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A Taxometric Agenda for Health Psychology: Personality, Health Behaviours, Illness Perceptions, Attitudes and Symptoms

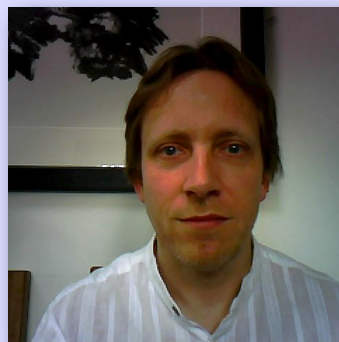
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An implicit assumption concerning many latent variables studied within health psychology, (e.g., personality, emotions, health behaviours, illness representations, symptoms), is that they are continuous/dimensional constructs. However, it is an empirical question whether or not a latent construct is truly dimensional (i.e., distributed as a continuous variable, with individuals varying quantitatively from each other) or if it is taxonic (i.e., individuals are differentiated into non-arbitrary groups or categories) (Ruscio, Haslam, Ruscio, 2006). Simply inspecting distributions, applying cluster or factor analysis will not answer this question (Waller & Meehl, 2006; Beauchaine, 2007). However, Meehl and colleagues (see Meehl, 1995; Waller & Meehl, 2006) developed a suite of statistical procedures, termed taxometrics, specifically designed to demonstrate if a latent structure is dimensional or taxonic (see Meehl, 1995). I will indicate why this question of dimensionality is not a trivial one, briefly outline the taxometric method and briefly show how it can be applied to address key questions concerning theory and interventions within health psychology.

Dimension or Taxon: A Key Scientific Question

Identifying whether constructs form distinct taxa (e.g., plants) or vary in terms of quantity (e.g., temperature) or degree (e.g., position in a status hierarchy) is a fundamental basis of science and theory building. Similarly for psychological science knowing whether a latent construct is dimensional or taxonic has important theoretical and practical/clinical implications (Ruscio et al., 2006). Explanations for dimensional models suggest multiple, additive causal factors that sum to produce quantitative variation (Ruscio et al., 2006). This implies that clinicians and researchers should utilize the full range of scores for diagnostic and research purposes (Widiger & Trull, 2007). A categorical model needs to explain the discontinuity between people and explanations may include a single causal factor (e.g., genetic or threshold models) or more complex interacting systems such as environmental influences leading to developmental bifurcation (Ruscio et al., 2006). The basic principle is that the existence of either dimensional or taxonic model requires a different theoretical account.



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The Taxometric Method

Detailed overviews of the taxometric methods are available elsewhere and the reader should refer to these for details (Beauchaine, 2007; Ruscio et al., 2006; Ruscio & Ruscio, 2004; Waller & Meehl, 2006). Basically taxometric procedures require three main steps (1) identifying valid construct indicators, (2) applying the appropriate taxometric method and (3) interpretation.

Indicators (e.g., items, scales, physiological responses etc.) are used if they can distinguish cases (termed taxons) from non-cases (termed complements). This is usually expressed in terms of a Cohen's d , with a value of 1.25 as the minimum cut off (Meehl, 1995). Good indicators require high item-total correlations and have minimum nuisance covariance (correlations among indicators in putative taxon and complement) of around .30 or less (Meehl, 1995). Indicators should pass all of these tests.

The basic taxometric technique involves the indicator variables split into input and output variables. At successive divisions along the input variable either mean differences either side of a cut (mean above minus below a cut: MAMBAC), or co-variances (Maximum Covariance: MAXCOV) or eigenvalues (Maximum Eigenvalues: MAXEIG) within a cut are computed for the remaining indicators (called output variables) (Waller &

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Meehl, 1998; Ruscio et al., 2006). These differences, covariances or eigenvalues will be at a minimum when either complement or taxon are present alone and at a maximum when the sample contains equal proportions of both. MAMBAC is used when there is a minimum of two indicators, MAXCOV or MAXEIG are used with at least three indicators. Recently taxometric procedures have been extended to incorporate factor analytic procedures known as L-Mode factor analysis (Waller & Meehl, 1998). Interpreting taxometric analysis involves inspecting the characteristic shape of the curves, when divisions are plotted on the x-axis and mean differences, covariance or eigenvalues on the y-axis. For a taxonic solution the curve will be peaked with MAMBAC and either peaked or cusped when MAXCOV/MAXEIG is used. If the structure is dimensional the curve will be either flat or concave. To aid interpretation a curve comparison fit index (CCFI) (Ruscio, 2007; Ruscio, Ruscio, & Meron, 2007; Ruscio & Marcus, 2007) can be consulted which varies between 0 and 1, with values greater than .5 indicating a taxonic solution and below .5 a dimensional solution. For any taxometric study more than one method should be used and convergence across the methods examined.

Taxometrics: An Agenda for Health Psychology Research

There are numerous important roles for taxometrics within health psychology and these are detailed below.

Personality, Diagnosis and Prognosis: Can personality traits be used as diagnostic and prognostic constructs, with definable cutoff scores? Type-D personality has become defined as one such categorical risk factor in cardiovascular disease (Denollet, 1998). However, the cut-offs for Type D are arbitrary (see Ferguson et al., 2009). Apart from the dangers of treating a continuous measure as if it were taxonic, a major danger of using arbitrary cut-offs in this context is misdiagnosis of cases as non-cases and visa-versa. The taxometrics of Type D have recently been reported and show that it is in fact dimensional and not taxonic (Ferguson et al., 2009). As such, there are concerns about using Type D as a categorical risk factor, based on arbitrary cut-offs when in fact it is dimensional. However, it is appropriate to draw distinctions within a dimensional construct as long as these are systematic and empirically justifiable (Ruscio et al., 2006) via identifying inflection points (Kessler, 2002) or the cross-over points for sensitivity and specificity (Ferguson, 2009).

Fortunately taxometric analyses have been applied to many traits regularly used in health psychology

and a large number are dimensional: (1) alexithymia (Parker, Keefer, Taylor & Bagby, 2008), (2) health anxiety (Ferguson 2009), (3) Type-D (Ferguson et al., 2009), adult attachment styles, impulsivity (see Ruscio et al., 2006), whereas a number are taxonic including Type A, self-monitoring, and impression management (see Ruscio et al., 2006 for a review).

Health Behaviours, illness representations and symptoms: Indices of unhealthy behaviour (e.g., summing the extent to which people smoke, drink alcohol, take drugs, have a poor diet; Kendzor et al., 2008) or the extent to which people report emotions associated with health behaviours (Kiviniemi, Voss-Humke & Seifert, 2007) are often summed to form a single continuum. However, it may be that these types of index are taxonic; that is a group exists, who have unusually strong positive emotions associated with negative health behaviours. If indeed these types of measure are taxonic this has profound implications for the type of theoretical models that might be used to explain unhealthy behaviours and in developing interventions. If a taxon is uncovered for example, it would be useful to assign people to taxon and complement (see Ruscio, 2009), and explore: (1) if the taxonic group membership is stable over time (is trait like), (2) if there are differential predictors, and (3) models that suggest developmental bifurcation. It would also suggest that this group would require focused interventions and indicate (based on cutoff and base rate information from the taxometric procedure) who to target the intervention at. As such, the status of health behaviours as a focus of intervention and a predictor would change.

Similar arguments can be applied to other widely used latent constructs in health psychology. For example, illness representations are treated as continuous and taxometric methods could be applied to explore if any of the 'dimensions' of illness representations are taxonic and if this is the case across different illnesses. Similarly for symptom reporting is there a taxonic group that represents people who tend to over-report symptoms? Indeed Ferguson et al (2009) have suggested such a possibility in terms of developing taxometric approaches within psychosomatic medicine to examine if levels of abnormal illness behaviour and symptom reporting (e.g., Chronic Fatigue Syndrome) form a distinguishable diagnostic category. Taxometric methods are now starting to be applied in the field of attitudes research and similar approaches could be taken with respect to attitudes research in health psychology (e.g., Denson, Iyer & Livkel, 2009). Finally, it should be noted that taxometrics can be applied to all types of data including physiological recording: For example,



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are there different groups of physiological responders to stress?

In conclusion a taxometric approach to health psychology research and practice would help to delineate the nature of many key constructs used and help further refine and develop theory and practice. ■

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Using Dyadic Analysis in Health Psychology

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Health psychology aims to understand how psychological mechanisms influence health, both physical and mental. Accordingly, much of the research in this field has been dedicated to clarifying the association between psychological and biological processes (e.g., demonstrating that increased levels of stress are related to reduced immune responses; Marsland, Bachen, Cohen, Rabin, & Manuck, 2002) and better understanding the etiology of health-promoting (e.g., exercise; Corwyn & Benda, 1999) and health-compromising behaviors (e.g., smoking; Shiffman et al., 2000). Although the field has benefited greatly from these areas, there is also much to be gained from focusing on the social context.

Towards this end, researchers have provided evidence that individuals' immune systems and levels of arousal are connected with particular qualities of their marital relationships (e.g., Kiecolt-Glaser, Fisher, Ogrocki, Stout, Speicher, & Glaser, 1987; Levenson & Gottman, 1983). There is also evidence to suggest that family involvement in treatment may be linked to rates of compliance (see Campbell, 1986, for a review) and that general levels of social support are associated with functioning of the immune, cardiovascular, and endocrine systems (see Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Unfortunately, the study of social processes cannot usually be accomplished by using methods for the analysis of individual processes. Given the importance of social relationships for health outcomes, we present important dyadic models that can aid health researchers in their attempts to better understand the relation between physical health and the social environment.

Dyadic Designs and Analytic Techniques

We believe that two dyadic designs may be of particular utility to health psychologists – the standard dyadic design and the one-with-many design (Kenny, Kashy, & Cook, 2006). In the *standard dyadic design*, data are collected from dyads in which the two individuals interact with only each other. Such designs are useful for researchers interested in investigating health-related processes within close relationships such as the parent-child dyad and the romantic dyad. In the *one-with-many design*, one person (i.e., the focal person) is

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linked to many others, but these others (i.e., the partners) are not linked with each other. This design would likely be useful for the investigation of doctor-patient relations and of patients with members of their social network.

The most widely used dyadic model for the analysis of the standard dyadic design is the Actor-Partner Interdependence Model (APIM; Kenny et al., 2006). Aside from being able to address whether individuals' scores on a predictor variable are related to their own outcome (i.e., actor effect), the APIM also permits researchers to answer whether individuals' scores on a predictor variable are related to their partners' outcome (i.e., partner effect). Thus, such an analysis is ideal for capturing basic interpersonal processes.

Longitudinal extensions of the APIM have also been developed (see Kenny et al., 2006; Kenny & Kashy, in press; Kashy & Donnellan, in press). The cross-lagged APIM, for instance, uses longitudinal data on the same variable from both members of a dyad to assess questions regarding stability and reciprocity. Moreover, the growth-curve APIM assesses whether individuals' trajectories of change on some variable can be predicted by their own and/or their partners' scores on a predictor variable. All in all, such longitudinal variations of the APIM are especially well-suited to investigating the

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intrapersonal and interpersonal factors related to the stability and development of health-related outcomes.

The one-with-many dyadic model (Kenny et al., 2006) uses data from a one-with-many design to answer a different set of questions concerning the sources of behavior (or perceptions) in dyadic interactions. It can take three forms altogether. In the first, measurements on the partners come from the focal person. For the second type of one-with-many model, measurements on the focal person come from the partners. Finally, in the third type of one-with-many model, the focal person and partners both provide measurements on each other. Depending upon the type of design that is implemented, the one-with-many model helps to reveal whether there is consistency in focal persons' behavior towards (or ratings of) their partners, consistency in partners' behavior towards (or ratings of) their focal person, or both. It also permits researchers to evaluate whether these effects are moderated by focal person or partner characteristics.

Applications of Dyadic Techniques within Health Psychology

Relative to other dyadic analytic methods, the APIM has been extensively used by health researchers to study a wide variety of topics. Several investigators have studied dyads in which one member has a chronic disease and the other member does not (e.g., Badr & Taylor, 2008; Kim, Wellisch, & Spillers, 2008; Mellon, Kershaw, Northouse, & Freeman-Gibb, 2007). Some topics explored in these works include the influence of psychological stress on life quality among mothers with cancer and their adult caregiving daughters (Kim et al., 2008), the association between the provision and receipt of social support in cardiac patients and their spouses (Hong, Franks, Gonzalez, Franklin, Artinian, & Keteyian, 2005), and factors associated with the fear of cancer-recurrence in cancer survivors and their caregivers (Mellon et al., 2007). Other investigators using the APIM have studied dyads wherein one, both, or neither member has a given disease. For instance, Hoff, Chakravarty, Beougher, Darbes, Dadasovich, and Neilands (2009) and Eaton, West, Kenny, and Kalichman (2009) conducted studies of gay men in which one, both, or neither member was HIV positive. McMahon, Pouget, and Tortu (2007) also studied gay men where one member, both members, or neither member was diagnosed with hepatitis C.

Less frequently used is the one-with-many design. Recall that in this design, a given person (i.e., the one) interacts with many others. As mentioned previously, such a design is particularly useful in the study of doctor-patient interactions. Consider the study by

Kenny et al. (2009) who studied 91 doctors and 1749 patients. Whereas doctors' ratings of their own communication skills with patients were found to be rather consistent across patients, patients' ratings of the same doctor were not very consistent with one another. Additionally, they found little or no agreement between doctor and patient whether the communication between them was good or poor.

Future Work and Conclusions

Whether it be the progression of a disease, the cessation of some risky behavior, or the accumulation of stress, there is likely to be some connected interpersonal component that merits empirical investigation. We believe that the dyadic models that we have described offer much promise for a more complete understanding of the cross-level connections between physical health, psychological health, and the social context. Indeed, their use should help to foster a more contextualized understanding of health behavior.

At the most basic level, future research may benefit from using the APIM to explore how individuals' health outcomes are related to characteristics of their partners. Indeed, romantic partners and family members may impact individuals' health directly by inducing stress and thereby increasing cortisol levels (see, e.g., Dickerson & Kemeny, 2004), or even indirectly by enhancing the motivation to engage in a health-promoting behavior. Longitudinal extensions of the APIM would also benefit future research (for more information on these designs, see Kenny et al., 2006; Kenny & Kashy, in press; Kashy & Donnellan, in press). We believe such designs will be especially useful for investigating the relations between the social context and the progression of disease and health-related behaviors. Finally, future research within health psychology would benefit from using the one-with-many design more frequently given its capabilities of illuminating the sources of behaviors or perceptions within dyadic relationships.

Gaining a more comprehensive picture of physical health by understanding its connection with the broader social context will be a challenging and complex task for health psychologists. As researchers move from an individual-oriented to a dyadic-oriented focus, they will need to think critically about the types of data that are needed, from whom they need to collect data, and what types of designs are most amenable to the kinds of questions that they hope to answer. We hope that our article encourages researchers to learn more about dyadic models such as the APIM and one-with-many design, and how to apply them within their own areas of research. ■



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Synergy



plain what Synergy is and announce the upcoming Synergy workshop being run shortly before the EHPS conference this year in Cluj-Napoca, Romania.

What is Synergy?

Synergy is a subdivision of the EHPS with a core aim of stimulating networking and collaborative research within the society. Primarily this is done through an annual 2.5 day workshop which precedes the annual EHPS conference. These workshops are focused on particular areas within health psychology and are facilitated by highly experienced academics. They aim to advance the standard of work in the field by encouraging the pooling of expertise and the sharing of critical evaluations. Recent workshops include a focus on culture and illness representations (2007), internet-based interventions (2008) and the pragmatics of running clinical trials (2009).

A further aim of Synergy is to strengthen communication between Health Psychologists across Europe beyond the workshop. For example, we have set up a Synergy website where members can share work, research ideas and start discussion forums. We hope that this might help researchers find others who have similar research interests and potentially facilitate new collaborations.

The Synergy board

The way in which Synergy is organised has changed from recent years with the creation of a new Synergy board. The board is made up of a Convenor, Treasurer, Secretary, Webmaster, Applications Manager and two ordinary members.

We aim to have an annual general meeting during the EHPS conference, which is open to all society members. Board members and board roles are as follows:

Convenor: Karen Morgan – Royal College of Surgeons in Ireland, Dublin, Ireland.

Synergy role: Responsible for ensuring the board functions effectively and overseeing all Synergy activities.

Work profile: Karen is a lecturer in Psychology. She teaches undergraduate medical, physio-therapy and

pharmacy students and her research focuses on issues relating to population health and ageing.

Treasurer & EC Liaison: Benjamin Schüz – German Centre of Gerontology, Berlin, Germany

Synergy role: Responsible for all financial activities within Synergy and liaising with the EC over any Synergy related business.

Work profile: Benjamin is interested in the psychological processes underlying engaging in health-promoting behaviours, in particular in high-risk populations such as elderly individuals with multiple illnesses.

Secretary: Felix Naughton – University of Cambridge, UK

Synergy role: Responsible for supporting the convenor, ensuring all Synergy related activities are completed on time and maintaining Synergy documentation.

Work profile: Felix has just completed his PhD which has been focused on developing and evaluating a tailored smoking cessation intervention for pregnant smokers using written and text-message self-help support. He is particularly interested in the use of new technologies to promote health.

Webmaster: Gjalte-Jorn Peters – Maastricht University, Netherlands

Synergy role: Responsible for web-based Synergy activities including developing and maintaining the Synergy Website.

Work profile: Gjalte-Jorn's research interests mainly concern cognitive determinants of re-creational drug use, online research and intervention development, systematic intervention development, and choices during the intervention development process that are inconsistent with theory/evidence.

Applications Manager: Maria Karekla – University of Cyprus, Nicosia, Cyprus

Synergy role: Responsible for managing applications for the Synergy workshop.

Work profile: Maria is a lecturer in Psychology. Her research interests are in the areas of individual differ-



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synergy

ence factors and how these relate to the development and treatment of health related problems (e.g. the role of emotional avoidance in smoking initiation).

Ordinary member: Panayiota Andreou – University of Southampton, UK

Synergy role: Supporting the convenor in any relevant Synergy activities and representing Synergy on the EHPS grants committee.

Work profile: Panayiota is towards the end of her PhD which focuses on developing a web-based intervention for acute respiratory tract infections.

Ordinary member: Anne Marie Plass – VU University Medical Center, Amsterdam, Netherlands

Synergy role: Supporting the convenor in any relevant Synergy activities.

Work profile: Anne Marie is a social psychologist and senior lecturer. She teaches on courses like public health and genetics; community genetics, prevention and research methods. She is involved in research activities in the field of community genetics and in behaviour and behaviour change.

2010 Workshop

The Synergy board are very pleased to announce the 2010 Synergy workshop entitled “Beyond talk and text: Stretching and Enriching Qualitative Research Practice”. The workshop will be facilitated by Professor Kerry Chamberlain who is based at the School of Psychology, Massey University, New Zealand. Kerry has extensive experience in qualitative research. He has published a range of peer-reviewed papers and book chapters on qualitative health research and has experience at including innovative and multiple methods in his own research practice.

The aim of this workshop is to promote the use of inventive and imaginative forms of qualitative research practice. The focus will be on innovative methods for the design, data collection, analysis and reporting of qualitative research. Methods to be considered include recent developments in the field such as the involvement of space, time and materiality, the use of photo-voice and photo-elicitation techniques, mobile research such as go-along interviews, multiple interviews, observational methods, and drama and arts-based

research practices, as well as multiple methodologies. The workshop is suitable for researchers with experience in qualitative health research seeking to stretch and extend their knowledge in innovative directions. It will provide an opportunity for researchers to discuss and work on research ideas and present their own work in a friendly and relaxed atmosphere.

The workshop will be held on 29th – 31st August at the Babes-Bolyai University in Cluj-Napoca, Romania, and will run for 2.5 days. **The deadline for applications has been extended to July 1st 2010.** All those accepted onto the workshop will need to become members of the EHPS if they are not already a member. To apply and for further information please visit the Synergy website at <http://ehps.net/synergy>.

Closing comments

Membership of Synergy is free and open to anybody who is interested in health psychology research. We would like to invite researchers interested in sharing ideas and networking to visit the Synergy website to start and get involved in forum discussions. The Synergy board are delighted to have been appointed by the EC and committed to helping to strengthen the identity of Synergy and to further its work within the EHPS. We invite submission of comments or ideas for how Synergy can focus its activities from all EHPS members.

Thanks

The Synergy board is advised by an additional 5 colleagues with extensive expertise, who together form the advisory committee: Marek Celinski (Workplace Safety & Insurance, Canada), Geir Arild Espnes (Norwegian University of Science and Technology, Norway), Richard Cooke (Aston University, UK), Jana Richert (Freie Universität Berlin, Germany) & Eva Kalay (Babes-Bolyai University Cluj, Romania). Eva, as the local liaison for Cluj, Romania 2010, has been invaluable in the organisation of the Synergy workshop 2010 so far. The board would also like to take this opportunity to say a big thanks to Jana and the other members of the CREATE team for their invaluable support in helping us set the Synergy board up. ■

Felix Naughton and Gjalt-Jorn Peters
On behalf of the Synergy board
<http://ehps.net/synergy>



Meet the Expert



24th Annual Conference of

The European Health Psychology Society

1st- 4th September 2010, Cluj-Napoca, Romania

Announcing "Meet the Expert" 2010 at the Cluj Health Psychology Conference

Early career¹ scientists, don't miss this great opportunity!

We are excited to announce this year's "Meet the Expert" sessions at the Health Psychology Conference in Cluj. These are pre-conference sessions providing a unique opportunity for all who are interested, particularly early career scientists to discuss and get advice on their research ideas from experts in their field in a relaxed and friendly environment. In light of the positive feedback received from previous MTE sessions over the past three years, the EHPS Executive Committee has decided to continue with this initiative.

A group of experts have been selected who are established research leaders with numerous scientific publications and outstanding academic experience in health psychology. Four experts, Profs., **Michelle Fine** (US), **Michael Murray** (UK), **Suzanne Segerstrom** (US), and **Bas Verplanken** (UK) have kindly agreed to facilitate the initiative this year. This group of experts has proposed a very broad range of health psychology domains for consultation. Below you can find the list of areas of expertise of each expert.

Professor Michelle Fine – The City University of New York, US

- Youth and injustice in schools, communities and prisons
- Critical inquiry, social theory and the politics of social justice for youth
- Participatory action research

Professor Michael Murray - Keel University, UK

- Critical psychology - critical social psychological approach to the study of health, illness, ageing and well-being
- Qualitative methods – arts-based approach and health
- Action research
- Community psychology - social representation and narrative theory

Professor Suzanne Segerstrom – University of Kentucky, US

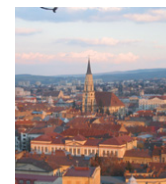
- Personality, cognition, and emotion on the physiological effects of stressors
- Self-regulation of cardiovascular, neuroendocrine, and immune function
- Longitudinal study design
- The effects of repetitive thought on psychological and physical health in older adults



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¹ Preference will be given to early career researchers and to EHPS members but all conference participants are eligible to apply.



Meet the Expert

Professor Bas Verplanken, University of Bath, UK

- Habitual behaviours including mental habits and negative thinking
- Self-related processes (attitudes and attitude-behaviour relations), self-esteem, and self-regulation
- Health, consumer, and environmental behaviours
- Body image

The consultation sessions will be 30-minutes long and either one-on-one or in small groups. They will take place on the morning before the opening of the annual conference. Participants are asked to send in some information about themselves and their study and prepare some questions in advance. This would help the experts prepare for and make best use of the sessions. The consultations aim to respond to the needs of each participant and include the provision of advice on:

- Research perspectives and ideas encouraging research originality
- Issues relevant to study design such as research tools selection and outcome measures
- Combining clinical practice with research and developing and combining interventions with research
- Publishing in scientific journals
- Important references and other materials
- Applying for and securing funding

Feedback from last year showed that these sessions substantially exceeded participants' expectations. They found the sessions to be extremely useful, of high quality and ideal length. You will find some of their comments below:

- *'... extremely valuable opportunity for young researchers ... hope it goes on with more and more experts continuing to donate their valuable time to such a worthwhile course ...'*
- *'... very interesting and fast-paced ... particularly liked the one-to-one sessions ...'*
- *'... Keep on doing them! ...'*
- *'... Absolutely great talk with an amazing atmosphere ...'*

Ayana Sato (UK), who participated in "Meet the Expert" last year, has joined the organising team and we hope that this will be a success again.

Registration deadline: 15th July 2010².

For the application form see: www.ehps.net > [Meet the Expert](#)

For more information contact Ayana Sato: A.Sato@bath.ac.uk

² Please note that only people that have registered before this deadline can attend the sessions.

EHPS EC report

What is New in EHPS Communications: The Role of the Communications Officer

Vera Araujo-Soares

Institute of Health & Society, Faculty of Medical Sciences, Newcastle University

The EHPS Executive Committee created the role of Communications Officer in order to promote new ways of better serving the society. I have been pleased to take on this role over the past year.

The Communication Officer, in liaison with the EC, is responsible for:

- a) Communicating information and updates from the EHPS through the European Health Psychologist (EHP) and the EHPS website.
- b) Devising new ways in which the EHPS can communicate its aims and mission in order to better support the scientific and professional development of Health Psychology and to promote connections with other organisations.
- c) Liaising with the EHPS website manager in order to keep the society webpage updated with relevant resources.

To date, I have been involved in identifying and uploading a set of resources on the EHPS internet site. These include hyperlinks to WebPages of different relevant journals, societies, initiatives (e.g., WIDER), computer and statistical advice, etc. Please follow [this link](#) and explore for yourself the resources available. Also, take this chance to think about what you would like to see added to our website? Ideas on ways to communicate information related to the EHPS aims are very welcome!

A definition of Health Psychology has been identified to be placed on our web page. The definition was developed by one of our fellows: Marie Johnston:

Health Psychology is defined as 'the study of psychological and behavioural processes in health, illness and health care' (Johnston, 1994).

A Mission Statement for the Society is in its development stage. If you would like to support us in developing this statement, please email us on: vera.araujo-soares@ncl.ac.uk, we will be very happy to receive your contributions.



Vera Araujo-Soares

Senior Lecturer, Institute of Health & Society,
Faculty of Medical Sciences, Newcastle
University, UK

In the near future other initiatives are in process such as:

Including video recordings and PowerPoint presentations of our conference keynote speakers in our resources webpage for members' access. Members across the world, especially those that could not attend the conference, will be able to see/hear the conference keynote speakers. Education and training in different countries of the world may also benefit from these new resources.

On a personal note, I would like to say that within this role creativity is the limit! Working with highly motivated people (both on the EC and the EHP) helps on a job well-done! After the conference in Cluj this role will be continued by another EC member. I wish this person all the best. ■

Vera Araujo-Soares

References

- Johnston M. (1994). Current Trends in Health Psychology (Invited Review). *The Psychologist*, 7, 114-118.

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