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ISBM

International Society of Behavioral Medicine

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Content

News from the Editor

Dear members,

As of this issue, you will have noticed that the newsletter has a new look. I certainly hope that you do like it. Please let me know what you think. All feedback is much appreciated and will help to further improve our society's newsletter as a means of communication.

But looks aren't everything. We also have a variety of new and exciting features in this issue (I hinted at some of them in my previous editorial). First, I am happy to introduce a new series highlighting the most influential individuals in the field of behavioral medicine. Persons who not only have shaped this society from its inception, but also have played a crucial role in the development of behavioral medicine as a major research field will be featured in this series. Who better to start this series with than Dr. Neil Schneiderman? Read the interview on page 9. Second, another series will introduce the ISBM member societies. Would you be able to name all member societies? Or all countries that have a member society that is part of ISBM? After we're through with this series, I'm sure you will! I'm excited to kick off the new series with the Finnish Section of Behavioral Medicine. Go to page 6 to learn all about it. If you want to see your society featured in these pages, just drop me a line (u.nater@psychologie.uzh.ch), and we will try and make it happen.

Also in this issue you will read the first letter from our new President, Hege Eriksen, learn about the status quo and recent changes regarding our society's journal, get the latest news on the Early Career Network, and last, but certainly not least, hear from the host of the ICBM in Tokyo about his thoughts on the meeting!

Best wishes to all of you,

Urs Nater
Newsletter Editor

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Letter from the President

It is indeed a great honor to serve as President of ISBM. It is close to 6 months since I started my term, following our very successful congress in Tokyo.

Nanos gigantum humeris insidentes ("A dwarf on a giant's shoulders sees farther of the two"). I felt humble during the photo session with all former Presidents of ISBM. This was a historic moment with all former Presidents and the president elect, present at the same congress.

current President: front row, far left

I thank you again for your confidence, and I will do my best. This is my first report to all member societies, and their members.

Before ending, or even starting the congress in Tokyo, we had already started planning our next congress that will take place in 2010 in Washington, DC (http://www.icbm2010.org). A number of very well qualified persons in SBM and ISBM are working with the scientific program, the economy and the infra structure necessary for such an event. Linda Baumann is Chair of the Scientific Program Committee, Marc Gellman is Chair of the Finance Committee, and Redford Williams is Chair of the Grant and Fundraiser Committee. I hope all individual members of our societies already have marked the dates August 4-7 2010, and plan to attend. It would be great if all of you brought a friend or colleague as well. I am proud to say that ISBM do organize great congresses with high quality programs, lots of nice and fun people, and at the same time we cover, in my opinion, the most interesting topics.

I am also happy to announce that we have received a proposal from the Italian Society of Psychosocial Medicine to organize the congress in 2012. If everything works as planned, we will be able to go to Rome in 2012. That said, neither the Governing Council or Board have discussed the proposal. Any other society that are interested and willing to organize the congress in 2012 are of course welcome to submit a proposal!

After the Governing Council meeting in Tokyo, an Ad hoc committee, chaired by Theresa Marteau, have been working on how we can improve the way we organize future congresses. Hopefully the Board will be able to review this soon, and then circulate it to the Governing council.

There have been quite a lot of activities in ISBM, especially related to the Organizational and Liaison committee, chaired by Graciela Rodríguez. The ISBM-ESC collaboration, repre-

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sented by Christian Albus is working well, there is a large effort going within a Dialogue on Diabetes and Depression, where Ed Fisher represents ISBM, but a number of other people are active as well. The Board has also given its support to a Position paper on Integrating Behavioral and Mental Health in Primary Care to Improve Global Health. All our committees seem to work very well, and there have been substantial updates on the websites. Please take a look and give feedback to committee chairs on further improvement.

Communication between the Board, the Governing Council and individual members in our member societies is, and will be increasingly important. As part of that, Richard Peter continues to develop our website further, but has also been exploring other ways to communicate. One of them includes Facebook. There we have an open ISBM group for everyone being interested in behavioral medicine, now with 60 members. We also have a closed discussion group for the Board members.

As you all may already know, we have also a new publisher and a fresh web site for our Journal, International Journal of Behavioral Medicine. Joost Dekker, our editor, has done a great job. You will read more about this in his section of the newsletter.

Our next Board meeting will take place in April, just before the 30th Annual Meeting of SBM, In addition to the general topics covered by the Board, we will also discuss the economic challenges and possibilities for ISBM, how to better acknowledge our young scientists, how to organize future congresses, the proposal from Italy to organize the 2012 congress, possible increase in membership fee, and probably a number of other topics not yet decided. If any of you have topics you think should be discussed by the Board in April, do not hesitate to send me an email.

Despite all these activities, the real activity and the heart and lungs of this organization is within the different national societies and other member societies. I know there are lots of activities going on, and our Newsletter editor, Urs Nater, have great ideas on how to promote these activities better. I really look forward to read about some of these activities in the current Newsletter. As President, I have so far, not been able to visit many of our member societies, however, President Elect Norito Kawakami has visited many societies the last 6 months. However I plan to visit Portugal during their meeting in April, and hopefully Mexico during their meeting a bit later this spring.

I wish you all best for 2009!

Hege R. Eriksen
President ISBM

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News from the Editor of IJBM

10 February 2009

1. Associate Editors

After having served many years as Associate Editor, **Christina Lee** has decided to finish her term as Associate Editor at the end of 2008, because of other priorities. Similarly, **Norito Kawakami**, who has become President Elect, has stepped down as Associate Editor. I want to thank both Christina Lee and Norito Kawakami for their excellent contributions to *IJBM*: they both provided highly qualified evaluations of papers submitted to *IJBM,* which helped to shape the journal and to raise the quality of the papers published in *IJBM*. I want to express my deep gratitude for their excellent and devoted contributions over many years.

Yvette Miller and **Akizumi Tsutsumi** have joined the team of Associate Editors. Yvette Miller is at the University of Queensland, Australia. She is working in the context of public health/health promotion. She is an experienced reviewer for international journals. Akizumi Tsutsumi is at the University of Occupational and Environmental Health, Kitakyushu, Japan. Akizumi Tsutsumi has been reviewer for IJBM for quite a while; he has a wide experience with editorial activities for other journals too. I trust that both will make excellent contributions to IJBM. I am very pleased that they are willing to take this important role.

As of 2009 the team of Associate Editors consists of

- Mike Antoni
- Wolfgang Hiller
- Yvette Miller
- Linda Powell
- Katri Raikkonen
- Akizumi Tsutsumi.

Their contributions are vital for IJBM. I appreciate very much their willingness to work for *IJBM*.

2. Transition to Springer

As of 2009, *IJBM* is being published by Springer Science + Business Media. Previously, I have described the many improvements in the service level resulting from the transition to Springer. From this long list, I would like to mention two items:

- Free and easy electronic access of IJBM to members of all ISBM Member Societies. Members of all ISBM Member Societies have been informed on how to access IJBM, for free and using a very simple code of access. This step is an important contribution to facilitating scientific communication among ISBM members.
- Web-based manuscript submission, review and tracking system. We are in the transition from submissions via email to submissions via Editorial Manager. It takes some time to get used to the new routines: this applies to Associate Editors, contributors

and reviewers. After getting used to the new system, Editorial Manager will strongly contribute to running *IJBM* in an efficient way.

The transition to Springer implies a new regime with regard to editing manuscripts as well. The new regime (including the **Vancouver reference style**, among other things) is being introduced in a rather smooth way, thanks to the highly competent, efficient and friendly approach of the editorial team at Springer. I want to express my gratitude to the team at Springer for their important work for *IJBM*.

3. IJBM's submission and review characteristics

The IJBM editorial assistant Nicole Vogelzangs has prepared a document on the journal's submission and review charac-teristics. This document shows data for 2006, 2007 and 2008; and overall data for 2006 + 2007 + 2008.

I would like to point the following features:

- The number of submissions has increased from 62 in 2006 to 107 in 2008.
- The overall acceptance rate is ~ 42%; over the years the acceptance rate is decreasing, from 52% in 2006 to 23% in 2008.
- Overall, the mean time before the first decision has been made is 3.1 months. The mean time to final acceptance is 7.9 months. The mean time to publication is 18.2 months (i.e. ~ 10 months after final acceptance). Over the years, these intervals show a trend towards getting shorter, e.g. in 2006 the time to first decision was 3.8 months, while in 2008 this was 3.1 months.
- Approximately 45% - 50% of the manuscripts originate from Europe, 25% - 30% from North America, and ~ 25% from Asia, Oceania, Africa and Latin America.

These data are very helpful in evaluating the editorial processes of *IJBM*. I want to thank Nicole Vogelzangs for preparing these documents.

4. Content

A miniseries on ***Psychological aspects of metabolic control*** *in diabetes* has been published in *IJBM* 15,3. The miniseries consists of four papers, plus an editorial by Bernt Lindahl. A special series on ***Risk Perception and Behavior: Towards Pandemic Control of Emerging Infectious Diseases*** is being published in *IJBM* 16,1. Guest editors for this special series are Arja R. Aro and Johannes Brug. The special series consists of six papers, plus an editorial.A call for papers for a special issue on ***Sedentary behavior and health*** is expected to be published shortly. The special issue addresses determinants and correlates of sedentary behavior, the relationship between sedentary behavior and health outcomes, and interventions to decrease sedentary behavior and improve health. The deadline for submissions is 1 September 2009.

Joost Dekker
Editor IJBM

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Behavioral Medicine in Finland

Those activities in health care that could be classified as behavioral medicine have existed in Finland for quite a long time. Perhaps the most famous project in this area has been the North Karelia Project, which helped the population in the province of North Karelia near the Russian border to improve their cardiovascular health through lifestyle change. It was started in the 1970's and was led by Professor Pekka Puska. Research in public health, behavioral epidemiology, and behavior genetics has a long tradition. One reason for this is probably the well-organized and systematic data bases of the population available in the country. Another prominent research area is interventions in health psychology (e.g., treatment of diabetes and hypertension). Research on occupational psychology has also been common. In this context, I would like to add a piece of news about the biggest Finnish organization whose activities include behavioral medicine: Following the merger of the National Public Health Institute (KTL) and the National Research and Development Centre for Welfare and Health (STAKES), the new National Institute for Health and Welfare (THL) started operations at the beginning of this year. Health promotion, disease prevention, and development of health and social services are among THL's key objectives.

The Behavioral Medicine Section of The Finnish Society of Social Medicine was founded in 1994. The section is an independent part of the Society that is responsible for *the Journal of Social Medicine* (a Finnish-language journal with English abstracts) and a congress. The purpose of the section is to promote the development of behavioral medicine in Finland to better understand the complex relationships between behavior, health, and illness.

The Section has about 70 members who share a common interest in behavioral aspects of health and illness. The members represent various scientific disciplines such as medicine, dentistry, public health, psychology, sociology, and social-behavioral sciences in general. Anyone interested in behavioral medicine is welcome to join the Section of Behavioral Medicine after joining the Society of Social Medicine. The annual membership fee is that of the Society.

The section functions as a network of researchers and promotes the dissemination and exchange of scientific information on behavioral medicine. It collaborates with other sections of the Society as well as other national and international societies in health sciences. The Finnish Section of Behavioral Medicine has been a full member society of The International Society of Behavioral Medicine (ISBM) since 1994.

The Section of Behavioral Medicine organizes an annual seminar on a relevant topic in behavioral medicine, and an open lecture is arranged in the context of the annual meeting of the section. To name a few topics, the seminars addressed behavioral medicine, stress, obesity, and prevention of coronary heart disease. These seminars have sometimes also been arranged to give prospective participants of the International Congress a chance to give their congress presentations once before the congress proper. The section

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has at times on request given a specified or stated appraisal of general topics or interest related to health or preventive programs of official organizations. Last time the appraisal concerned the European Guidelines for the Prevention of Cardiovascular Disease in the year 2008. The section has engaged in active international collaboration, for instance with the Nordic and Baltic countries. The collaboration has resulted in many events. The section has participated actively in the work of the ISBM – Professor Antti Uutela was the President of the ISBM 2005-2006, and together with Professor Arja Aro he has held various positions in the ISBM (in the Finance Committee and International Collaborative Studies Committee, respectively).

The greatest challenge to the section in its history was to be one of the organizers of the 7th International Congress of Behavioral Medicine in Helsinki (in the University of Helsinki) 28-31 August 2002. The congress was preceded by a Teaching Seminar on Behavioral Interventions in Life-Style Diseases in Helsinki, 25-27 August 2002. The congress was followed by The International Symposium on Health-Enhancing Physical Activity in Helsinki, 1-2 September. The North Karelia Visitors' Program was also organized after the congress.

The primary purpose of the Section is to facilitate co-operation between researchers in the same field. Members belong to an e-mail list, through which they are informed about events in the field or in a field related to behavioral medicine (e.g., international and national congresses and other events). The section has Internet pages at www.socialmedicine.fi/index_kljaos_eng.htm

Defining behavioral medicine (or behavior medicine) is not easy. One of our definitions has been that behavioral medicine is a science concerned with interactions between responses and processes mediated by the nervous systems (behavior in a comprehensive sense) of an individual and processes related to his or her health and illness (biology). Tuomisto and Lappalainen (2002) defined behavioral medicine in this way. However, they also included in the definition the organizational and social behavior and quality of professional behavior of health care personnel and other people or groups of people whose behavior has an effect on the health of others (e.g., health economics or health education). Thus, behavioral medicine is both a biobehavioral and a social-behavioral health science. Another definition used in our country is that behavioral medicine is a multi- and cross-disciplinary science that is pursued on the one hand by those areas within cultural, social, and behavioral sciences and on the other by those areas within biomedical and other health sciences that overlap or have factors in common.

Scientific articles in behavioral medicine in Finland are most often published in *the Journal of Social Medicine*, but many articles are also published in medical (*Duodecim Medical Journal*, *Finnish Medical Journal*) and psychological (*Psykologia*, *Finnish Journal of Behavior Analysis and Therapy*) journals.

So far, the teaching of behavioral medicine has taken place on a relatively small scale.

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Introductory courses have been offered at some Finnish universities and they have been carried out as lectures, group assignments, exams, or as a combination of all these. The courses have mostly been optional. Typical reading material on these courses has been articles published in national and international journals, chapters, and books. Some examinations and courses have included small modules of behavioral medicine (e.g., training of cognitive behavior therapists and behavior analysts). Last year, the Ministry of Education, Finland awarded a grant for planning of a training program in behavioral medicine to the Institute for Extension Studies at the University of Tampere. The training program will be a one-year long program in clinical behavioral medicine. It will continue throughout the year 2010 and be led by the author.

We are a part of ISBM and as members we expect good international congresses. Behavioral medicine and ISBM seem to be developing well, behavioral medicine is advancing, and the Finnish Section of Behavioral Medicine wishes to be an active part of it.

Professor Martti T. Tuomisto, Ph.D.
President of the Finnish Section of Behavioral Medicine

Martti T. Tuomisto

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Interview

Q1. This special series will cover individuals who have contributed to behavioral medicine in a significant manner. While thinking about potential candidates and talking about whom to include, your name came up on a regular basis as an obvious choice. I know that you are a modest man, but can you think of any reasons why you have been chosen as the first person to be interviewed in these pages?

A1. It is an honor to have been asked to be the first one interviewed in this series and I am grateful. The first reason that comes to mind is simply that I am older than almost anyone else in the field and was scientifically active during the pregnancy and birthing of Behavioral Medicine in the early 1970s. A second reason is that my scientific voyages have taken me to the three major domains of Behavioral Medicine inquiry, which are: basic biological, behavioral psychosocial and sociocultural research; clinical investigation; and public health. The third possible reason for being asked — again being related to age — is that I have been involved continuously with the International Society of Behavioral Medicine (ISBM) since it was formally founded.

Neil Schneiderman, 1973

This occurred in conjunction with the First International Congress of Behavioral Medicine in Uppsala in 1990. Previously, beginning in 1987, I joined a merry group including Stephen Weiss, Irmela Florin, Kristina Orth-Gomér, Andrew Steptoe, Gunnila Burell, Milan Horvath, Rudolph Beunderman, Gudrun Sartory, and others who dreamed of creating an ISBM.

Q2. Related to my first question, why don't you tell us a little about your educational and scientific background?

A2. I received my Ph.D. in Biological Psychology from Indiana University in 1964. While a graduate student I developed an interest in the central nervous system control of cardiovascular function in behaving mammals. The paradigm I used was Pavlovian conditioning. When it came time for postdoctoral training I faced the problem that there was relatively little scientific or federal support for studying the central nervous system control of the circulation in the United States. Within the National Institutes of Health (NIH), the Heart Institute wasn't convinced that studying brain function was relevant to its mission and the Neurological Institute had no heart. Thus, the obvious places to study seemed to be Sweden, Switzerland or the United Kingdom, where whole groups of scientists were interested in my chosen topic. Having spent almost two years in Germany during the mid-1950's as a military draftee, I thought that it might be easier to study in German than to learn either Swedish or British English.

My final decision to go to Basel, Switzerland was based on the written recommendation of

Professor W.R. Hess, who had won the Nobel Prize in Physiology or Medicine in 1949. After Walter Hess officially retired from the University of Zurich in 1951, he subsequently continued to publish important studies demonstrating hypothalamic control of sympathetic and parasympathetic nervous system activity in conscious animals. In 1962 he published an important volume relating this research to the behavioral patterns of individuals and to psychosomatic medicine. After several written exchanges with Professor Hess, he recommended me to his former protégé, Professor Marcel Monnier, who was the Head of the Physiological Institute at the University of Basle. Accompanied by a young wife and two small children, I set off to record extracellular single neuron activity in the brains of behaving rabbits. Years later this culminated in studies in which my research group and I examined the central neuronal pathways that influence the outflow from the cells of the cardiac vagus nerve.

Q3. How did your research lead you into the emerging field of Behavioral Medicine?

A3. After spending more than a decade studying central neuronal control of the circulation in animal models, I was invited to participate in a conference in St. Petersburg, Florida on coronary prone behavior. My task was to report on animal models relating behavioral stress and cardiovascular pathology, and to speculate about how such models might be useful for understanding coronary prone behavior. Thus, in Ted Dembroski's edited volume on Coronary Prone Behavior (1978), I described how mammals confronted with situations evoking fight or flight responded with an active coping/defense reaction; whereas, animals confronted with a perceived inescapable threat revealed an inhibitory coping/aversive vigilance reaction. The former pattern was characterized by an increase in cardiac output and skeletal muscle vasodilatation; whereas, the latter pattern was associated with increased total peripheral resistance and skeletal muscle vasoconstriction. When placed in an ambiguous, but potentially threatening situation, Type A (high hostile) versus Type B (low hostile) humans seemed to display autonomic activity characteristic of the defense reaction.

During the ensuing decade my group and I continued our neurophysiological studies in animals, but also began to extend this work to psychophysiological studies in humans in order to help us understand African-American versus European-American differences in hypertension as well as how various behavioral situations elicited different patterns of autonomic nervous system responses. During this period we used impedance cardiography and neurohormonal assessment to better characterize the reactions of humans to psychological and physical stressors.

Q4. How did these formative studies guide your subsequent Behavioral Medicine research?

A4. Given that my research interests involved stress, the nervous system and disease processes, it was not surprising that our research group turned its attention to the HIV/AIDS epidemic when it struck Miami in the 1980s.

As this took place before the advent of highly active antiretroviral therapy (HAART), we had limited tools in our arsenal. We hypothesized and then confirmed, however, that behavioral interventions including relaxation and stress management could decrease stress and thereby have a positive effect upon neurohormonal and immune functions that might otherwise exacerbate disease in people living with HIV/AIDS.

When HAART subsequently became available, we showed that even after controlling for medication adherence, stress had a deleterious effect upon HIV viral load, reflecting a negative effect upon health status. Conversely, after controlling for medication adherence in patients with detectable HIV viral load, a behavioral intervention that included stress management and relaxation training significantly reduced viral burden and often led to an undetectable level of virus. Thus, there appears to be a role for stress management in some people living with HIV/AIDS even when HAART is available.

Q5. You noted in your opening response to my questions that your scientific voyages have taken you to the three major domains of Behavioral Medicine: basic research; clinical investigation; and public health. Can you briefly give our readers some example of where these voyages have recently taken you?

A5. For the past decade my colleagues and I have been conducting basic research examining the effects of psychosocial variables on the progression of atherosclerosis. Using the Watanabe heritable hyperlipidemic rabbit as an animal model, our research team has under the leadership of Philip McCabe shown that affiliation (social support) can significantly impede the progression of atherosclerosis and that blood borne oxytocin is a potential mediator. Using cultured human vascular cells, we have also shown that oxytocin can attenuate oxidative stress and inflammation in human aortic endothelial cells, thereby influencing important pathophysiological processes.

Turning to clinical investigation, I have been privileged to be part of research team led by Kristina Orth-Gomér, that conducted the Swedish Women's Intervention Trial for Coronary Heart Disease (SWITCHD). We reported, in an article published this past January, that a group-based psychosocial intervention program for women with coronary heart disease carried out for 5-9 years, significantly reduced mortality risk by two-thirds. Thus, this was the first clinical trial ever to show that a psychosocial intervention could decrease mortality in women with severe coronary heart disease.

In the area of public health I am the Director of the Miami Field Center and on the Steering Committee of the Hispanic Community Health Study/Study of Latinos (HCHS/SOL). This longitudinal, multi-center, epidemiological study is primarily funded by the National Heart, Lung and Blood Institute of the NIH. The study is examining the health status and health risks of 16,000 Hispanic/Latinos living in Chicago, Miami, New York and San Diego. In addition to standard blood tests and anthropometry, the examinations include electrocardiogram,

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ankle-brachial index, pulmonary function, sleep, physical activity, oral glucose tolerance, audiometry and dental exams. The assessments also involve detailed questions about demographics (i.e., SES), personal medical history, nutrition, lifestyle and habits, occupational/environmental exposure, cognitive function and acculturation. Thus, the study is well-positioned to examine the relationship between sociocultural/behavioral factors and health status among different ethnic (e.g., Mexican American, South/Central American, Cuban American, Puerto Rican) groups. Hard endpoints include mortality by cause, and fatal and nonfatal cardiovascular and cerebrovascular events.

Q6. Could you tell us a bit about how the term "behavioral medicine" was coined and at what point did you think of yourself as a person working in behavioral medicine?

A6. The term "behavioral medicine" was coined in the 1970s to signify the joint proprietorship of an interdisciplinary field by both biomedical and behavioral scientists. Previously, psychosocially oriented groups identified themselves under the headings "psychosomatic medicine" and "medical psychology," but these tended to reflect disciplinary identifications. In more recent years the term "psychosomatic medicine" has taken on internationally a more interdisciplinary identification. Similarly, the field of "behavioral medicine" has broadened its mission to include not only the integration of biomedical and behavioral science knowledge, but also psychosocial and sociocultural knowledge.

Throughout most of the 1970s my primary self-identification was as a neuroscientist who was interested in cardiovascular neuroscience and behavior. Conferences such as the one on coronary prone behavior stimulated me to conduct cardiovascular psychophysiological studies thereby extending my interests into human as well as animal research. By 1979 I had applied for and received a research training grant from the National Heart, Lung and Blood Institute of NIH entitled "Behavioral Medicine Research in Cardiovascular Disease." That research training grant has for the past thirty years supported pre- and postdoctoral research fellows conducting both animal and human research. Thus, I would say that by 1979 I clearly thought of myself as working in the field of behavioral medicine.

Neil Schneiderman, Thomas Schmidt, and Paul Obrist; Altenberg, Germany, 1981

Q7. It would be interesting and instructive for young researchers to learn how behavioral medicine has developed over the decades. Are there emerging themes that have become increasingly important? And are there particular directions you would like to see pursued?

A7. I believe that Behavioral Medicine as a field has developed well across its three major domains: basic research; clinical investigation; and public health. In terms of basic research I think that progress has been made in applying advances in psychoneuroendocrinology and psycho-neuroimmunology to the study of patho-biology and this will be further enriched by increased application of genomic and imaging research. Similarly, more basic research needs to be carried out relating sociocultural factors (e.g., acculturation) to disease processes. The manner in which the built environment influences health also needs more attention.

Now that behavioral medicine has uncovered significant information from basic research, observational studies, and small, targeted clinical intervention studies, there is a need for further development of evidence-based treatments derived from carefully designed, well thought out, multi-center randomized clinical trials. Trials such as the Finnish Diabetes Prevention Study and the United States Diabetes Prevention Program have clearly shown that behavioral interventions can reduce the risk of diabetes in pre-diabetic patients. Clinical intervention trials such as the Recurrent Coronary Prevention Project and Stockholm Women's Intervention Trial for Coronary Heart Disease have also clearly shown that psychosocial interventions can improve clinical outcomes in organic disease. Nevertheless, if behavioral medicine approaches are to find a satisfactory home in evidence-based medicine, we shall need to make our case with a substantial number of large scale multi-center randomized clinical trials that are published in major scientific journals.

Another opportunity Behavioral Medicine has to extend its reach, is in the area of public health. Obesity and heart disease now threaten China, India and South Africa as well as the European Union countries, Latin America and the United States. Infectious diseases, including HIV/AIDS, are still a major threat to much of the world. We have already learned much from large scale observational studies that have incorporated behavioral medicine principles, but there is much more to be learned. One of the strengths of behavioral medicine research is that its theories and practices have been developed for application at multiple levels ranging from treatment of high risk individuals to population based national outreach programs. The tailoring of these approaches to different types of individuals and ethnic groups is an exciting challenge for our field.

Q8. You have always been very active in furthering international collaborations. Our society is international by definition. Are there particular directions where you would like to see the ISBM move?

A8. From a public health perspective I would like to see an increase in the number of nations represented within the ISBM. There are many models of public health, and there is much that ISBM members from different nations can learn from one another; particularly in developing countries, where advances in highly efficient, low cost behavioral medicine technology are already having a reason-

able payoff, participation in the ISBM could be mutually beneficial.

The role that the ISBM has played in helping to formulate the European Guidelines for Cardiovascular Disease Prevention is an excellent model for ISBM to follow with other diseases such as diabetes. It would be nice to see the ISBM continue its work with cardiovascular disease prevention and extend its reach to help formulate guidelines for other diseases that could benefit from behavioral medicine input.

I would also like to see the ISBM develop further in bringing basic research information to our members. Although the ISBM currently admits only national and regional behavioral medicine societies, I would like to also see us reach out to groups such as the Psychoneuroimmunology Research Society and the International Psychoneuro-endocrinology Society. These relatively small societies would continue to have their annual meetings and conduct their business as usual (as our national societies do), but could also have a track (and track chair) at the biannual International Congress of Behavioral Medicine and seats on our Governing Council. Many of the basic researchers in societies emphasizing basic research, would welcome exposure to our clinical investigators and public health researchers worldwide.

Q9. You have travelled much in your life and been to many places. What were the most important lessons you learned when interacting with other cultures? How did it influence your scientific thinking?

A9. Nations differ greatly, but people tend to be more alike. Nevertheless it is important to be a good listener, and to learn enough about a new culture so that you can be properly respectful. People may be self-critical about their own country, but that doesn't give us permission to underestimate the justifiable national pride of others.

Until fairly recently it was easy for Americans to perceive short-comings in other health care systems (e.g., rationed health care; long waits to see a specialist), while remaining oblivious to the problems within our own system. Cultural factors influence our perceptions. When I worked in Birmingham, England in the 1970s, for example, it seemed strange to me that noninfectious patients in hospitals had to make their own beds and stand on line in the cafeteria; whereas, in the United States even indigents could expect a nurse to bring the food and change the linens.

In terms of research orientation, I think I first became sensitized to a public health perspective by travelling to other countries and by interacting with ISBM colleagues. I came from a country that has had a history of good specialist medical care, but little public health infrastructure. Historically, medicine was conducted by private practitioners, who were well trained in diagnosis and treatment, but had no incentive to practice preventive medicine. Registry systems, such as exist in Scandinavia, were largely nonexistent in the United States. However, as has become increasingly apparent in recent years, the health care system in the United States is dysfunctional, many of us, who have been involved with the international science community,

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have been able to learn from our peers and have become involved in large scale public health studies that have important sociocultural, behavioral medicine components.

Q10. Finally, where should we go next in behavioral medicine? And, how should a young person prepare for the journey?

A10. The field of Behavioral Medicine offers many opportunities for conducting basic research, public health studies and clinical trials. While it is important to bring to these tasks strong research skills, it is also important that we do not fixate for too long on a single technique. When I began my research career there was no field of Behavioral Medicine and the techniques I had at my disposal were single neuron recording, histological staining, and Pavlovian conditioning. If one is not prepared to reinvent him- or herself multiple times over a lifetime, a person may end up restricted by the technology of his or her early training. One does not need necessarily to give up old skills, but must be willing to continually add new ones.

Rather than defining oneself as being in a specific research area, it is often better to examine carefully and follow-up research questions to see where they lead. In my own case I began with a strong interest in the central nervous system control of the circulation and ended up studying: endocrines, cytokines and atherogenesis; sociocultural factors influencing cardiovascular disease risk in Hispanic/Latino Americans; and psychosocial interventions in coronary heart disease. Everyone, of course, needs to follow their own unique path, but the field of Behavioral Medicine is rich with opportunity and offers many worthwhile opportunities for exploration.

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Early Career Network

Research in the modern world involves establishing networks not only within one's own country but in the international community. The official launch of an early career network (ECN) took place at the recent International Congress of Behavioural Medicine in Tokyo, Japan. At this conference a series of early career events were held. First, the inaugural breakfast mentoring session allowed those early in their career to interact one on one with senior researchers. Second, an early career workshop took place where participants learnt from senior researchers how to translate research into policy and practice. In addition to these two sessions a lunchtime roundtable was held where those early in their career could provide recommendations for the network. A suggestion was made at this roundtable to eventually have a regional representative from each area for the ECN. The role of the member society early career network liaison would be to first publicize any upcoming activities being organized by the early career network within their member society. Second this representative should be able to contribute where able to the development of the early career network.

In the short term though, in order for the ECN to be successful, a call has also gone out to seek manpower for the following tasks. These tasks are listed below:

Website Development: Most importantly we need to get an ECN website set-up so we can all communicate with each other more effectively. It is anticipated that this site will link in with the existing International Society of Behavioural Medicine's site under the special interest group section.

Mentoring Liaison: The success of the initial mentoring session at the recent conference in Japan prompted a move to set up a number of online contacts with senior researchers in the field who are willing to answer the odd question (within their own area of specialty of course!). There is a need therefore to source potential mentors along with their areas of expertise and help update their details on the website.

Communications - conferences: The task here is to advise ECN members through the website of any upcoming regional or international conferences that are of relevance to the field.

Communications – jobs: The task here is to source and post any relevant job links on the website.

Regional Co-ordinator: As mentioned above it is anticipated that each area will eventually have an early career representative that can help distribute news from the ECN. Therefore there is a need to keep these representatives updated with any news and manage their contact details.

ICBM Organizing Committee: The task here is to help organize early career events for any upcoming International Congresses of Behavioural Medicine. Assistance is also needed on this committee to organize social events surrounding the conference and accommodation needs.

Anyone willing to help out with these tasks will be supported by the student and early career representatives.

If you are interested in helping out or have any questions about this network please contact

Marisa Finn: m.finn@auckland.ac.nz
ECN student representative
Carina Chan: carina.chan@med.monash.edu.my
ECN early career representative

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Report from the ICBM in Tokyo 2008

On behalf of the Local Organizing Committee, I would like to thank every participant for their support and contributions to the 10th International Congress of Behavioral Medicine in Tokyo. This was the second time the congress was held in Asia. I also had the honor of presiding over celebrations for the 10th anniversary of the first International Congress of Behavioral Medicine, held in Uppsala in 1990. The 2008 Congress was held at Rissho University in the southern part of Tokyo. This institution has a rich history founded on the religious institution of Buddhism. A small concert was held during the opening ceremony by the University's student choir, which treated all attendees to the experience of hearing traditional Japanese music.

After the opening ceremony, Steve Weiss, the first president of ISBM, spoke about the progress of behavioral medicine in the past twenty years. Hege R. Eriksen, the new president of ISBM, presented a theory on cognitive activation of stress in health and behavior. Three keynote lectures, four master lectures, five master panels, and forty-two symposia were held. In total, eight hundred and sixty two papers of twenty-six tracks were presented and enthusiastically discussed under the congress's theme of, "Drawing from traditional sources and basic research to improve the health of individuals, communities and populations." In the past few decades, scientific research in the field of behavioral medicine has become more specialized, thus this congress provided the attendees with the opportunity to learn about new research niches across each research area.

Eight hundred and forty eight registered participants from forty-two countries of all over the world joined the Congress. The biggest attendance was from Japan, with two hundred and eighty-nine attendees. Next in magnitude of participation was the United States, followed by Australia and the United Kingdom.

However, compared with Western countries, unfortunately the number of attendees from Asian countries was rather small, with the exception of Japan and Thailand. It is my hope that the ISBM will endeavor to promote research and practice in behavioral medicine to this region in the upcoming years.

In closing, I would like to thank Professor Redford Williams, the former President of the ISBM, for his exemplary leadership, as well as Professor Theresa Marteau and the Program Committee for organizing an outstanding program for this congress.

I look forward to meeting all members of ISBM in Washington DC in 2010.

Teruichi Shimomitsu
Secretary General, Local Organizing Committee of 10th International Congress of Behavioral Medicine
President, Japanese Society of Behavioral Medicine

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From potential to action

This committee *has* a potential to link societies and institutes working with collaborative and / or comparative inter-national research. It *could* also initiate and strengthen new research collaboration. Further, it *could* function as a message board for ideas and opportunities for exchange of researchers and students in the field of behavioral medicine.

I write the ICSC: *"has a potential and could initiate, strengthen, function…"*. Yes, all this is hypothetical unless we "ISBM people" are pro-active and take contact, inquire, and write about our wishes, plans and experiences. The committee can function as a forum or platform for the members to function, not more.

The ICSC has members on many continents (http://www.isbm.info/ICSC/icsc.html).
The committee members may have good ideas on research collaboration in your region. So please contact them.

The ICSC web page provides a good example of a functioning collaboration in the area of subjective and unexplained health complaints research:
http://www.isbm.info/ICSC/best_projects.html
Suggestions have been made to start collaborative research in the areas of job stress and risk perception. Anyone interested in taking an initiative?

Further, I can tell one example of a research network which I, together with my colleagues, have recently established. Researchers from Denmark, Canada, Australia, the Netherlands, and Sweden, have established a network to exchange expertise and know-how in bridging the research-practice-policy gap in the area of health promotion. This EIRA network (Evidence in Research and Action) has got its first seed money to get organized, it organizes workshops in 2009 in the context of international conferences, and it plans to work towards an international grant proposal. Those interested in joining this venture, please contact me (araro@health.sdu.dk). Please follow developments related to this exciting enterprise at the ICSC website in the near future.

If international collaborative studies sound like too much work: what about exchanging ideas about providing at least one or two junior behavioral medicine researchers an option to pay an exchange visit to another institute, potentially abroad? At least some institutes have small grants for visiting scientists or PhD students. Please let us exchange information about these options and give a couple of juniors a possibility to learn new tricks in a new place!

Arja R. Aro
Chair, ISBM International Collaborative Studies Committee