointment is in the Division of Community Medicine, where he is responsible for teaching medical students some psychology. He also holds cross-appointments in the Discipline of Psychiatry and the Department of Psychology, and a clinical appointment at the General Hospital. He conducts research into various aspects of health psychology, particularly popular beliefs about health care and illness and how these impact on self-care and interaction with the health service.

Some recent publications include:

Murray M, McMillan C (1993). Gender differences in perceptions of cancer. Journal of Cancer Education, *8*:53-62.

Murray M, McMillan C (1994). Health beliefs, locus of control, emotional control and women's cancer screening behaviour. British Journal of Clinical Psychology, *32*:87-100.

Murray M (1997). A narrative approach to health psychology. Journal of Health Psychology, *2*:9-22.

Characteristics of Section Members

As part of the development of our Membership Directory a short questionnaire was sent to all section members requesting certain background information. While individual details are provided in the Directory, the following figures provide the overall section figures. Remember these are obtained from the responses of those who replied to the questionnaire. Despite this limitation, there would seem to be some clear patterns.

Fig. 1 shows that approximately three quarters of the members are full members. Approximately one third of the members are from Ontario. This is followed by Alberta and Quebec, each with about 13% of members (Fig. 2). In terms of work the most important activities of members is clinical and research (Figs. 3 and 4).

Gordon Butler and Michael Murray

Table 1 shows that the most popular area of interest is clearly cancer which is indicated by over three quarters of the members replying. This is followed by pain, stress management and chronic illness. Although the majority of respondents are clearly more interested in clinical health issues a substantial minority are interested in more public health issues (e.g. health promotion, exercise, prevention).

Fig. 1 Membership Status of Health Psychology Section Members

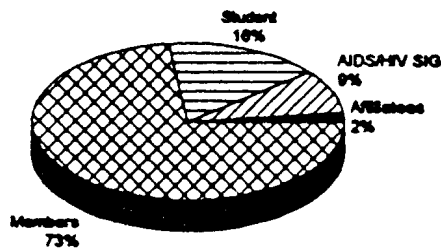


Fig. 2 Percentage Section Members By Province

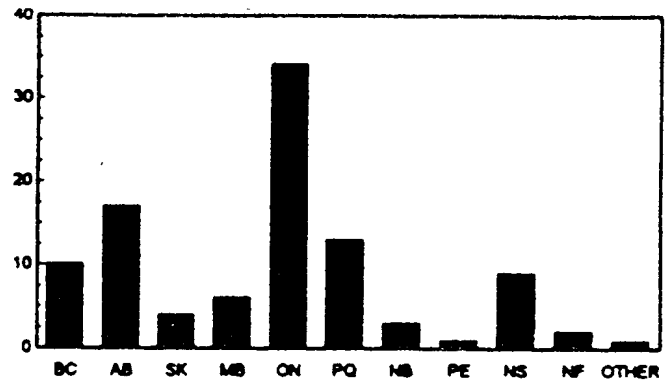


Fig. 3 Professional Activities - Average Distribution (N=79 Section Members)

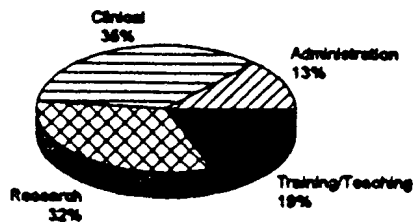


Fig. 4 Percentage of Section Members Spending >= 50% Of their Worktime in Designated Activity

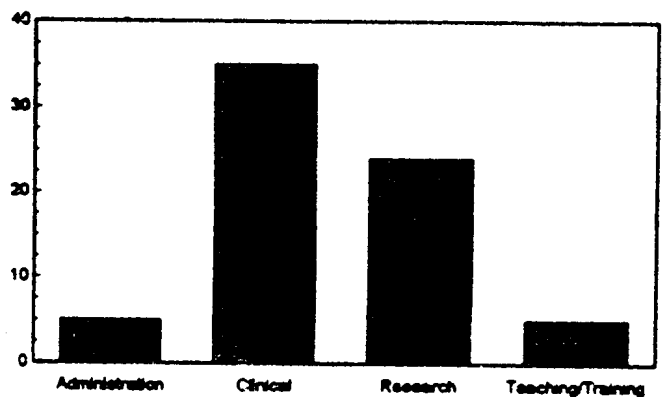


Table 1 Members' Main Areas of Interest (maximum of 5 areas each) (N = 84)

Area	N	(%)
Cancer	65	(77)
Pain	40	(47)
Stress management	38	(44)
Chronic illness	37	(44)
AIDS/HIV	23	(27)
Health promotion	19	(23)
Women's health	17	(20)
Rehabilitation	16	(19)
Psychosomatic disorders	16	(19)
Psychoneuroimmunology	15	(18)
Exercise/Fitness	13	(15)
Prevention	13	(15)
Headaches	13	(15)
Behavioural pediatrics	10	(12)
Alcohol/Drug abuse	9	(11)
Epidemiology	9	(11)
Health care policy	8	(10)
Neurological disorders	8	(10)
Public health	8	(10)
Worksite health	8	(10)
Aging	7	(8)
Chronic fatigue	7	(8)
Arthritis	6	(7)
Compliance	6	(7)
Obesity/Eating disorders	5	(6)
Sleep disorder	5	(6)
Transplantation	5	(6)
Behavioural genetics	3	(4)

Dental disorders	3	(4)
Diabetes	3	(4)
Cystic fibrosis	2	(2)
Coping	2	(2)
Minority health	2	(2)
Smoking cessation	2	(2)
Sports medicine	2	(2)
Type A behaviour	2	(2)
Urological disorders	2	(2)
Biofeedback	1	(1)
Culture and health	1	(1)
Developmental issues	1	(1)
Disability	1	(1)
Health economics	1	(1)
Program evaluation	1	(1)
Fetal well-being	1	(1)
Health professionals	1	(1)
Hypertension	1	(1)
Men's health	1	(1)
Palliative care	1	(1)
Prematurity	1	(1)
Primary care	1	(1)
Risk taking	1	(1)
Reproductive disorders	1	(1)
Sexual dysfunction	1	(1)
Sexuality	1	(1)
Stroke	1	(1)
Other	1	(1)

Announcements

Section Officers

Although it is still several months until next year's Annual General Meeting this is an advance notice of the call for the nominations and awards

Nominations are invited for the following positions:

President-elect
Secretary/Treasurer
Student Representative

Members who are interested should contact either Michael Murray (murraym@morgan.ucs.mun.ca) or Gordon Butler (gbutler@is.dal.ca)

Awards

The section would like to acknowledge those members who have made an outstanding contribution to the development of health psychology. Those who are selected will also be nominated by the section for Fellowship of the Canadian Psychological Association if they are not already fellows.

Nominations should be submitted to Dr. Gordon Butler, Department of Psychology, Victorial General Hospital, Halifax, Nova Scotia, B3J 2Y9

Student Award

Once again the Section will be presenting an award for the best poster presented by a student at the 1997 annual Congress. Students who are interested in being considered for the award should indicate on the abstract form that they are a Student Affiliate member of the CPA. They do not need to be a member of the Section. Only posters in which the student is the first author will be considered. The award will be based upon both the content and the presentation of the poster.

Call For Papers

In 1998 the **Journal of Health Psychology** intends to publish a special issue devoted to qualitative research in health psychology. Papers are invited for this special issue which will provide an opportunity for qualitative researchers to highlight the vital contribution of their work for the development of health psychology.

We are especially interested in receiving papers which will illustrate the variety of theoretical perspectives (phenomenology, symbolic interactionism, narrative, etc.) and methodological approaches (interviews, focus groups, participant observation, life stories, etc.) used by qualitative researchers.

Papers which are unable to be included in the special issue will be considered for a subsequent issue of the journal.

The closing date for submission of manuscripts is **July 30, 1997**. Manuscripts should be prepared according to other usual guidelines of the *Journal of Health Psychology*. Four copies of manuscripts should be submitted to either of the guest editors at the following addresses:

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

Kerry Chamberlain
Department of Psychology
Chinese University of Hong Kong
Shatin, NT, Hong Kong

New Journal

Sage Publications intends to launch a new journal entitled Health in 1997. This journal is aimed at researchers interested in the social and cultural study of health and illness. It focuses upon the changing place of health matters and medical issues in modern society and in public consciousness. It seeks to establish theoretical articles and empirical reports that re-examine the significance of health both within society and for social life.

Editor: Alan Radley, Department of Social Sciences, Loughborough University, Loughborough, Leicestershire LE11 3Yo, England, UK.

American Editor: Christine Ritter, Department of Sociology, Kent State University, P.O. Box 5190, Kent, Ohio 44242-0001.