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## News from the Editor

Dear all,

I welcome you to another issue of our society's Newsletter. I am very sad that this is going to be my last one, since I started my term as Secretary of ISBM a few weeks ago and will serve in this capacity until 2012. I am confident, though, that the Newsletter will be in very capable hands: our Communications Chair, Richard Peter, will be selecting a new Editor soon.

I am very happy that I will be able to leave with an issue containing a lot of exciting content: First of all, read the welcome address of our new President, Norito Kawakami. The society will continue to thrive under his presidency – his plans for his term can be found on page 2. Then, let me thank our outgoing President, Hege Eriksen, for all her great work during her term. Luckily, she will continue serving as Past President, along various individuals who have been elected as Board members at the Washington meeting (for a list of Board members, go to page 4). Don't hesitate to get into contact with any of them if you have questions about ISBM or the work of individual committees.

One of the highlights of the current issue, in my eyes, is the interview with Graciela Rodriguez from Mexico. I very much enjoyed talking to her and learning more about her life and her work (see page 9). Another feature I would like to point out is the summary of the recent ICBM in Washington. It was great meeting so many of you there! Not only was it a fantastic display of all your fascinating research, but it was also a great occasion to get together and celebrate the diversity of our society. Go to page 17 and read Linda Bauman's account of the Washington meeting. Of course, there are also the regular features updating you on matters concerning the society's journal, news from member societies, and the organisation formerly known as Early Career Network, now called INSPIRE. You will learn on page 15 what these letters stand for.

Best wishes to all of you,

*Urs Nater*  
Newsletter Editor

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## Letter from the President

I was elected President-elect of the International Society of Behavioral Medicine (ISBM) two years ago at the Governing Council meeting in Tokyo in 2008; and on August 8, 2010, I took over the position of President from Prof. Hege Eriksen at the closing ceremony of the 11th International Congress of Behavioral Medicine (ICBM) in Washington DC. I attended the First ICBM at Uppsala, Sweden in 1990, witnessing the birth of ISBM. I have been a member of Japan Society of Behavioral Medicine (JSBM), and thus a member of ISBM, for 18 years, since the JSBM was established in 1992. It is a great honor and extreme pleasure for me to serve the society and its members as the President for the next two years. I know that the role of President includes substantial responsibility and work, and I will continually strive to do my best. While I was working with Hege and other board members over the past two years, I learned how the ISBM works. Through my experience, I find that the ISBM is in good shape and has a lot of potential for future growth as well.

During the Board, Strategic Planning Committee, and Governing Council meetings on August 2-3, 2010 in Washington DC, we had fruitful discussions and I have formulated ISBM's goals and future plans for the next two years, based on these discussions. The Governing Council also elected new Board members. I sincerely look forward to working with the Board members and with you, our members, in developing the ISBM even further, along with these goals and future plans.

First, my most important role as the president is to keep the ISBM developing as we did in the past. The International Journal of Behavioral Medicine (IJBM) and international



conferences are two of ISBM's major activities. The Journal is currently in good shape, and we will keep publishing high-quality research and increasing the Journal's visibility in the field of behavioral medicine. Just recently, the 11th ICBM conference was completed with great success. The next ICBM will be in Budapest, Hungary from August 29 to September 1, 2012, hosted by the Hans-Selye Hungarian Society of Behavioral Science and Medicine (<http://www.icbm2012.com>). We will work to make this conference one of the most successful, with a lot of participants and high-quality scientific content.

Second, I would like to strengthen the committees' activities and ties with member societies. We have nine committees and 26 member societies from 23 countries, with two affiliate societies and three emerging societies. The committees and the member societies are two major pillars of the ISBM; in fact, the ISBM is an organization of member societies. To strengthen the committee activities, I would like to ask the committee chairs to work in a more organized way by selecting co-chairs and members, submitting their workplans at the start of this year, and a report at



the year's end. To make the activities visible to our members, all of the information will be posted on the website as well. We plan to make the Early Career Network, which is a group of young researchers, more formal by inviting its representatives to the Board and the committees. I would like also to strengthen ties with member societies by improving our ways of communicating with them, based on our past experience. I would also like to ask the member societies to do a small task for ISBM. This might include conducting membership campaigns in their countries or at an ICBM conference, and also working with other member societies in a same region, as well as helping neighborhood countries to develop their own societies of behavioral medicine.

The third pillar of ISBM is comprised of individual members. In the ICBM conference 2010, we had an ISBM Open Forum, which was very successful – bringing together 40–50 attendants for many great conversations. I would like to increase the opportunity for ISBM to interact directly with individual members at the next conference in Budapest. Also, between conferences, I would like to ask our Communication Committee Chair to prepare a way to make it possible for people to register their e-mails to the ISBM website, and receive timely information electronically. I also look forward to encouraging non-members who attended the conference to become members or even develop their own national or regional society.

I believe that the ISBM is responsible for taking more of a leadership role in behavioral medicine and global health. I propose that we

identify some key areas or topics of research and practice in behavioral medicine to be promoted in the next two years. One such area/topic is economic crisis and health, about which there has recently been an increasingly urgent global need for research; however, behavioral medicine should not be limited to such areas. In addition, I propose to work more closely with international organizations, such as the WHO, ILO, United Nations, and other international societies, to contribute towards addressing current global health challenges.

The ISBM is your society. The ISBM Board serves your needs. Please contact me directly, if you like, to inform us of your needs and send your suggestions and proposals. During my term, I look forward to working with you, our members, member societies, and the Board as well as seeing all of you at the next ICBM conference in Budapest, Hungary in 2012.

*Norito Kawakami, MD, DMSc*  
President of ISBM



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TBD - Nominations Committee 2010-2012

## Letter from the past President

I have reached the end of my term as President of the International Society of Behavioral Medicine (ISBM). Being the President of ISBM has been a very rewarding job with plenty of interaction. It involves thousands of emails, challenging and fun meetings and phone calls from many very interesting and intelligent people, dedicating much of their time to ISBM. I am indeed grateful to all of you, without whose challenging debates, dedication, and help, my term would have been more challenging and less fun than it has been.

In my term as President of this wonderful society, involving new people with new ideas and new networks has been one of my key issues. We have been successful doing so in the work with the Program for the International Congress of Behavioral Medicine (ICBM) 2010. I want to express my sincere thanks to the whole Program Committee for their hard work in accomplishing that goal. Thanks to Linda Bauman, Frank Penedo, and Rona Moss-Morris we have also been able to involve a number of new Track Chairs, Co-Chairs, and Workshop presenters for the congress we just had in Washington DC. We were able to involve many new and talented people because so many of the member societies, provided us with names and suggestions for people we could involve. Who also responded positively to our requests, and recommended brilliant people who could contribute to the success of this congress. Thanks to the Chairs and Co-Chairs for your careful work in reading abstracts and giving your recommendations. The next International Congress of Behavioral

Medicine will be in Budapest, Hungary in 2012, and we have already interest from Portugal, the Netherlands and Australia to host the congress in 2014. Thailand has expressed interest for 2016 or 2018. It is looking good for the future.

I have not always been successful in involving new people in ISBM, partly because the member societies are reluctant to nominate new people, and when they have, the Governing Council seems to have a tendency not to elect them. It is important that the member societies contribute, as they did for this congress, to include new people also in our Governing Council, at the Board level, and also on the committees. It would be in the best interest of the organization if our distinguished senior members would pave the way, and allow, for our younger scientists to pursue their own vision and shape the future of the organization. We need diversity if we are to be a truly global organization.

We have some good examples of new people in ISBM, the Early career network, now being formally included in the organization, have already put up their own website ISBM Inspire (<http://isbminspire.freeforums.org/>). I suggest our senior behavioral scientists check out their site to see how they can assist and contribute. I would also like to encourage all of our younger behavioral scientists to become involved and see how they can contribute to and benefit within the International Society of Behavioral Medicine.

In changing the organization to be a more open and inclusive society, we have started using alternative forms of communication. We

are on Facebook and Twitter (Isbm\_info), and a few people have tweets from the ICBM 2010. We have had Board meetings on the web, the Journal of Behavioral Medicine is electronically available to everybody that is a member of any of the member societies. We have started to go in the direction of keeping the organization more open and transparent, and the only way for it to continue in this positive direction is for there to be a commitment on the part of the entire organization and everybody involved.

I want to thank the Swedish society that originally nominated me as president elect of ISBM. I want to thank the Governing Council for electing me. I also want to thank all the members of the Governing Council, the Board and the Committees for their involvement, support, and fruitful discussions. I have had a lot of fun, and I have learned a lot, I have tried to change things, and I do believe we have some momentum in the organization now. I used to be a competitive dinghy sailor, and am used to fast changes and the experience that when I make a decision, or suggestion, the response comes immediately. This organization is more like a Tall Ship or Schooner, it takes quite some time to turn, but once you have started the process it has momentum and will eventually be on a new track. That is how I feel about ISBM. It is a great organization, in very good shape, and it deals with everything I think is important. We have the most fantastic meetings and wonderful participants. We also have a very good journal that you should publish in and read, cite and discuss.

The last Board meeting, Strategic planning session, Governing Council meeting, and the ICBM 2010 were filled with enthusiasm, inspiration, and excitement for the future of ISBM. I am hopeful that when handing over the leadership of ISBM to Norito Kawakami, ISBM will grow to be an even stronger and more influential organization than it is to today.

Thanks to all of you for letting me serve as President for this wonderful and important society! I look forward with anticipation and excitement for a wonderful future for the field of behavioral medicine.

*Hege R. Eriksen*

Past President of ISBM





## News from the Editor-in-Chief of IJBM

July 2010

### The Editor's choice

Sedentary Behavior and Depression Among Adults: A Review by Megan Teychenne, Kylie Ball and Jo Salmon has been published Online First

([www.springerlink.com/content/q13841130j13858/fulltext.pdf](http://www.springerlink.com/content/q13841130j13858/fulltext.pdf)).

Physically inactive lifestyles and sedentary behavior are key contributors to ill health. Although the association between sedentary behavior (e.g., watching TV, using the computer) and physical health has been well documented, increasing research has focused on the possible link between sedentary behavior and mental health (e.g. depression).

The authors reviewed studies on the effect of sedentary behavior on the risk of depression in adults. A systematic search for original research articles investigating associations between sedentary behavior and depression in adults was performed using several electronic data bases. A total of seven observational and four intervention studies were included in this review. All observational studies found positive associations between sedentary behavior and risk of depression, while intervention studies showed contradictory results.

The authors concluded that evidence for the relationship between sedentary behavior and risk of depression in adults is limited by methodological weaknesses. However, on balance,

the review suggests that sedentary behavior is associated with an increased risk of depression. Further studies are needed assessing different types of sedentary behavior and depression; the interrelationship between physical activity, sedentary behavior, and depression; causal links between sedentary behavior and depression; and intervention strategies aimed at reducing sedentary behavior and effects on risk of depression.

### Associate Editors and Members of the Editorial Board

Urs Nater has accepted the invitation to become Associate Editor of IJBM. I appreciate his willingness to become Associate Editor: I trust that he will contribute substantially to the further development of IJBM.

The team of Associate Editors now consists of Mike Antoni (USA), Wolfgang Hiller (Germany), Yvette Miller (Australia), Urs Nater (Switzerland), Linda Powell (USA), Katri Raikkonen (Finland), Akizumi Tsutsumi (Japan).

There will be changes in the Editorial Board. These changes will be implemented at a later stage. I am looking for new members of the Editorial Board: I welcome suggestions.

### TOC Alert

All members of ISBM member societies receive free access to the online version of the International Journal of Behavioral Medicine (IJBM). IJBM offers a free table of contents (ToC) alert e-mail service that notifies individuals as soon as a new issue of IJBM has

been published online. Not all ISBM members have yet taken advantage of this ToC alert service - perhaps because they're not aware of it. The alert contains the table of contents for each new issue, along with the article titles (and a direct link), author names, DOI, and page numbers. You can easily keep up with IJBM contents by registering for this free service at [www.springer.com/medicine/journal/12529](http://www.springer.com/medicine/journal/12529).

*Joost Dekker*  
Editor IJBM





## Interview with Graciela Rodriguez, PhD

*This special series covers individuals who are long-term members of ISBM and have contributed to behavioral medicine in a significant manner.*

**Q1.** Graciela, thank you so much for agreeing to be the fourth interviewee in this series. How did you get into research?

**A1.** I think the roots go back to my father, who was a physician in Ciudad Juárez, Chihuahua in 1940; he was my main mentor, also my grandfather who was a teacher in rural areas and worked as secretary of the National Polytechnic Institute's School for higher education. My grandmother and my aunts were all teachers. My father was a most enthusiastic man, beyond his times, always helping those who were in need; I used to help him in surgery since I was 15. Of course, I was a spoilt child, a rich child who had the chance to meet James Dean and Elvis Presley. Hence, my interest in Medicine and care to people who are vulnerable and have low income. On my mother's side, my grand mother was called Laura Ingalls; her ancestors were English who came to Veracruz to build the railway in the port. I think that the most important figures for me in my family were women: strong, dynamic, certainly not run of the mill.

**Q2.** Could you please tell us about your educational and scientific background? Where do you come from scientifically and how did you get into the field of behavioral medicine?

**A2.** After I graduated in the school of Psychology in Mexico's University, I was asked by Dr. Rogelio Díaz Guerrero and Dr. Wayne Holtzman to go to the Menninger Foundation. There, it was my privilege to work with Dr. Gardner Murphy, Abraham Maslow, Riley Gardner, John F. Santos in a research project called "Reality Testing". At the time, the Menninger Clinic was renown in the world of orthodox psychoanalysis and I think it was there that I learnt to respect and study different scientific schools, while looking for similarities and differences between them. After this wonderful experience, we came to the conclusion that it was necessary for me to get my Ph.D and I chose the School of Psychology of the Texas University in Austin. After a year and a half there I came back to Mexico, went to Medical School again, got married, had two children, Ramón and José Luis, and for three years was basically dedicated to them. Afterwards, I joined the faculty in Mexico at the National University of Mexico, I think this had been the best choice in my life, working with students from different levels, from various social classes has meant for me an experience comparable to no other. For 44 years, and through many different subjects, I have worked with students who now occupy prominent places in the discipline of Psychology, in different educational centers, and in the government. The hardest work of my life was being the first woman dean in a school with 5000 students, 600 teachers and 250 workers, who were on a strike dictated by the self governing students. Notwithstanding this, I am not mistaken when I say that I was the dean with the best team, because at the time psychologists who had studied in the US and Europe, in the world's best universities, were

coming back to Mexico. Those were the roots when dealing with subjects such as Clinical Psychology, health scenarios and my own training as general experimental psychologist helped me have a broader horizon when solving all kinds of problems, for instance, public policies, organization of institutions, organization of societies, congresses, etc. My lectures were not limited to my area of priority which was self control and my great friend Michael Mahoney taught me the scientific and conceptual basis of a discipline that encompassed more than what I had learnt and investigated that far: behavioral medicine.

I must also say that Steven Weiss has given ample support to the development of Health Psychology and of Behavioral Medicine. Also, we appreciate the visit with Brian Oldenburg who welcomed us, me and my colleagues, as true friends in Brisbane, Australia. Similarly, we thank the Executive Committee and the Government Council for their help to the First Latin American Meeting on Behavioral Medicine in Mexico, June 2005.

**Q3.** Could you tell us how behavioral medicine developed in Mexico (and Latin American in general, if it's not too long a story to tell)?

**A3.** To speak of the development of Behavioral Medicine in Mexico, we must make a parallel of what was happening in other countries. As an example, in the early '60s, Víctor

Alcaraz, Emilio Ribes, Antonio Gago, Florente López and Serafín Mercado began the analysis of behavior in Mexico when they were at the Universidad Veracruzana promoting scientific psychology based on an experimental analysis of behavior.



There were significant breakthroughs of Behavioral Medicine in Mexico undertaken by Xóchitl Gallegos and Víctor Alcaraz in the '80s, when they applied biofeedback to treat migraine, facial palsy, heart arrhythmia, sphincter control and certain paresis and types of epilepsy (Alcaraz, 1977; Alcaraz, Castro-Velázquez, De la Cruz & Del Valle, 1981; Gallegos & Torres Torrija, 1983; Gallegos, Medina, Espinoza & Bustamante, 1987).

In the Laboratory for Cerebral Plasticity, coordinated by Jorge Palacios and founded in 1984 in the School of Psychology of UNAM, biofeedback was also used to treat various forms of neuromuscular paralysis very successfully.

In the Zaragoza National School of Higher Studies (UNAM) Luis Flores Alarcón from Colombia headed a work group whose goal was to create a line of investigation on the clinical application of instrumental conditioning of autonomous responses. This group later initiate conjointly with the school of psychology, the most representative at that time, and the school of psychology in Iztacala campus the

program of health psychology jointly launched by representatives by Lilia Duran and myself.

This program was enriched by the participation of Víctor Alcaraz and Ana Eugenia Díaz de León, from the School of Psychology, who jointly developed the first research project on the conditioning of brain electric rhythms for the treatment of epilepsy (Rojas, 2002). Seminars were later organized with the participation of Palacios, Rodríguez, Sánchez Sosa, Rodríguez c., Domínguez and Mercado.

During the late '80s, the program had gradually and significantly changed; Mario Rojas Russell took over its direction and he did research on diabetes mellitus and body weight as risk factors (Anaya, Carvajal, Charles, Hurtado, Mayor, Rojas y Sánchez, 2002), organ and tissue transplants in the Mexican population (Rodríguez, Pérez, Rojas, Reyes y Méndez, 2004), as well as writing relevant documents on clinical psychology and health (García, Rojas, Vargas, 2001; Rojas, 2002; 2005). It is worth mentioning that presently this School has a Unit of Behavioral Cardiology where interdisciplinary research on psychosocial factors that favor the appearance and development of heart diseases is done. (Figuerola, Domínguez, Ramos del Rio, 2009).

Rocío Hernández Pozo founded the School of Psychology in the Iztacala Campus (UNAM) a Laboratory of Complex Human Behavior and launched research projects related to the evaluation of heart risk factors with computerized systems (Rodríguez, Hernández-Pozo, Álvarez y Negrete, 1989); on the creation of an expert computerized system of evaluation (Rodríguez, Hernández-Pozo, Álvarez and Ne-

grete, 1992); a computer program to assess tolerance to frustration in Mexican athletes (Hernández-Pozo, Serrano, Méndez, Montes y Rodríguez, 1992); as well as teaching healthy behavior through virtual scenarios (Hernández-Pozo, Harzem y Rossi, 1990; Hernández-Pozo, 1998).

In parallel, work to contribute to Behavioral Medicine was being undertaken at the School of Psychology of UNAM. Such is the case of Benjamín Domínguez Trejo, who has worked on management of chronic pain (Domínguez, 1995; 1999, 2000), stress producing events related to the onset of psychological disorders and diseases (Domínguez, 1996, 1998, 2002), in the area of psychoneuroimmunology (Domínguez, 2000, 2001); as well as biofeedback (Domínguez, 2000, 2001). These works have been nationally and internationally recognized.

In Latin America, Brazil has a predominant role because the discipline is called hospital psychology. In Venezuela and Colombia, courses of Behavioral Medicine have been set up.

However, we are bound by one same factor, a lack of resources to undertake longitudinal studies, to attend meetings on the subject which, contrary to Clinical Psychology and Health Psychology, is a new field. Behavioral Medicine is not sufficiently known by decision makers who are still not ready to fund attendance to meetings and congresses. Notwithstanding, both Mexico and Venezuela are known for organizing symposia, meetings and workshops to disseminate the findings of Behavioral Medicine.

**Q4.** You have been the second female member of the Governing Board of your University, and the first woman as Dean of the School of Psychology. These are great accomplishments in a male-dominated research world and a testimony to your research excellence. How do you see gender issues in research today, both in general and in Latin America specifically?

**A4.** Conditions in Mexico for women scientists have been changing little by little; an example of this is that we had the first chairperson for the Academy of Science in Mexico, Dr. Rosaura Ruiz, and the chancellor of the National Polytechnic Institute is also a woman, while the number of deans in various universities of Mexico and other parts of Latin America has been increasing. We must remember that Chile had a woman president. 30% of members of Congress in Mexico, deputies and senators, are women. Nevertheless, there still is a difference in wages between men and women. According to ECLAC, women get 30% less than men. When I worked as chief of consultants for the Director General of Mexico's Science and Technology Council (CONACYT), I was able to open up support for psychologists in Mexico. I also organized the Science week for primary school students that is still taking place in primary schools across the country, in a joint effort with research institutes.

**Q5.** You have served in many official capacities in Mexico and thus greatly influenced health policies in your home country. As examples, you had the position of Director General for Human Resources in the Health Ser-

vices Coordinating Department of the President of Mexico and you were Executive Secretary in the Consulting Council of Science and Technology of the President of Mexico. Could you briefly summarize your roles? Do you think it is necessary as a researcher to actively influence health policies?



*Neal Miller and Graciela Rodriguez at the Latin American Congress in 1967.*

**A5.** First of all, one has to have a sound scientific training to be able to work in these capacities, because the job is not administrative but geared to creating public policies for the government, in this case, Mexico's government. I worked in the commission charged with defining the National Health System, under the direction of Dr. Guillermo Soberón, former chancellor of UNAM. In this project I participated as Human Resources in Health Services, and consultant for Mental Health, from 1981 to 1982. After that I was appointed executive secretary for the President's Consultative Council for Science and Technology. My main assignment was to take the president's questions directly and then consult with the country's winners of the National Science Awards to give an answer to the president's queries. I had to organize the various commit-

tees according to areas of research and make results known through books, conferences, congresses, etc. State Secretaries were previously consulted about all these problems which had to do with electric power, social sciences, astronomy. This obviously gave me a broader vision of different disciplines and although the work was most challenging, I always had the understanding disposition of scientists, because life has taught me to say "I don't know, let me find out", even to the president of the Republic.

Another significant job I did was as executive secretary of the National Human Rights Commission, and this gave me the opportunity to meet many ombudsmen from all over the world and to take part in activities of WHO, UN and OECD as representative of Mexico's Commission. This was certainly not an easy task, but we were able to accomplish significant things, like pioneering the defense of indigenous peoples' human rights. I could do this while still being professor at UNAM, because these are assignments by the President of Mexico and thus you can leave the university for some time and attend to them. I have participated in many commissions in the health sector, the social and political arenas, always trying to implement public policies related to human behavior. Presently I am working with the National Human Rights Commission in the field of health, as consultant mainly on mental health and human rights, family violence, home violence, public health problems, jail inmates' problems, crime prevention, etc.

**Q6.** Where do you think is behavioral medicine as a field headed? In a more and more

specialized world, is behavioral medicine too broad a field or could also be a chance to encompass various smaller research fields?

**A6.** Nowadays, the term behavioral medicine is much confused with behaviorism and we have to continue explaining the definition of our discipline. After we define and show evidence, scientists from other disciplines find it easier to understand the development of our subject matter. However, since in Mexico Health Psychology is well developed, it is not easy to find professionals with multidisciplinary characteristics who can perform easily in behavioral medicine; this means we have to be constantly promoting behavioral medicine in all cases. To my mind, it has been easier in UNAM's School of Medicine that has more than 14 programs in different areas. One of the first works is on Bioethics and Behavioral Medicine, which we have developed in the Bioethics program of the School of Medicine.

I think that Behavioral Medicine will tend to split up, which is already happening, for instance in the area of cardiovascular, physical activity, obesity; nonetheless, I believe that in Mexico and Latin America we still need to implement better tools to take measurements according to the discipline and more resources for longitudinal research. I think all these disciplines that have to do with behavior should be called behavioral sciences (genetics, human genetics, complex information systems, systems based on empirical evidence, etc.).

**Q7.** On a more personal note, what will the future bring for you? You have just completed a term as Chair of the Organizational Liaison

## Interview with Graciela Rodríguez

Committee. Any new involvements planned in ISBM? As a Professor Emeritus, how does your everyday work look like?

**A7.** I completed as Chair of the Organizational Liaison Committee. My relationship with ISBM will be, as always, one based on recognizing the merit of the most outstanding scientists in the International Society and I hope this association recognizes that countries are different, with different levels of development and that it becomes more democratic in the best sense of the word, because so far I feel it is much oriented toward European countries, and to Asian ones. I think that the Society should be organized regionally, and that there should be more communication between the various committees. Finally, I believe all these changes will be done in the future.

My work as Professor Emeritus is just like the work of any professor in the University, we teach, we do research, but we do have a broader recognition in the part of the university community and a little more possibility to choose our activities, apart from representing the UNAM in different events.

Thanks so much for your time, I really appreciate it!



**Graciela Rodríguez-Ortega, Ph. D.,** is a Professor Emeritus at the School of Psychology at National University of Mexico. She is also a guest professor at several Schools at her university and at other Mexican, Latin American Universities and in others parts of the world. Her research has focused on multidisciplinary fields of Health Psychology, Behavioral Medicine, Bioethics, Human Rights and Psychology and Law, among others. She served as founder and president of the Mexican Society of Behavioral Medicine. At the present time she is responsible of International Affairs in the same society. She has just finished her term as Chair of the Communication and Liaison Committee of ISBM.



## INSPIRE

Hi Everyone, as we have just had a very successful congress in Washington DC, USA, in this issue of the newsletter, I am going to provide you with a review of all the early career events as well as an update of the very exciting development of our network. If you are an early career researcher, I hope that you will join our network. Seniors, please spread the word to your colleagues!

With the aim to provide training to early career researchers, a pre-conference workshop, "Cross Cultural Research in Health Promotion and Chronic Disease Management" was organized. Led by Ed Fisher (USA) and co-facilitated by Brian Oldenburg (Australia), Renee Boothroyd (USA) and myself (Malaysia), the workshop was very positively received. There was an interactive discussion on some important issues raised for conducting cross-cultural research and some possible solutions explored. Some experienced researchers were also in the audience, sharing their learnt lessons from previous research and offering insight to future directions. I would like to take this opportunity to thank all speakers and attendees for your participation and valuable input in making the workshop a stimulating forum.

A midday discussion was held with the aim to explore possible ways to better support early career researchers in the field of behavioral medicine. Chaired by myself, the meeting was attended by around 20 delegates. Also in the audience were the past president, Hege Eriksen, current president, Norito Kawakami and other senior members in the society. It was

with their assurance that the ISBM Board members are extremely supportive for the drive of the early career network. The forum generated many excellent ideas and it was suggested that we need to:

1. Formalize the ECN within ISBM,
2. Search for appropriate tools for EC members to meet between congresses,
3. Organize a database where researchers can source for research support or collaborations
4. Build a website and a discussion forum (which is linked to the ISBM official webpage) for better communication and social support
5. Support early career members via mentoring and training
6. Encourage and provide networking opportunities
7. Explore funding resources for future ECN activities

Indeed, it takes a collective effort from enthusiastic early career people in order to drive and sustain a supportive network. An active working group is currently being formed. We are **seeking** volunteers to join the working group with the proposal that different members will lead and drive specific tasks (e.g., communication, education, research collaborations, and congress-specific activities). A local liaison person (thanks to Cserhati Zoltan) has also been identified to kick start the local arrangements of the ECN activities at the next congress in Budapest, Hungary.

During the congress, the group has named the early career network "INSPIRE" which is an acronym that stands for **I**nternational **N**etwork



for Supporting **P**romising **I**ndividual **R**esearchers in their **E**arly career. A website (<http://isbminspire.freeforums.org/index.php>) was very efficiently established (thanks to Emily Kothe from The University of Sydney) which features an active forum, a discussion board, an early career corner from other member societies, and other news including employment opportunities and conferences. I would strongly encourage you to register yourself on this website/forum and start engaging yourself with other early career peers, and be 'inspired'!

If you have any suggestions and/or would like to get involved (as a member or to be in the working group) in this network, please contact me at [carina.chan@med.monash.edu.my](mailto:carina.chan@med.monash.edu.my) or get in touch with us via the above INSPIRE website.

Lastly, I have included some photos taken at the congress for you. Enjoy, and I hope to hear from many of you in the near future.



Carina Chan, PhD  
Monash University (Sunway Campus)  
Malaysia



*The team of 'international' facilitators of the workshop*



*A participant is sharing her cross-cultural research experience*



*A social gathering of the early career network*

## A Report of the 11<sup>th</sup> International Congress of Behavioral Medicine

The gestation of an elephant is two years. That is how long it took to plan the scientific program for the 11th International Congress of Behavioral Medicine with the theme "Translational Behavioral Medicine: A Global Challenge". Nearly 700 registered participants representing six continents and over 40 countries attended. It was truly a global representation of the work being done in behavioral science. In Washington DC, the venue for the Congress, delegates had free access to some of the finest museums in the US, proximity to the National Institutes of Health (NIH) as well as the many professional societies and international organizations based in Washington DC.



### *Impression from the Opening Ceremony*

At the opening ceremony delegates were greeted by Arun Chockalingham, Director of the Office of Global Health, Heart, Lung and Blood Institute and the Director of the Washington DC Department of Health, Pierre Vigilance, who pointed out that Washington

DC had the highest HIV/AIDS rates in the US. Fifteen meritorious poster awardees were recognized as well as young investigators from developing countries who received travel awards funded by a conference grant from



*President Norito Kawakami and Past President Hege Eriksen*

the NIH. Delegates were introduced to President-elect Norito Kawakami, who presented the Irmela Florin Memorial lecture on "Job Stress Research: Where Epidemiology Meets Behavioral and Social Sciences."

The invited speakers were outstanding. Jaakko Kaprio (Finland) and Karen Davis (Canada) presented cutting edge, literally 'hot off the press' basic science work on genomics (context does influence genes) and pain. Theresa Marteau (UK) and Robert Croyle (US) presented innovative and provocative work on communicating genetic information and conducting team science. Geoffrey Setswe (South Africa) pushed the agenda on the behavioral approaches to HIV/AIDS in South Africa. The final keynote address by Kelly Brownell (US) was a rousing challenge to conduct 'strategic

science' if we expect evidence from behavioral research to be translated into health policy.



*Linda Baumann with invited speaker Fred Wabwire-Mangen and his wife Winnie from Uganda*

A Rockefeller Foundation grant brought to ICBM outstanding scientists from India, (Mira Aghi) Sri Lanka (Athula Sumathipala), China (Lin Li), and Uganda (Fred Wabwire-Mangen). The 'take away' message from these presentations is that context matters. For example,

the same strategies for HIV prevention are being used in many parts of Africa despite the changing epidemiology of who is at risk and the predominate modes of transmission. The provision of mental health and coping support after disasters such as the tsunami must be relevant to the cultural and social context of a country. Tobacco control on an individual level is fruitless if the population has not been educated or sensitized to the basic message that smoking and other forms of tobacco use are hazardous to one's health.

While the invited presentations were outstanding, the largest part of the program of any congress is the research done by those individuals and research groups who presented a rich array of behavioral research in symposia, midday discussions, paper and poster sessions. I want to thank you for submitting your abstracts and sharing your work. An exciting development at the congress was the organization of a reenergized Early Career Network. They identified the challenge of communication among individuals who belong to different national societies since there is no "ISBM" list serve that reaches individu-



*Governing Council Meeting*

als. This group has already developed a website and will have a strong presence at the 12th ICBM meeting in Budapest in 2012.

Though the congress was not formally evaluated, many attendees provided feedback to members of the scientific planning committee and to our superb meeting organizer, Amy Genc Moritz. The general sentiment was that the meeting offered an excellent selection of outstanding research presentations and was truly a global picture of behavioral science. The most frequent complaint, other than running out of coffee on most days, was that there were too many difficult choices to make in what sessions to attend.

If you did not attend the congress and this article peaked your interest, the final program is available at [www.ICBM2010.org](http://www.ICBM2010.org). Even if you did attend the congress you may not have been able to get to all of the invited speakers. In the next month or so you can visit the ISBM website where streaming videos of all of the invited keynotes, master lectures, and panelists will be available for you to view. This unexpected opportunity was provided through a pre-conference workshop on controversies in clinical trial research organized by Peter Kaufmann and funded by the NIH. Share this information with your society members once the videos 'go live' to let people see for themselves how much the congress had to offer. The cost of registration and travel keep many people from attending. I hope that this way of bringing the congress to more people will motivate them to be more engaged in their regional or national society, to join an existing society, or to form a new one.



*An evening stroll in front of the White House*  
left to right: Linda Cameron (US), Kerry Sherman (Australia), Theresa Marteau (UK)

I would like to extend my thanks to the 2010 host society, Society of Behavioral Medicine, and to their President, Karen Emmons, for their encouragement and support throughout this long process. Finally, I want to express my gratitude to the many individuals too numerous to name for their support and hard work, especially the Scientific Program Committee, Local Arrangements Committee and Awards and Fundraising Committee who helped bring this "elephant" to full gestation. This team effort made my work as program chair enjoyable, rewarding, and worth every bit of the time invested in its labor and delivery.

*Linda C. Baumann, PhD, RN*  
Chair, Scientific Program Committee



## Farewell letter

'At their best the ISBM committees function as a forum for global scientific and professional exchange within behavioral medicine'.

I have had a pleasure to chair three ISBM committees and be part of two conference program committees over the past 10 years. The first committee was Education and Training Committee from 2002 to 2006. The second was the Nominations Committee, and the third is the present International Collaborative Studies Committee (ICSC) since the Tokyo conference in 2008. Now, at mid-term of this ICSC chair position I have decided to step down. First, I want to thank all ISBM colleagues for good collaboration and learning experiences during this time. Second, I apologize to those Governing Council members who voted for me in 2008 for not serving the full term. The reasons for my stepping down include personal and workload-related issues but also issues related to my principles concerning organizational culture and practice. After 8 years of ISBM Board service I feel that there is a need to vacate my position to those who really have time, energy and motivation to build the ICSC further. We seniors tend to hold on to power instead of enabling and enhancing development and participation of juniors and newcomers. My stepping down is a statement in line with our frequent talk about encouraging and getting 'young blood' into the society.

The ICSC could (together with other ISBM committees, especially with the Education & Training Committee and also with the Early Career Network) develop into a pro-active network of research networks. The present

three networks of the ICSC, International Network for Subjective and Unexplained Health Complaints (INSUHC) [www.uib.no/insuhc](http://www.uib.no/insuhc), 'Evidence In Research and Action' [www.sdu.dk/eira](http://www.sdu.dk/eira), and 'Peers for Progress' [www.peersforprogress.org](http://www.peersforprogress.org), are good examples of a wide range of research interests within ISBM. I strongly believe that the committees can bring in and address contents themes and as such bring intellectual discussion into often otherwise rather administrative and organizational work and purely social activities of the society. During my ISBM time I have also learned that committees can successfully organize conference workshops and symposia – that is what ICSC is doing also at the upcoming Washington conference. Other potential future ICSC activities could be research training courses on methodological, cultural and ethical challenges in international research; research staff exchange programs; and partner search for international grant proposal writing.

I wish all the best for the ISBM and its committees. If so wished, I am more than willing to contribute to the ISBM activities on a small scale even after my resignation. I also express my warmest thanks to the members of 'my' committees, to all ISBM colleagues, and to all ISBM member societies for good collaboration in the past 10 years.

**Arja R. Aro**

Chair, ICSC/ISBM

until the Washington conference, August 2010

## News from Societies

Event **Advancing Science and Knowledge Translation**  
Call for abstracts for UKSBM Annual Scientific Meeting:  
Date 14<sup>th</sup> – 15<sup>th</sup> December 2010  
Place Leeds

UK Society of Behavioural Medicine 6th Annual Scientific Meeting in association with the National Prevention Research Initiative (NPRI) Annual Scientific Meeting.

### Keynote speakers

#### Sally McIntyre

*Professor of Social & Public Health Science, University of Glasgow, and Director, MRC Social and Public Health Sciences Unit*

#### Andrew Steptoe

*British Heart Foundation Professor of Psychology, Department of Epidemiology and Public Health, University College London*

#### Carl May

*Professor of Healthcare Innovation, University of Southampton*

#### Frank Kee

*Professor of Public Health Medicine, Queens University Belfast, and Director of the UKCRC Centre of Excellence for Public Health (NI)*

The call is NOW OPEN for abstracts for presentations, structured discussions and workshops. This year's featured theme is "Advancing Science and Knowledge Translation" although submissions on a wide range of topics are invited.

For more details on abstract submission and registration visit: <http://uksbm.org.uk/>

Or email: [uksbm@leeds.ac.uk](mailto:uksbm@leeds.ac.uk)

Looking forward to seeing you in Leeds!

News **New Journal launched**

The Mexican Society of Behavioral Medicine launched a new journal:  
**the *Latin American Journal of Behavioral Medicine*.**

The journal has an editorial committee of 27 members, two co-editors, one for behavioral sciences and another for medical sciences. The LJBM complies with all the international standards for scientific peer-reviewed journals. It is published twice a year, in August and February in both printed and digital versions. The journal is an Open Journal. In order to have free access, one only needs to provide a user name and create a password. For more information, please go to:

<http://www.journals.unam.mx/index.php/rlmc/login>