

HEALTHY, WEALTHY, AND WEISS:
A HISTORY OF DIVISION 38 (HEALTH PSYCHOLOGY)

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Since its inception, the discipline of psychology has been concerned with aspects of health. For example, a number of early figures in the field of psychology--e.g., Helmholtz, James, Wundt--were initially trained in medicine. However, the predominant focus in psychology up until recently has been on *mental* rather than *physical* health. In the years after World War II, a small, but increasing, number of psychologists began conducting research on phenomena other than strictly mental health concerns. Notable among this work was Neal Miller's pioneering research on the conditioning of physiological processes and the resulting flurry of interest in biofeedback. Another example is the development of the Health Belief Model by Godfrey Hochbaum, S. Stephen Kegeles, Howard Leventhal, and Irwin Rosenstock--four psychologists in the U. S. Public Health Service who were trying to understand why people were not becoming vaccinated against tuberculosis.

In addition, more and more psychologists were being employed by Schools of Medicine, Nursing, and Public Health, as well as the Veterans Administration and hospitals specializing in acute and rehabilitative medicine. These psychologists and their university-based colleagues, originally trained in clinical, counseling, experimental, or social psychology, applied their favorite theories and methods to phenomena that had as much to do with the physical as the mental aspects of health and illness, including the interaction between the brain and the body. Sometimes these theories and methods carried over quite naturally to the domain of physical health. Other times, however, new paradigms needed to be developed, such as the biopsychosocial model which was popularized in 1977 by a physician, George Engel, but which first appeared in an article in the *Journal of Clinical Psychology* twenty-four years earlier (Guze, Matarazzo, & Saslow, 1953).

Out of all of this activity emerged the Division of Health Psychology of the American Psychological Association (APA). Today, Division 38 can truly be characterized as being "healthy and wealthy," but the gestation of this organization was not without its attendant labor pains. The remainder of this chapter tells the story of how Division 38 was birthed and how it has developed over the past 18 years. The inclusion of "Weiss" in the title, "Healthy, Wealthy, and Weiss," will become apparent as the story unfolds.

Early History (1969-1978)

APA Task Force. In 1969, William Schofield of the University of Minnesota published a landmark paper in the *American Psychologist* on "The role of psychology in the delivery of health services" (Schofield, 1969). This paper caught the attention of members of an *ad hoc* Committee on Newly Emerging Areas of Research (NEAR) which had been established by APA's Board of Scientific Affairs (BSA). In 1973, upon recommendation by NEAR, BSA established a Task Force on Health Research and selected Bill Schofield to be its Chair. "Quite likely in part as a direct response to Schofield's challenge, ...[BSA] sensed the research opportunities for psychology in helping to cut our nation's annually accelerating health costs" (Matarazzo, 1980, p. 808). Other members of the Task Force were: Claus Bahnson; Edward and Miriam Kilty; John Rasmussen; Lee Sechrest; Lisa Schusterman; and Walter Wilkins.

The immediate objective of the Task Force was to collect, organize, and disseminate information on the status of health behavior research, particularly among American psychologists. This encompassed a review of ongoing health research, sources of research support, and creation of an informal directory of psychologists engaged in health research. Over the next three years, the Task Force held a series of 11 meetings, put together and disseminated a

roster of active investigators, published and disseminated six issues of a newsletter, and wrote an article on the "Contributions of psychology to health research: Patterns, problems, and potentials" which was published in the *American Psychologist* in 1976. In this article they cited the prior role of psychology in the mental health field, but added,

There is probably no specialty field within psychology that cannot contribute to the discovery of behavioral variables crucial to a full understanding of susceptibility to physical illness, adaptation to such illness, and prophylactically motivated behaviors (APA Task Force on Health Research, 1976, p. 272).

Most significant for this history was the open meeting held by the Task Force at the 1974 APA Convention in New Orleans. At that gathering, much discussion centered around forming a new division within APA concentrating on health research. The idea of forming a new division was favorably viewed by those in attendance, but, for a number of reasons, the decision to seek divisional status was put on hold. One of the main arguments for not going ahead with this endeavor was that in August, 1974 the APA Council voted down proposals to establish two other new divisions.

Section 2 of Division 18. Schofield and some of the other Task Force members were members of Division 18 (Psychologists in Public Service). Division 18 had recently set up a structure allowing for sections, the first of which was Criminal Justice. Schofield approached the Executive Committee of Division 18 with a proposal that a section on Health Research be constituted, and, in 1975, 87 new members were accepted into Division 18 expressly to become its Section on Health Research.

The purposes of Section 2 of Division 18 were: (a) to increase and improve the application of psychological knowledge and principles to all phases of health research and care; and (b) to facilitate communication and dissemination of information among psychologists engaged in health care research. Particular emphasis was placed upon relatively neglected and unrecognized areas in which psychologists can make a contribution in health research and care, such as the application of psychological concepts, research methodology, and technical measurement. With the formation of this Section of Division 18, the work of the APA Task Force came to an end in early 1976.

William Schofield was chosen to be the first chairperson of the Health Research Section and Barbara Strudler Wallston was elected Secretary-Treasurer. The following year, Wilbert Fordyce, of the University of Washington, succeeded Schofield as chairperson. In 1977, Stephen Weiss, who had just been made head of the new Behavioral Medicine Branch at the National Institute of Heart, Lung, and Blood, was asked to run for the position of chairperson-elect. Weiss accepted the nomination, but made it quite clear to the membership of the Section that, should he be elected, he would devote his energies to the establishment of a new, separate division for health psychologists within APA. Weiss became chairperson-elect, and I succeeded my former wife as Secretary-Treasurer.

Petitioning APA. In order to garner enough clout within APA to secure the signatures and political support to begin a new division, Weiss turned to his friend and mentor, Joseph Matarazzo, for guidance and help. Matarazzo had established the first autonomous Department of Medical Psychology at the University of Oregon Health Sciences Center and was widely recognized and respected as one of the pioneers in health research and applied clinical

psychology. Because of his belief that health psychology potentially was an area that would attract psychologists whose interests spanned across the many subfields of psychology, Matarazzo invited the following notables from experimental, clinical, and social psychology to join him and Weiss in early 1978 as sponsors of the petition to APA Council to establish a new division of Health Psychology: Joseph Brady, Richard Evans, Wilbert Fordyce, W. Doyle Gentry, David Glass, Irving Janis, Neal Miller, Gary Schwartz, Jerome E. Singer, and George Stone.

Over 600 additional members and fellows of APA, among them many of the members of the Medical Psychology Network headed by David Clayman and John Linton of West Virginia University and the Society of Pediatric Psychology started by Logan Wright, Lee Salk, and Dorothea Ross, signed the petition for a new division which was subsequently approved by the APA Council in late August, 1978. Although it took the efforts of many individuals to establish this new division, Steven Weiss would probably win any paternity suit over who could legitimately be called the "Father of Division 38." Hence, the inclusion of his surname in the title of this history.

Modern History (1978 to 1996)

Division 38 began in 1978. The Bylaws were adopted by 175 charter members who attended organizational meetings to form this new Division on August 29th in the Toronto Castle Harbour Hilton during the 1978 APA Convention. Joe Matarazzo was chosen to be the first President of the Division and Steven Weiss was President-elect. David Clayman was initially both the Secretary and the Treasurer. Because the Division was newly formed, it had no

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representation on APA Council that first year. [See Table 1 for a listing of all Division officers by year.]

Table 1
Officers of Division 38

Year	President	Secretary	Treasurer	Council Representative(s)	
1978-1979	Joseph D. Matarazzo	David Clayman	David Clayman		
1979-1980	Stephen M. Weiss	David Clayman	David Clayman	James T. Webb	
1980-1981	Neal E. Miller	Joan Robinson	David Clayman	James T. Webb	
1981-1982	Jerome E. Singer	Mary Ellen Olbrisch	David Clayman	James T. Webb	Joseph D. Matarazzo
1982-1983	Judith Rodin	Mary Ellen Olbrisch	David Clayman	Sandra M. Levy	Joseph D. Matarazzo
1983-1984	Gary E. Schwartz	Mary Ellen Olbrisch	David Clayman	Sandra M. Levy	Joseph D. Matarazzo
1984-1985	Edward B. Blanchard	Miriam F. Kelty	Mary A. Jansen	Sandra M. Levy	Jerome E. Singer
1985-1986	George C. Stone	Miriam F. Kelty	Mary A. Jansen	Joseph D. Matarazzo	Jerome E. Singer
1986-1987	Richard I. Evans	Miriam F. Kelty	Mary A. Jansen	Joseph D. Matarazzo	Jerome E. Singer
1987-1988	Karen A. Matthews	Miriam F. Kelty	Kenneth A. Wallston	Patrick DeLeon ^a	Richard Suinn
1988-1989	Andrew Baum	Miriam F. Kelty	Kenneth A. Wallston	David Krantz	Richard Suinn
1989-1990	Kelly Brownell	Miriam F. Kelty	Kenneth A. Wallston	David Krantz	Nathan Perry ^b
1990-1991	Margaret Chesney	J. Gayle Beck	Kenneth A. Wallston	David Krantz	[lost seat]
1991-1992	Neil Schneiderman	J. Gayle Beck	Kenneth A. Wallston	Andrew Baum	Joan Robison
1992-1993	Robert M. Kaplan	J. Gayle Beck	Kenneth A. Wallston	Andrew Baum	Joan Robison
1993-1994	Barbara Melamed	Ilene Siegler	Patricia M. Dubbert	Nathan Perry ^c	Joan Robison
1994-1995	Suzanne Bennett Johnson	Ilene Siegler	Patricia M. Dubbert	John Linton	Nathan Perry

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1995-1996	Cynthia Belar	Ilene Siegler	Patricia M. Dubbert	John Linton	Nathan Perry
1996-1997	Howard Leventhal	Edward P. Sarafino	Steven M. Tovian	John Linton	[lost seat]
^a Chosen by executive committee to replace Joseph Matarazzo when Matarazzo was elected president-elect of the APA ^b Chosen by executive committee to replace Richard Suinn when Suinn was elected to APA board of directors ^c Chosen by executive committee to substitute for Andrew Baum when Baum was unable to attend council meetings					

Once Division 38 was formed, the *raison d'etre* for the existence of Section 2 of Division 18 was no longer compelling. Many health researchers who became charter members of Division 38 retained their membership in Division 18, both out of loyalty to a group that had given a home to health research when there was none and, also, because many, such as Miriam Kelty and Barbara Strudler Wallston, had become active in Division 18. Also, a number of health researchers were committed to the notion of public service, and many were employed in governmental agencies such as NIH, the armed services, or the Veterans Administration.

However, many health researchers, such as this author, were conflicted as to where best to invest their organizational energies. Succeeding Steve Weiss as chairperson of Section 2 was John Rasmussen, of the Batelle Institute in Seattle. Under Rasmussen's leadership, a ballot was sent to the membership of the Health Research Section, and 78% voted to disband the Section and subsume its activities under the banner of Division 38. George Stone, of the University of California, San Francisco, had just been selected chairperson-elect of Section 2, but never got a chance to succeed Rasmussen in office. The Health Research Section of Division 18 was officially dissolved in 1980.

Division 38's mandate. The Division of Health Psychology had a much broader mandate than did the Section on Health Research. As stated in the Bylaws adopted by the charter members, the purposes of Division 38 were:

(a) to advance contributions of psychology as a discipline to the understanding of health and illness through basic and clinical research and by encouraging the integration of biomedical information about health and illness with current psychological knowledge;

(b) to promote education and services in the psychology of health and illness;
and

(c) to inform the psychological and biomedical community, and the general public, on the results of current research and service activities in this area

(Matarazzo, 1979, 1).

Thus, from its inception, members of Division 38 were as concerned with the practice of health psychology as they were with the conduct of research in health psychology. This dual focus mirrored the parent organization (APA) and has remained a dynamic organizing principle in the Division.

What is Health Psychology and how does it differ from Behavioral Medicine and Behavioral Health?

Health Psychology. Defining what was meant by this new field was imperative and challenging. The prospect of having to deliver the first Presidential Address during the 1979 annual APA meeting forced Matarazzo to face this issue. As he later occasionally would relate, while sitting in his living room and marvelling at the beauty of Mt. Hood and drawing on his

own experiences as a medical school teacher, clinician, and investigator, Matarazzo penned the following definition:

Health psychology is the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiologic and diagnostic correlates of health, illness and related dysfunction (Matarazzo, 1980, p.815).

The following year, that definition was expanded by the addition of the phrase, "...and to the analysis and improvement of the health care system and health policy formation," and the full definition was ratified by consensus of the membership in a vote taken in 1980 (Robison, 1981).

Behavioral Medicine. At the same time that Division 38 was being formed, a parallel movement was taking place in medicine and allied disciplines, led by many of the same people who formed the Division. At the Yale Conference on Behavioral Medicine held in February, 1977 the following definition of that interdisciplinary movement was proposed:

Behavioral medicine is the field concerned with the *development of behavioral science* knowledge and techniques relevant to the understanding of *physical health and illness* and the *application* of this knowledge and these techniques to prevention, diagnosis, treatment and rehabilitation. Psychosis, neurosis, and substance abuse are included only insofar as they contribute to physical disorders as an end point (Schwartz and Weiss, 1978, p. 7).

Although the word "interdisciplinary" was not explicitly contained in the initial definition of behavioral medicine, the spirit of this new movement was meant to be *interdisciplinary*. This is

in contrast to health psychology which was and is *intradisciplinary*, encompassing psychology's role as a science and profession (Matarazzo, 1980). When health psychologists collaborate with colleagues from medicine, nursing, sociology, anthropology, epidemiology, psychiatry, physical therapy, public health, and so forth to work on problems or projects of mutual interest, we are engaged in behavioral medicine. When this collaboration is absent, or when the collaboration is only with others trained in psychology, the most appropriate label for our activities is health psychology.

Not only were health psychologists instrumental in defining and launching the field of behavioral medicine, health psychologists constitute nearly 70% of the membership of the Society of Behavioral Medicine (SBM) and an even higher percentage of its leadership. Health psychologists are also very prominent in the Academy of Behavioral Medicine Research (ABMR), a smaller and very select group of researchers. Both of these organizations began just as Division 38 was being started. There is a great deal of overlap in the membership of these different organizations and it is not unusual to have the same individuals serve simultaneously in leadership positions in Division 38, SBM, and ABMR. Only health psychologists, namely Frances Keefe, Dennis Turk, and, now, Arthur Stone have been the editors of the *Annals of Behavioral Medicine*, the journal published by SBM, and many other health psychologists serve on the editorial board and contribute articles. In addition, health psychologists, such as Joseph Matarazzo, Donald Routh, and Howard Leventhal, have been appointed to chair the Behavioral Medicine Study Section of the National Institute of Health (NIH), and many other health psychologists have served as members of this study section (as well as other study sections and councils throughout NIH).

Behavioral Health. Matarazzo not only helped define and establish health psychology and behavioral medicine, he also is credited with establishing *behavioral health* as ...an interdisciplinary field dedicated to promoting a philosophy of health that stresses *individual responsibility* in the application of behavioral and biomedical science knowledge and techniques to the *maintenance* of health and the *prevention* of illness and dysfunction by a variety of self-initiated individual or shared activities (Matarazzo, 1980, p. 813).

Thus, when health psychologists join with our colleagues from other disciplines to investigate or ameliorate health or illness, we are engaged in behavioral medicine or behavior health, or both. When only a single discipline is involved, we are engaged in health psychology. All three of these fields are highly complementary, but only two of them are interdisciplinary.

Publications of the Division

The newsletter. One of the first acts of the inaugural Executive Committee was to appoint John Linton, of West Virginia University Medical Center, as the editor of the Division's newsletter, *The Health Psychologist*, which printed its inaugural issue in the summer of 1979. For 15 years, Linton put in yeoman's effort as the newsletter editor. Volume 1 contained only one issue, but, beginning with Volume 2 through Volume 9, there were two issues per year. Starting with Volume 10 (1988), members received three issues of *The Health Psychologist* each year except for Volume 15, Linton's final year as editor, when there was not enough material submitted to fill the Spring, 1993 issue. Kevin Larkin, of West Virginia University in Morgantown, became Linton's Associate Editor in 1988.

In 1993, the Executive Committee chose the author of this history to succeed John Linton as the editor of the newsletter. My first (and possibly best) decision as editor-elect was to select a gifted graphic artist, Kimberly Karl, to be the Managing Editor. Kim gave the newsletter a whole new look and, through the marvels of desk-top publishing, we were able to incorporate many additional features into the publication. Beginning with Volume 18 (1996), *The Health Psychologist* became a quarterly publication.

The journal. During Neal Miller's presidency of the Division (1980-81), George Stone was selected by the Executive Committee to become the first Editor of a new scientific journal, *Health Psychology*, that would begin publishing as a quarterly in January, 1982. Stone had begun the first doctoral program in health psychology at the University of California, San Francisco, and, along with his two colleagues, Nancy Adler and Frances Cohen, had published the first handbook in the field (Stone, Cohen, & Adler, 1979). Thus, George was the logical choice to edit this new journal. As associate editors, he chose Clifford Atkinson, Pat DeLeon, Howard Leventhal, Gary Schwartz, and Shelley Taylor. The Division entered into a contract with Lawrence Erlbaum Associates of Hillsdale, New Jersey to publish the journal on behalf of the Division. Beginning with Volume 3, the journal went to six issues a year.

Stone's term of office as inaugural editor of the journal was only for three years. Thus, in 1983, during Judith Rodin's presidency, a search began for George's replacement. The search culminated with the selection of Neil Schneiderman of the University of Miami as the new editor. Schneiderman wasn't even a member of the Division when he was selected to edit the journal, but his reputation as a first-class, biobehavioral health researcher made him eminently suited to edit what was about to become the premier journal in a new, burgeoning field.

In Stone's last issue of the journal, in a section labeled "Position Statements," was a poem by Thomas Dorsal describing the developmental history of a 55 year old man whose atrocious habits were what kept clinical health psychologists in business (Dorsal, 1984). Schneiderman felt strongly that *Health Psychology* should be predominantly an "archival" journal--that is, it should contain almost exclusively empirical reports of original research rather than reviews, book reports, editorials, and/or exercises in "creative writing." Schneiderman began his editorship with seven associate editors, but, by the time his five-year term was up, he had expanded that number to 10.

It was during Schneiderman's term that the journal began to show a profit, both for Erlbaum, which generously covered the bulk of the start-up expenses, and for the Division (which shared the net profits with Erlbaum on a 50-50 basis). Karen Matthews of the University of Pittsburgh was chosen to succeed Schneiderman. Matthews, a former associate editor of the journal and former Division President, presided over a number of significant changes in the journal involving its format, its size, the number of articles published each volume, and, most significantly, its publisher. One of the things she did not change, however, was the archival nature of the journal, although she did begin accepting review articles.

The original publishing contract with Lawrence Erlbaum Associates was for a 10 year period. Although the Division's Executive Committee was generally quite satisfied with the job Erlbaum had done in developing the journal, and was deeply indebted to Larry Erlbaum for helping to start the journal, there were a few members of the Executive Committee who felt that it was a good idea to explore the possibility of changing publishers as we negotiated a new contract. For one thing, there was some dissatisfaction at the relatively low number of

institutional subscribers to the journal. For another, APA Publications, headed by Gary Vanden Bos, very much wanted to publish a journal in the field of health psychology and had approached the Division with an offer to take over *Health Psychology* and make it an APA journal.

Matthews, in her role as editor-in-chief, was given the assignment of soliciting proposals from prospective publishers. Erlbaum very much wanted to continue to publish the journal and came up with a generous contract, one that not only would guarantee a higher level of profit for the Division than had been experienced to date but would also provide additional expense money for the Editor and Associate Editors and for marketing the journal to individuals and institutions on a world-wide basis. Erlbaum's proposal was matched by one from Williams & Wilkins of Baltimore, best known for their journals in the medical field, who were also eager to have a journal in the field of health psychology. In the long run, however, and not without very serious, protracted, and sometimes painful discussions among its members, the Publications Committee voted to recommend to the Executive Committee to accept a unique and financially quite attractive contract from APA.

In 1993, beginning with Volume 11, *Health Psychology* became an official APA journal. However, unlike every other APA journal up to that time, Division 38's was a joint publishing venture between APA and the Division. Full and complete editorial control, including the right to select the Editor, rests with Division 38's Publications Committee, not with the Publications and Communications (P & C) Board of APA. The only concession asked of the Division was to allow a liaison member of the P & C Board to sit in on major deliberations affecting the journal.

One of the main reasons the Division's Executive Committee voted to go with APA Publications was to increase the readership of the journal. Within a year of becoming an APA

journal, the number of individual subscriptions more than doubled (see Matthews, 1993), due largely to APA members who could now obtain the publication using the journal credit built into their dues. Although a number of these new subscribers did not renew their subscriptions after that first year, many more individuals regularly receive *Health Psychology* now than ever before. Institutional subscriptions were also up, although, perhaps, not as much as originally projected. What has increased dramatically, however, is the number of articles submitted to the journal from health researchers all over the world, possibly due to the added prestige of being an APA journal.

David Krantz of the Uniformed Services University of the Health Sciences was chosen to become the fourth Editor of *Health Psychology*. He began his term in 1995 with Volume 14. The extra work involved in handling of all of the extra manuscript submissions led Krantz to add an additional associate editor and to renegotiate the contract with APA to provide more expense money for editorial assistance. Krantz has also put together a number of special issues dealing with such topics as psychosocial and behavioral aspects of genetic testing, and assessment of health-relevant variables in natural environments.

The Book Series. At about the same time that the Division was negotiating with APA to publish the journal, the Executive Committee became aware that some members--those who were not primarily researchers, but were engaged full-time in the practice of health psychology--felt the journal was not serving their needs. In an attempt to be responsive to the needs of clinical health psychologists for up-to-date, research-based information that has high practical relevance, the Division launched a book series with Andrew Baum and Margaret Chesney, both former presidents of the Division, as Series Co-Editors. APA Books was selected to be the

publisher. The first volume of that series, edited by Robert Gatchel and Edward Blanchard in 1994, was on *Psychophysiological Disorders*. This was followed in 1995 by a second volume, edited by Perry Nicassio and Timothy Smith, on *Managing Chronic Illness: A Biopsychosocial Perspective*. Plans are for one volume to come out each year in this series, for which Division members are offered a special 40% discount if they buy the book within a month of its publication date. The Division is also supposed to share in the profits of this series, if and when there are any. It should also be noted that APA also publishes a number of other books on health psychology, many of which are authored or edited by Division 38 members, that are not part of the Division's Book Series.

Major Conferences Held by Division 38.

Education and Training. One of the first major undertakings of Division 38 was to plan a National Working Conference on Education and Training in Health Psychology which was held in 1983 at Arden House in Harriman, New York from May 23-27. Originally, the idea for this conference came from a conversation between myself and Gilbert Levin, the developer of the doctoral program in health psychology at Albert Einstein School of Medicine/Yeshiva University. Both Levin and I were members of the Division's Education and Training Committee chaired by Cynthia Belar. Acting as a subcommittee, we developed the initial outline of a conference focusing on training issues in health psychology (see Singer, 1982). The Division's Executive Committee wholeheartedly endorsed the idea for such a conference in August, 1982 and selected Steven Weiss to be the overall chair of the event. Weiss and Neal Miller, the President of the Division, managed to secure grants from the Carnegie, MacArthur, and Kaiser Family foundations to support the meeting which was attended by 57 participants.

The Arden House Conference proceedings were published as a supplement to Volume 3 of *Health Psychology* (Stone, 1983). A high degree of consensus was achieved on a number of recommendations, one of which was that "Health psychology is a generic field of psychology, with its own body of theory and knowledge, which is differentiated from other fields in psychology" (Stone, 1983, p. 9). A significant conclusion was that "Health psychology should offer two major training options: scientist and professional ...[and] the professional path should be based on the scientist/practitioner model as enunciated at the Boulder Conference" (Stone, 1983, pp. 15-16). To this day, the Division has steadfastly held to this Boulder model for the education of health psychologists.

Research. Five years after Arden House, the Division held a National Working Conference on Research in Health and Behavior at Harpers Ferry, West Virginia (May 15-17, 1988). Originally conceived by Richard Evans in 1985, the task of organizing the conference and coming up with funds to support it fell on Andy Baum, then of the Uniformed Services University of the Health Sciences. In addition to financial support from Baum's own department and Nate Perry's Department of Clinical and Health Psychology at the University of Florida, grants were obtained from APA's Science Directorate, NIMH, NHLBI, and the Ciba-Geigy and Upjohn corporations. Over 60 attendees heard keynote addresses by Richard Evans and Karen Matthews, listened to five panel presentations, and participated in eight task forces. These latter groups focused on future research "problems and solutions" in the following areas: biobehavioral research and cardiovascular disease; psychoneuroimmunology; cancer; AIDS; smoking; health policy; practice; and child health. The Conference Proceedings including the keynote speeches and reports from the task forces were published in a special issue of *Health Psychology* (Baum,

1989). Although the purpose of publishing the conference deliberations and summaries was to "stimulate research in the area of health and behavior and...help us grapple with the problems or obstacles that lie ahead" (Baum, 1989, p. 629), it is extremely difficult to assess what impact, if any, this conference had on the field of health psychology.

Minority Health. From September 17-20, 1992, the Division of Health Psychology was the major sponsor of a National Conference on Behavioral and Sociocultural Perspectives on Ethnicity and Health held in Washington, D.C. Co-sponsoring this conference was APA, Division 45 (Ethnic Minority Issues), Duke University Medical Center, Howard University School of Medicine, NHLBI, NIMH, The Upjohn Corporation, and the Office of Minority Health in the Department of Health and Human Services.

The 3-day conference was attended by approximately 100 invited scientists, administrators, and students, representing such disciplines as psychology, epidemiology, medicine, sociology, public health, nursing and anthropology. The national conference began with and accomplished six objectives, which were to (a) provide an up-to-date summary of the behavioral and sociocultural epidemiology of minority health; (b) delineate the macrosocial and environmental influences on minority health; (c) discuss the current status of research on health behaviors in ethnic minorities, including the sociocultural, environmental, and developmental antecedents and health consequences of those behaviors; (d) produce an agenda for future research in each of the areas named in the proceeding three objectives; (e) address issues in training and career development

in minority and health behavior research; and (f) address policy and funding issues of minority health behavior research (Anderson, 1995, p. 590).

The two individuals most responsible for the Minority Health Conference were Neil Schneiderman, who initially proposed the idea when he was President-elect of the Division, and Norman B. Anderson, of Duke University Medical Center, who was the conference organizer. Anderson was the guest editor of a special issue of *Health Psychology* that contained reports from six of the panels that presented at the Conference and a summary of recommendations from the eight task forces (Anderson, 1995). The full set of recommendations from the task forces is scheduled to be published in the *Journal of Gender, Culture, and Health* in late 1996. The impact of this conference will not be known until the turn of the century.

Membership of Division 38

When the Division began in 1978, it had 680 charter members. Not only were APA Members, Fellows, or Associates allowed (and encouraged) to join the Division, but, from the beginning, membership was open up to "affiliates," particularly students in health psychology who were not members of APA. Over the years, affiliate membership has represented approximately 10% of the total membership in the Division, about equally split between students and professionals. Some of these professionals are not psychologists, but joined the Division in order to get the journal at reduced rates. Affiliates who are psychologists are either those who never belonged to APA or who resigned from APA but wanted to retain an identity as a health psychologist. The bylaws specify that only (APA) Fellows and Members have the right to vote.

Throughout the 1980s membership in Division 38 grew steadily. By July, 1980 there were almost 1,500 members, according to an update on membership by Margaret Chesney and

David Clayman published in the Summer-Fall 1980 issue of the newsletter. By 1985, over 2,500 APA members belonged to Division 38. In 1995, 3,356 APA members belonged to Division 38, making it the ninth largest of APA's 49 active divisions. The *1996 APA Membership Register*, however, only lists Division 38 as having 3,062 members, perhaps indicating that the growth phase of the Division has come to an end.

Membership surveys. In 1981, Gary Morrow and Paul Carpenter of the University of Rochester, along with Division Treasurer, David Clayman, surveyed the membership in an attempt to ascertain and establish priorities for the Division. The results of this survey were published in the Summer-Fall 1983 issue of the newsletter. Fifty-seven percent (N = 1,477) of the members completed and returned this survey. The top three priorities were: (1) Changing the Joint Commission on the Accreditation of Hospitals' regulations related to psychologists; (2) Providing continuing education; and (3) Increasing the public's awareness of psychologists' roles in health settings. At the bottom of the list (#22) was holding social hours at national/regional meetings.

In 1988, the same year as the Conference at Harper's Ferry, the late B. Kent Houston of the University of Kansas was commissioned by the Executive Committee to conduct another survey of the Division's members. Approximately 45% of the members (N = 1,149) responded. The findings were shared in depth with the Executive Committee, and a synopsis of the findings was published in the Summer-Fall, 1988 issue of *The Health Psychologist*. Fifty-five percent of the respondents indicated that their primary work setting was educational, with 42% indicating they worked in some sort of service delivery setting, but 65% indicated that the practice of health psychology constituted a significant part of their workload (compared to 55% for research and

50% for teaching). Sixty-five percent of the respondents indicated that they belonged to some non-APA professional association relevant to health psychology, most particularly the Society of Behavioral Medicine (to which 37% of all respondents belonged). Two-thirds of the respondents indicated that, if APA were to reorganize--a "hot topic" back in the late 1980s--Division 38 should join a "Scientific/Practitioner" unit within the organization. As befit a group of health psychologists, only 6% of the respondents currently self-reported smoking cigarettes, and 77% believed cigarette advertising should be banned from *Psychology Today*.

The first (and, to this date, only) edition of the Division 38 Membership Directory, edited and prepared by David Schlundt and myself, was distributed in 1991 along with one of the issues of the journal. The plan was to print and distribute a new directory every two years. In the summer of 1994, the Division's Membership Committee, under the leadership of Dawn Wilson, attempted once again to survey the membership, partly to obtain updated information to put into the second edition of the membership directory. Less than 10% of the Division's members returned this survey, and the data have never been reported. However, according to statistics compiled by the APA Research Office based on the *1993 APA Directory Survey* (with new member updates for 1994 and 1995), 38.3% of Division 38 members are female (up from 26.7% 10 years earlier), and the median age is between 45-49 years. Of those specifying their highest degree, almost all (97.8%) earned a doctorate, on average 15-19 years previously. Seven and a half percent of Division 38's members hold dual professional degrees in other fields, mainly nursing.

Sixty-eight percent of Division 38's members are classified as being in "provider psychology fields." Of those, over 71% are identified as clinical psychologists, and only 15% as

"health" psychologists. An additional 13% are classified as "research & other psychology." By far, the largest group of these latter members (39%) are social psychologists, followed by developmental (10%) and physiological/psychobiological psychologists (9%). Of the 12+% classified as "other fields" [than psychology], nearly a quarter were classified as being in behavioral medicine.

Division 38 members overwhelmingly tend to belong to at least one other APA division. Only 16.7% are solely members of Division 38. Not surprisingly, 24% of the members also belong to Division 12 (Clinical), closely followed by 22.3% who are members of Division 42 (Independent Practice). The next most frequent affiliations are with the Psychotherapy Division (29; 13.7%) and Clinical Neuropsychology (Division 40; 11.6%). Also noteworthy is the fact that 10.6% of Division 38's members belong to Division 35 (Psychology of Women), followed by 9.9% who belong to Division 8 (Personality and Social), and 8.8% to Division 22 (Rehabilitation). The remaining divisions to which at least 5% of Division 38's members belong are: Family (43; 7.3%); SPSSI (9; 7.1%); Exercise and Sport (47; 6.6%); Adult Development and Aging (20; 6.6%); General (1; 6.5%); and Counseling (17; 6.1%). Although only 2% of Division 38's members belong to Division 31 (State Psychological Association Affairs), slightly over half of the members belong to state associations.

In 1995, 354 members of Division 38 held Fellow status in the Association, although, according to the *1996 APA Membership Register*, only 211 were Fellows in Division 38. Because the leadership in the Division, particularly the presidents, often hold fellow status in APA, it is interesting to note that, aside from Division 38, those holding this status tended to belong to Divisions 12, 8, 9, and 20, respectively. To date, about half of the presidents of the

Division received their basic training in social psychology, with an equal number coming from clinical psychology. There has yet to be a President of Division 38 who was trained at the predoctoral level in health psychology.

Committee Structure of the Division

Executive Committee. The formal Executive Committee of the Division of Health Psychology is comprised of all of the elected officers. In 1987, based on a bylaws change the previous year, the first two members-at-large (Margaret Chesney and David Krantz) were elected to serve "without portfolio" on the Executive Committee, joining the President, Past-President, President-Elect, Secretary, Treasurer, and Representative(s) to the APA Council as the official members of this Committee. [See Table 1 for a list of Presidents, Secretaries, Treasurers, and APA Council Representatives by year.]

The Executive Committee meets formally twice a year, once at the time and location of the annual APA Convention in August, and again at a "Mid-Winter" meeting in late January/early February. Until 1994, when the mid-winter meeting had to be cancelled due to a blizzard that blanketed the East Coast, this meeting was always held in Washington, D.C. In 1995 and 1996 it was held in Florida, partly to escape the snowstorms, but, also, because the presidents those years (Suzanne Bennett Johnson and Cynthia Belar) were based at the University of Florida.

Appointed committee chairs, editors of the Divisional publications, and appointed liaisons meet with the Executive Committee at these two meetings. It has been a tradition of the Division that everyone in attendance at a meeting of the Executive Committee is allowed to vote on any matter coming before the Committee that needs to be voted upon. Because most

decisions of the Executive Committee are made by consensus, sometimes after protracted discussion, the actual votes on a given issue rarely matter. During Neil Schneiderman's presidency, however, when the issue of a (new) publisher for the journal came to a vote, it was decided that, for certain *important* issues, such as selecting a publisher, only the votes of the formally elected members of the Executive Committee would count (see Schneiderman, 1992). Otherwise, everybody present participates equally in the discussions that shape Division policies and activities. Therefore, attendance at Executive Committee meetings has generally been quite high, averaging over 20 persons around the table at any one time.

Functional Committees. The standing/administrative committees that carry out the work of the Division are: Convention Program; Education & Training; Research; Health Services (formerly Health Care); Publications; Finance; Awards; Fellows; Membership; and Nominations and Elections. In the early years of the Division, there were also similar committees devoted to Legislation (later changed to Public Policy), Public Affairs (later changed to Public Information), and Scientific Societies (aka Scientific Liaison aka Organizational Liaison), but these have disappeared in recent years.

When the Division began, it was expected that the President-elect would chair the Convention Program Committee. However, Stephen Weiss, the first person to hold this office, selected Richard Evans to be a co-Chair. Neal Miller went Steve one better. Neal asked David Glass to be his co-Chair, and Glass selected David Krantz, his former student who was just becoming established as a health psychologist, to be *his* co-Chair. Jerome Singer continued this tradition by asking A. MacNeill (Mac) Horton, Jr. to assist him in putting together the convention program, and Judith Rodin followed this pattern by choosing Karen Matthews to be

the co-Chair. In 1986, when Matthews was chosen President-elect, she asked Ken Holroyd to Chair the Program Committee for the 1987 meeting, and that ended the practice of the President-elect even nominally chairing that busy Committee. James Rodrigue of the University of Florida has established a record by chairing the Program Committee two years in a row (1995 and 1996).

Although the Committee on Education and Training hit a high point in its third year of operation by stimulating the idea for the Arden House Conference, over the years it has remained active by carrying out such functions as compiling and distributing training directories for pre-doctoral, postdoctoral, and internship programs in health psychology. Cynthia Belar, Charles Swencionis, Andrew Baum, and Rolf Pederson have been largely responsible for instituting those directories. Edward Sarafino, of Trenton State University, Pederson's successor as chair of the E & T Committee, was the driving force behind a brochure on "Teaching Undergraduate Health Psychology," that has been disseminated by the E & T Committee. Sarafino has also played a major role in putting together an operations handbook for Division officers and committee chairs.

The Committee on Continuing Education has ebbed and flowed, despite the fact that in the 1981 survey continuing education was a high priority for the members. For a time, in the mid 1980s, under the leadership of Will Johnson of the University of Mississippi Medical Center, the Division offered a number of continuing education workshops at the annual APA meeting. In recent years, however, the Division has either been out of the continuing education business altogether, or simply involved in co-sponsoring such offerings.

The Research Committee of the Division was not integrally involved in planning the Harpers Ferry Conference on Research in Health and Behavior, nor was it involved in planning

the Minority Health Conference. Instead, its major activities has been in contributing articles to the newsletter relevant to research funding. Exemplary was the article, "Getting your grant funded by NIH," written by Sheldon Cohen of Carnegie-Mellon for the Summer-Fall, 1988 issue. Cohen followed this up, two years later, with an article on "Funding your unfunded PHS grant proposal." The current Research Committee, under the leadership of Jennifer Haythornthwaite of Johns Hopkins, has instituted a graduate student research proposal competition.

When the Division was founded it had a Health Care Committee. The name was changed to the Health Services Committee in 1980 for no apparent reason. David Engstrom, of the University of California, Irvine, chaired this committee in its early years when it had two major objectives: (1) To serve as a clearinghouse for the dissemination of information about the contribution of psychology to health care, and (2) To provide a system of utilizing outstanding colleagues as teachers and role models in direct consultation to applied settings and in workshops on special areas of health services psychology. From 1981, when Engstrom's term as chair ended, to 1989, when Perry Nicassio of the California School of Professional Psychology in San Diego was appointed chair, the Health Services Committee was essentially inactive. Nicassio helped revitalize this important Committee which had as its mission articulating and serving the needs of the majority of the Division's members who were actively engaged in the provision of health psychology services.

The Awards Committee is chaired by the Past-President. The other two members are the President and President-elect. Each year, an average of two awards are given "For Outstanding Contributions to Health Psychology." By tradition, one of the awards typically goes to a

"senior" member of the Division--i.e., someone who has been a recognized leader in the field for a number of years--and the other award to a more "junior" member. The operationalization of this latter designation has generally been roughly less than 10 years post-PhD and/or younger than 40 years of age. [See Table 2 for a list of the winners of this award by year, beginning in 1980, the first year such an award was made.] In some years only one such award was made; in others, three or four members received this award. To date, Karen Matthews is the only person to win this award twice. Most always, the contributions that have been recognized have been for the recipient's outstanding program of research and publications; on occasion, other factors, such as the awardee's organizational contributions, have been the deciding factor.

Insert Table 2 about here

Special Interests. In addition to the standing/administrative committees, the Division has always had a set of "Committees" consisting of members with specific interests in population groups and/or foci for research/clinical activities. One of the earliest and consistently most active of these groups has been the Committee on Women and Health, the first chair of which was Sharon Hall. The Committee was formed after Kathleen Grady, Patricia Keith-Speigel, and Barbara Strudler Wallston developed an initial network of individuals interested in women's health issues, and raised with Division 38 leadership the need for recognition of the political and substantive issues relevant to women's health and women in health related fields. One of the first projects undertaken by this Committee was to continue and expand the network of psychologists interested in women's health issues. A number of years later, this Committee developed a publication, Update on Women's Health Issues, containing abstracts of pertinent

studies in this area, which they distributed widely (for a \$5 annual charge). They have regularly contributed informative columns on women's health issues to *The Health Psychologist*, and have developed and widely disseminated a helpful "Resource Guide to Funding Opportunities in Women's Health." Many members of this Committee, such as Helen Coons, Patricia Mordikoff, and Sheryle Gallant, are also active in Division 35, and have been very instrumental in helping APA put on two major research conferences in the area of women's health.

Although few of the special interest committees have been as longstanding or as active as the Committee on Women and Health, it is a model for how these groups get formed and what activities they might carry out. Usually it has been just one or two individuals who have taken the initiative to start such a group, and have approached the President with a proposal, which is usually then presented to the Executive Committee. Sometimes, as with the Committee on Sleep Research and Practice, a whole group of researchers who had no other "home" within APA join the Division together, much in the same fashion that the Section on Health Research was formed within Division 18.

The Committee on Children and Health evolved from a special interest group in Behavioral Pediatrics started by Logan Wright. Members of this group also tended to belong to Section 5 of Division 12. At one point, in the late 1980s, this Committee developed and distributed an Update on Children's Health Issues, modelled after the publication put out by the Committee on Women and Health. Many of the leaders of this group (e.g., Suzanne Bennett Johnson) have been instrumental over the years in getting Division 38 to co-sponsor the biannual Florida Conference on Child Health Psychology.

When Division 38 began in 1978, Raymond Fowler, now Chief Executive officer of APA, was active in a group of Running Psychologists that, for a short while in the early 1980s, was part of the Division's Special Interest Group Program. Similarly designated groups were the Medical Psychology Network; Psychologists in Family Medical and Primary Health Care; Health Maintenance Organizations; Behavioral Pediatrics; and Students. During this period, Mac Horton was designated the Special Interest Group Coordinator and served in that capacity on the Executive Committee. As noted above, the Behavioral Pediatrics group evolved into the Committee on Children and Health, but the others, including the Student group, eventually disappeared--except that the HMO group, which began in 1980 as a subcommittee of the Health Services Committee, was resurrected by President Cynthia Belar in 1996.

In 1989, Pat DeLeon and Angela McBride established the Committee on Nursing and Health Psychology after realizing that over a hundred members of Division 38 were simultaneously nurses and health psychologists. DeLeon, who had headed the Division's Legislation Committee in the early 1980s, was (and still is) an assistant to U.S. Senator Daniel Inouye from Hawaii, and was the most influential voice for health psychology on Capitol Hill. I took over from Pat DeLeon as co-Chair of this committee in 1991, and asked Roberta Smith to be my co-Chair. Under Smith's leadership, this Committee instituted an annual award for Outstanding Contributions to Nursing and Health Psychology. The first four awards went to Harriet Werley, Jean Johnson, myself, and Angela McBride.

Liaisons. Over the years, various presidents of the Division have asked certain members to serve on the Executive Committee in the capacity of special "liaisons." Sometimes, these positions were true liaisons--e.g., David Abrams serves as the liaison to Division 50

(Addictions); often, however, they functioned more like ministers "with portfolio." For example, Steven Weiss has been for years the "International Liaison," linking Division 38 to other health psychology and behavioral medicine organizations around the world. Miriam Kelty, who used to chair the Ethics Committee, became the "Ethics Liaison" when it was realized that she was the only functioning member of the committee. When Margaret Chesney became president of the Division, she asked Len Mitnick, who was with the National Institute of Mental Health, to become the "Health & Behavior Liaison." This was a very timely appointment, coinciding with an increased emphasis on health and behavior throughout NIH/ADAMHA and the Science Directorate of APA.

Miscellaneous

Long-range and Strategic Planning. For the first eight years of its existence, the Division essentially engaged in little, if any, long-range or strategic planning. When George Stone assumed the leadership of the Division in 1985-86 he became concerned over what he termed "The Health of Health Psychology," so he asked John Linton to chair a committee to do long range planning (see Stone, 1986). A preliminary report from the Long Range Planning Committee was printed in the Summer-Fall, 1986 issue of the newsletter. When Kelly Brownell was stepping down as president of the Division, he suggested that the Executive Committee should engage in a process of strategic planning. Prior to its meeting in San Francisco in 1991, the Executive Committee met in Margaret Chesney's suite of offices for a day of strategic planning. Table 3 is a list of the wide range of issues discussed at that meeting, none of which were resolved. Little long-range or strategic planning has occurred since then.

Insert Table 3 about here

Board Certification. One outgrowth of the Arden House Conference was the establishment of the Council of Health Psychology Training Directors. In 1984, a joint task force of this Council and Division 38 established the American Board of Health Psychology (ABHP) as the credentialing body for the specialty practice of health psychology. In 1993, ABHP became fully affiliated with the American Board of Professional Psychology (ABPP). Today, those who receive the ABPP diploma in health psychology automatically become Fellows of the American Academy of Health Psychology (AAHP; see Deardorff, 1996). Starting in 1996, members of Division 38 were offered a 50% reduced application fee (\$50) by ABHP. Although there are no formal organizational ties between AAHP and Division 38, almost all of the individuals board certified in health psychology are members of the Division.

Division Finances. Division 38 is now in a sound financial position (hence the "Wealthy" in the title of this chapter), but that was not always the case. When the Division was founded in 1978, dues were only \$5 per member, and \$2 for students. Once the Division started publishing its own journal and expanded the number of issues of the newsletter, dues needed to be raised to cover those costs, but the dues assessments were still rather modest. As mentioned above, in order to hold the three major conferences held by the Division, outside grants were sought and secured. In the mid 1980s, when Mary Jansen was Treasurer, the coffers were quite tight, partly due to the fact that, for a while, many members were mistakenly being mailed two copies of the journal and these costs were being borne by the Division, not the publisher. Jansen took immediate steps to rectify the situation and, when I took over as Treasurer in 1987, the controls that Jansen had put into place, coupled with a modest dues increase and the Division's

share of profits from the journal led to an annual net surplus of income over expenses of approximately \$25,000 per year for six years. By the time Patricia Dubbert succeeded me as Treasurer in 1993, the Division had \$100,000 invested in treasury notes and bond mutual funds and enough money in reserve to begin thinking about funding special projects (see Wallston, 1993).

Throughout most of my treasurership, I did all of the Division's accounting, as had the two treasurers who preceded me. In my last year, however, upon the urging of Jack McKay, APA's Chief Financial Officer, this task was turned over to APA's divisional accountant, who did the work both professionally and at no cost to the Division, thus making the job of Treasurer much easier for Dubbert and her successors. It was during this period, also, that the Division entered into a contract with Sarah Jordan, Director of APA's Division Services Office, to keep track of the affiliate members of the Division and to provide other services to the officers and committee chairs on an as-needed basis.

Other relationships with APA. In addition to publications and special conferences, the largest divisional activity each year is the program in conjunction with the APA annual convention. Even though probably no more than 20% of the Division's members attend the annual convention in any given year, this activity consumes a great deal of the Division's energies and resources. The Division 38 program at APA has been fairly constant over the first 18 years of its existence. The emphasis has been on a few invited addresses, a number of high quality symposia, and two or three poster sessions. The Division does not sponsor any paper presentation sessions at the annual meeting. The summer issue of *The Health Psychologist* always contains a handy pull-out schedule listing the entire Division 38 program.

The Presidential Address is typically delivered immediately before the annual business meeting and awards presentation, which is almost always held late Saturday afternoon, and which is followed by a Social Hour. Many of the presidential addresses have subsequently been published in *Health Psychology*. The Division co-sponsors a lot of activities with other divisions, including at least one co-sponsored social hour (usually with Division 8). When the APA Science Directorate began Science Weekend at the APA Convention, Division 38 was usually one of the Divisions included. This is not the case, however, for 1996. In 1995, the entire APA Presidential Miniconvention, featuring presentations from many Division 38 members, was on psychology's role in health throughout the lifespan.

Although Division 38 has never had more than two seats on the APA Council, health psychology has been represented on that body to a larger extent due to the fact that a number of prominent health psychologists have been elected to serve on the APA Board of Directors. Three former presidents of APA, Joe Matarazzo, Charles Spielberger, and Jack Wiggins, had strong ties to Division 38 and Richard Suinn and Pat DeLeon have been influential Board members.

When the directorate structure began at APA in the late 1980s, Division 38 was "adopted" by the Science Directorate. Barbara Calkins, who was Acting Director for Science Policy, was the liaison between the Science Directorate and the Division, attending the Executive Committee meetings and contributing columns to the newsletter. During Lew Lipsett's years as head of the Science Directorate, it was almost as if APA was making the Division's agenda its own. For a year or two, health and behavior preoccupied the entire Directorate. Beginning with Barbara Melamed's presidency of the Division, the ties with the

Science Directorate have loosened, but the ties with the Policy, Practice, and Education Directorates have strengthened. Throughout the 1980s, APA tended to view Division 38 as a "science division." In the 1990s, the tendency is more toward viewing Division 38 as a "practice division." In reality, it is both.

This duality between science and practice was never more evident than when, in 1990, various boards, committees, divisions and other groups within APA hotly debated the issue of whether psychologists should be permitted by law to prescribe medication. Although the majority of Division 38's Executive Committee was initially opposed to psychologists having prescription privileges, it was Pat DeLeon, a key member of the Division, who was spearheading the effort both within APA and on Capitol Hill for extending to psychologists the right to prescribe. Because of the respect Pat had among the other members of the Executive Committee, the Division ended up strongly supporting additional research and study of the feasibility of providing training to psychologists in pharmacology. The Division of Health Psychology tried its best to make sure that the practice of health psychology would be based on "hard" evidence rather than political expediency.

Future History (1997 - ??)

The first 18 years of its existence has seen the Division of Health Psychology take its place as one of the largest and influential divisions within APA. There are a few signs, however, that the future for this Division might not be as golden as the past. After years of steady growth, membership in Division 38 has begun to recede, a drop of 10% from 1995 to 1996, despite the fact that APA members who subscribe to *Health Psychology* can get the journal at lower cost by joining Division 38 than by ordering it from APA at the member price. Other divisions, such as

17 (Counseling) and 42 (Independent Practice), have started sections on health psychology that may do a better job of meeting their members' affiliative needs than does Division 38. The percentage of Division members who responded to divisional surveys went from 57% in 1981, when the Division was still new and exciting, to 45% in 1988, when it was entering its adolescence, to less than 10% in 1994, when it was part of the mainstream establishment. Multidisciplinary organizations, such as the Society of Behavioral Medicine, are competing with APA for the loyalty and energies of health psychologists. Each year it becomes harder and harder for the Nominations and Elections Committee to put together a slate of members willing to run for Division offices.

But the most profound factor affecting the future of Division 38 is the fact that with the advent of managed care driving mental health services and companies to redefine and repackage themselves as "behavioral health providers," what was once unique to health psychology has now been adopted and, perhaps, coopted by mainstream clinical psychology, a trend that has been developing for the past 5-10 years and may very well "threaten" the future growth of Division 38 (see Wallston, 1992). Although being part of the mainstream can be interpreted as a sign that the Division has been successful in accomplishing its objectives, there is nothing quite as powerful as having "something to prove" to motivate professionals' activity. If the leadership of the Division of Health Psychology is truly "healthy, wealthy, and wise [sic]," it will capitalize on the fact that Division 38 is "the only home for the breadth of health psychology within APA....If our Division is to have a distinctive role in the future, we must continue to support this diversity" (Belar, 1996, 14).

Author's Note

This history is dedicated to the memory of Barbara Strudler Wallston, Ph.D., (1943-1987) who played a key role in founding the Division of Health Psychology and who chaired its Research Committee in the early years. Although she and I were in the process of become divorced in August, 1974 when we wandered into the meeting of the Task Force on Health Research in New Orleans, it was she who was most responsible for my involvement in this organization.

I am especially indebted to John Linton for providing a complete set of Volumes 1 - 15 of *The Health Psychologist* without which this history would have been impossible to write, and to Cynthia Belar, Donald Dewsbury, Joe Matarazzo, Murray Meisels, and Donald Routh for their comments and suggestions on an earlier draft of this chapter.

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