

Editorial

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Editorial

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Abstract

The *Journal of Health Psychology* enters its 14th year of publication with a few new developments to bring to libraries', authors' and readers' attention. These include changes to the Editorial Board, a new web-based manuscript submission portal and an announcement of a new global special issue on *Psychology and Poverty Reduction*. Lastly, the content of the current issue is introduced.

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THE *Journal of Health Psychology* enters its 14th year of publication with new developments to bring to librarians', authors' and readers' attention. These include changes to the Editorial Board, a new web-based manuscript submission portal and an announcement of a new global special issue. Finally, the content of the current issue is introduced.

Editorial Board

The quality of scholarship in our publications depends upon the expertise, collaboration and goodwill of the entire Editorial Board, several hundred peer-reviewers and authors across the globe. The Editor would like to announce the following retirements from the Editorial Board of the Journal: Robert M. Kaplan, John W. Berry, Frank J. S. Donker, Howard Leventhal, Rudolph Schoberberger, Mark R. Somerfield and Stephen M. Weiss. Many thanks to you all for your expertise and scholarship over the last 14 years. The following people have agreed to join the Editorial Board: Brian Evans, Sarah Grogan, David Ingledew, Leonard A. Jason, Elizabeth Klonoff, Christina Lioffi and Jonathan Smith. The Editor and Editorial team would like to express our deep-felt appreciation for the many continuing contributions from all of our Editorial Board members, authors and collaborators over the last 14 years, enabling the *Journal of Health Psychology* to establish itself as an international leader in the health psychology field.

New manuscript submission portal

From 1 August 2008 authors submitting manuscripts to the *Journal of Health Psychology* have been invited to use a new manuscript submission website 'SAGE TRACK' available at: <http://mc.manuscriptcentral.com/jhealthpsychology>

Notes for contributors are available at: <http://www.sagepub.co.uk/journalsProdManSub.na?v?prodId=Journal200899>

The Editorial team aims to provide a fast and efficient editorial service, with an expectation that the normal cycle from submission or re-submission to decision will be within 12 weeks.

Global Special Issue on 'Psychology and Poverty Reduction'

In 2000, the United Nations collectively signed up to the Millennium Development Goals. These goals focus on the reduction of poverty by the year 2015 but also encompass a range of human freedoms, from the right to health and education, to gender equity, a clean environment and fair trade. The Millennium Development Goals (MDGs) are inherently inter-disciplinary which creates an opportunity for disciplines and professions, which to date have been relatively silent on poverty, to step up and make a contribution. Health is a key area within the MDGs and, as a leading platform for scholarly research on topics within health psychology, the *Journal of Health Psychology* is highly relevant to work on psychology and poverty reduction.

This Global Special Issue on Psychology and Poverty Reduction, to be published in mid-2010, will provide a unique opportunity for accelerated input from the entire Psychology field. We will bring, not one, but a whole series of peer-reviewed journals to the theme, each journal with its own, complementary focus on the MDGs in general, and poverty reduction in particular. The 11 participating journals include both internationally recognized leaders and also journals representing Psychology from low-income regions. This journal will release its contribution in mid-2010. The 10 other peer-reviewed journals participating in this exciting initiative are:

- *American Psychologist*;
- *Applied Psychology: An International Review*;
- *International Journal of Psychology*;
- *Journal of Managerial Psychology*;
- *Journal of Pacific Rim Psychology*;
- *New Zealand Journal of Psychology*;
- *Psychology and Developing Societies*;
- *Australian Psychologist*;
- *Interamerican Journal of Psychology*;
- *Journal of Psychology in Africa*.

Development and policy development agencies, such as the United Nations and the Organization for Economic Cooperation and Development, have been notified about the Global Special Issue. It is expected that the Special Issue will make a significant contribution to the work of those agencies, and the people they serve.

Researchers throughout the globe are urged to submit your ideas for papers to the Editors: David F Marks, PhD: d.marks@city.ac.uk; Michael Murray,

PhD: m.murray@psy.keele.ac.uk. The deadline for submissions will be 31 May 2009.

The current issue

The current issue includes articles covering a variety of topics dealing with health behaviours and experiences from different stages of the life cycle. Lavie-Ajayi and Joffe examined women's social representations of female orgasm as evidenced by 50 semi-structured interviews with British women. The interview data were compared with representations of female orgasm in two women's magazines over a 30-year period. In this dataset orgasm was seen as the goal of sex with emphasis being placed upon its physiological components. However, the accounts also included the relational and emotional aspects of female orgasm. For women experiencing themselves as having problems with orgasm, 'scientific' representations induced feelings of failure, but these representations were also actively resisted.

Clark, Skouteris, Wertheim, Paxton and Milgrom report a prospective study on the relationship between depression and body dissatisfaction across pregnancy and the postpartum in 116 pregnant women. Clark et al. found that depression late in pregnancy predicted body dissatisfaction at six weeks postpartum and feeling fat throughout the postpartum.

Sharma and Vong-EK examined the associations among 930 women, living in 86 villages in Thailand of individual and community-level characteristics with obstetric morbidity and care seeking behaviour. The authors' findings indicated that the level of community impoverishment, rather than the community social and health infrastructure, was associated with the reporting of morbidity and care-seeking behaviour.

Kraaij, Garnefski and Schroevers studied the relationships between coping strategies, goal adjustment and positive and negative affect in 83 involuntary childless people. The findings suggested that cognitive coping strategies had a stronger influence on affect than behavioural coping strategies. A helpful coping strategy was found to be to adjust the goal to have children.

Sandberg, Miller, Harper, Robila and Davey explored the impact of marital conflict on health and health care utilization in 536 older couples. The findings from couples in long term marriages showed that men in dissatisfying marriages were more likely to utilize health care services while

women in satisfying marriages were more likely to use health care services.

Recent issues of the journal have featured studies of the role of spirituality and religiosity in personal health and well-being (Ai et al., 2007; Banthia, Moskowitz, Acree, & Folkman, 2007; Dale & Hunt, 2008; Harris & Larsen, 2008; Holt, Clark, & Klem, 2007). In this issue, two studies present evidence of improved well-being/reduced depression among people striving to follow spiritual beliefs. In the first article, Lawler-Row and Elliott present further data concerning the role of religious activity and spirituality in the health and well-being of older adults. Regression analyses indicated that spiritual well-being and prayer contributed to the prediction of psychological well-being, subjective well-being, physical symptoms and depression, even when the contributions of age, gender, healthy behaviours and social support were included. Lawler-Row and Elliott found that healthy behaviours and social support were only partial mediators of the existential-health effects.

In a prospective study, Perez, Chartier, Koopman, Vosvick, Gore-Felton, and Spiegel examined the effects of spiritual striving, social support and acceptance coping on changes in depressive symptoms among 180 adults living with HIV/AIDS at baseline, three-month follow-up and six-month follow-up. A path model showed that spiritual striving had direct and indirect inverse effects on changes in depressive symptoms, in line with Lawler-Row and Elliott's study of a different population.

Wersch and Walker explored binge-drinking in Britain as a social and cultural phenomenon collecting data from 32 participants with the aim of developing a grounded theoretical model. The findings show positive connotations concerning actions, consequences and conditions, positioning binge-drinking as an enjoyable way of socializing and coping with daily hassles and routines. Social and cultural constraints included 'no drink-driving', 'not when the next day is a work day' and 'not on one's own'.

Moss and Bould used Q-methodology to investigate subjective explanations of smoking among non-smokers, current smokers and ex-smokers. Current and ex-smokers tended to use explanations about addiction and non-addiction while non-smokers more likely employed anti-smoking and social addiction accounts. Thus differences were apparent in the use of the 'addiction' concept that could have implications for the framing of interventions.

Hittner and Hemmo examined the predictive ability of several demographic and personality variables to predict dental anxiety. The findings indicated that greater age, female gender, lower income, greater satisfaction with life, greater thought suppression and a stronger internal health locus of control predicted higher levels of dental anxiety.

Qigong is a traditional Chinese psychosomatic exercise that aims to integrate movement, breathing and meditation into a single exercise. Manzaneque, Vera, Rodríguez, Garcia, Leyva and Blanca studied how qigong practice affects serum cytokines, mood and subjective sleep quality. Participants underwent qigong training for one month. Blood samples were taken to assay cytokines TNF- α and IFN- γ while several instruments assessed anxiety, depression and subjective sleep quality, before and after the experiment. The findings suggested that practising qigong for one month did not significantly alter serum cytokines but that it enhanced psychological well-being and sleep quality.

Stowell, Hedges, Ghambaryan, Key and Bloch studied the Symptoms of Illness Checklist (SIC) as a measure of the number, frequency and severity of physical symptoms in 520 participants. Some samples also completed the Salient Stressor Impact Questionnaire, Perceived Stress Scale, Daily Hassles and Uplifts Scale, Derogatis Stress Profile, Life Experiences Survey and the Symptoms Checklist-90-R (SCL-90-R). SIC scores were significantly correlated with a variety of stress measures suggesting that the SIC is a useful tool in studies of psychological influences on physical illness.

The next two articles report studies investigating the impact and persuasiveness of health recommendations and risk information. Cismaru, Nagpal and Krishnamurthy investigated the role of cost and response-efficacy in influencing persuasion. Theories of health behaviour suggest that cost and response-efficacy have additive impacts on persuasion. However Cismaru et al., data indicated that cost and

efficacy combined to influence persuasion in a multiplicative fashion. Mevissen, Meertens, Ruiter, Feenstra and Schaalma investigated the effects of risk information in the form of scenarios or frequencies on the perceived susceptibility to chlamydia and HIV. The results did not support the hypothesis that scenario information concerning a risky event helps individuals to mentally construct hypothetical events because frequency risk information led to a higher expectancy of chlamydia susceptibility. However, the authors' hypothesis was supported for participants not in an intimate relationship.

Tucker reviewed 19 studies with 1271 participants from nine countries on the psychosocial impact of alopecia areata (AA). The findings suggest that AA causes extreme emotions in patients, which can negatively impact upon self-esteem, body image and/or self-confidence. This review recommends treatment for alopecia patients that includes psychological support to enhance increased self-esteem and adaptation to their disorder.

References

- Ai, A. L., Peterson, C., Tice, T. N., Huang, B., Rodgers, W., & Bolling, S. F. (2007). The influence of prayer coping on mental health among cardiac surgery patients: The role of optimism and acute distress. *Journal of Health Psychology, 12*, 580–596.
- Banthia, R., Moskowitz, J. T., Acree, M., & Folkman, S. (2007). Socioeconomic differences in the effects of prayer on physical symptoms and quality of life. *Journal of Health Psychology, 12*, 49–260.
- Dale, H., & Hunt, N. (2008). Perceived need for spiritual and religious treatment options in chronically ill individuals. *Journal of Health Psychology, 13*, 712–718.
- Harris, G. E., & Larsen, D. (2008). Understanding hope in the face of an HIV diagnosis and high-risk behaviors. *Journal of Health Psychology, 13*, 401–415.
- Holt, C. L., Clark, E., & Klem, P. R. (2007). Expansion and validation of the Spiritual Health Locus of Control Scale: Factorial analysis and predictive validity. *Journal of Health Psychology, 12*, 597–612.

Author biography

DAVID MARKS is Editor of the *Journal of Health Psychology* and Head of the Health Psychology Research Group at City University, London.

David's current research focuses on health inequities, behaviour change, health promotion and policy.
