

conference report

Conference report EHPS 2009: From Knowledge to Interventions?**Jessie de Witt Huberts****Clinical and Health Psychology, Utrecht University, The Netherlands.**

Despite the tempting Tuscan weather, hundreds of health psychologists chose the somewhat less tempting conference hall of Pisa to participate in the 23rd Conference of the European Health Psychology Society (EHPS) held between 23 and 26 September 2009. The growing popularity of health psychology was clearly apparent in this year's conference. Not only were conference halls completely filled, the number of submissions was also larger than ever. While the organising committee of the Bath (UK) conference in 2008 received a top number of 700 submissions, this year over 1300 abstracts were submitted.

Having such a large number of participants warranted a great diversity of themes and subjects. Under the heading "From Knowledge to Interventions", virtually all topics in health psychology were touched upon: from positive psychology to models of health and behaviour and the role of culture in health. With 275 oral and 1000 poster presentations scheduled, the conference offered enough opportunities to make it a useful and inspiring stay.

At the same time, such a varying and diverse programme poses some challenges to give a general impression of the conference and do justice to the many participants, symposia and presentations. In an attempt to give an impression of the conference, I therefore highlight some innovative presentations that aptly illustrate the conference's theme From Knowledge to Interventions.

Health Psychology: Answering or producing questions?

In agreement with the conference theme, besides many intervention- and applied studies, much space was offered for more fundamental experimental research on health and health-related behaviour. The knowledge that such experimental studies generate about mechanisms explaining health (behaviour) change, are of great importance for the development and improvement of health interventions. However, knowledge about these underlying mechanisms is not always easily translated into effective interventions. Some illustrative examples of this were presented in a



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symposium on self-control and health behaviour, which I will describe in some more detail below.

The paradox of health behaviour explained?

One of the most striking paradoxes in health behaviour is that many people continue their unhealthy habits, despite their good intentions and strong desires not to do so. Smoking cessation and weight loss attempts, for instance, more often fail than succeed.

According to Dr. Wilhelm Hofmann (University of Würzburg), this apparent contradiction can be explained with a dual-system model of health behaviour. Hofmann presented results from his research, in which he considers health behaviour to be the result of a competition between automatic, impulsive influences and controlled, reflective processes. To exemplify; a person who finds himself confronted with a tasty chocolate bar might automatically evaluate this chocolate bar as positive and tempting; the impulsive system. At the same time, this person might be aware that eating this chocolate bar competes with his goal to lose weight; the result of the reflective process.

Which of these two systems will become dominant and eventually will result in behaviour, depends on a number of factors. ►



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The studies presented by Hofmann showed that when the cognitive capacity required to engage in reflective processes was reduced by a cognitive load (by remembering an eight-digit number), behaviour was determined by automatic, impulsive processes. As a consequence, participants ate more chocolate in a taste test. When participants had to remember a one-digit number, and thus had sufficient cognitive capacity available, their behaviour was determined by controlled, reflective processes and participants subsequently ate less chocolate on a taste test.

Whereas this dual systems theory nicely integrates paradoxical health behaviours, two other presentations showed that developing interventions based on this model might not be as straightforward as expected.

Impulsivity: good for health?

The previously described dual-process model suggests that health behaviour could be facilitated by triggering the reflective processes, thereby reducing impulsive influences. However, Dr. Bob Fennis, social psychologist at Utrecht University, presented a series of experiments that showed that triggering impulsive processes and limiting reflective processes could actually be beneficial for stimulating healthy behaviour. The underlying hypothesis is that when individuals are in a state of reduced cognitive capacity for reflective processing, people will rely on cues and easy-to-process information in their environment.

Fennis experimentally manipulated reflective capacity and participants were then exposed to health promoting information, such as the advantages of keeping a dietary diary. Participants with limited reflective capacity were more likely to automatically follow the information. The participants in this condition were more susceptible for the health message, attached more value to this message, and reported a stronger intention to follow the recommendations in the message.

Can chocolate keep you slim?

Another conclusion that could be drawn from the dual-process model of health behaviour, is that it is better to avoid strong temptations. These strong temptations would activate impulsive processes and thereby trigger unhealthy behaviour. In her presentation, Floor Kroese, PhD-student at Utrecht University, refuted the proposition that individuals who are trying to lose weight should avoid temptations like chocolate pie.

Floor Kroese's research suggests that automatic responses to strong food temptations, might actually lead to more self-control, while weak food temptations might form a potentially larger threat to a dietary goal.

This is based on the idea that strong food temptations are strongly associated with dieting behaviour and restrained eating: when dieting women find themselves confronted with a tempting chocolate pie this may signal hedonic pleasure, but at the same it time might prime the notion that chocolate pie can harm the dieting goal. Therefore, seeing a strong food temptation would automatically activate the dieting goal and thoughts about dieting, which in turn are translated into controlled and healthy eating behaviour. Weak temptations on the other hand, do not signal a threat to the dieting goal and will therefore not activate the dieting goal; consequently less control will be executed over the eating behaviour.

Three experiments showed that weak food temptations were indeed less strongly associated with dieting, whereas strong food temptations activated a strong association with the dieting goal. This process influenced intentions to eat healthily as well as actual snacking behaviour; those who were exposed to strong food temptations actually made more healthy food choices.

From knowledge to intervention?

How can these insights contribute to the development of effective interventions aimed to promote healthy behaviour? Or in other words, how would this knowledge lead to interventions? Should we confront individuals with attractive and tempting foods, or should we rely on using more health education? Or both? And under what conditions? New knowledge is not always easily transferred to practice and ready-to-apply interventions. However, with the fast-growing research field of health psychology, there is hope that the solution is within reach. Perhaps the next EHPS conference in Cluj Napoca (Romania) in September 2010 will bring us another piece of the puzzle.