AMERICAN PSYCHOSOMATIC SOCIETY

Dedicated to the Integration of Biological Psychological and Social Factors in Medicine

VOL. 21, NO. 2 NEWSLETTER FOR APS MEMBERS Fall 2010

President's Letter

Paul Mills, PhD

Greetings from San Diego. Autumn is upon us, and I hope you find some time to enjoy its many-colored splendor. Some of you might not be aware that Southern California too has an Autumn - especially within its many canyons - and although it's not nearly as vibrant and dramatic as many other parts of the U.S. and elsewhere (and not quite as satisfying to a former East coaster such as myself), it is nonetheless present, reminding us of the rhythms of life, and marking a time of change.

Although nature is winding down this time of year, your Society's leadership has just completed a fruitful Fall Council Meeting. Each year around this time, Council convenes to review the many facets of the Society's business and activities, seeking to verify that we are on the right track, and exploring and planning possible new directions for the Society. Included in the meeting are reports on the activities of each standing and any ad-hoc committee, as well as any proposed new initiatives a committee Chair might aim to embark on. The Secretary-Treasurer provides a report on the Society's financial activity, typically including a presentation by representatives of the investment company that manages our fiscal health. Council members also provide nominations for upcoming vacancies, i.e., Council membership, President-Elect, and, every third year, Secretary-Treasurer. Around this same time, nominations are also solicited from you the membership. Finally, members of the Executive Committee, which is comprised of the President, President-Elect, Past-President and Secretary-Treasurer, provide an update to Council on their ongoing activities. Via its monthly conference calls, the Executive Committee has the responsibility of managing ongoing Society business and providing regular reports to Council.

Additional items: further discussion of the taskforces that were formed in response to the Society's Strategic Planning Retreat held in June 2008. The taskforces, which included Dissemination and Implementation, Big Science, Identity and Name, and NIH Working Group, have completed their assigned charges and have been sunsetted. Each taskforce submitted their recommendations to Council for discussion and implementation. There is currently some follow-up research of the Society's identity and name being conducted with the assistance of a professional marketing company.

Each year around this time, Council convenes to review the many facets of the Society's business and activities ... exploring and planning possible new directions for the Society

Council also discussed implementing a mentoring program for new Council members (who serve three-year terms). Too often new Council members are overwhelmed with the unfamiliarity of Council duties, procedures and expectations, and as a result, precious time is lost getting up to speed on the issues at hand and making contributions. The idea is to assign new members to a more seasoned Council member 'mentor' who will be available for questions and any needed guidance.

Regarding our Society's official publications, many of you already know that Wijo Kop, PhD has been selected as *Psychosomatic Medicine's* next Editor-in-Chief, beginning his term in January 2012. In addition, Sue Everson-Rose, PhD was ratified by the Council as a new Associate Editor of *Psychosomatic Medicine* under the current Editorship of David S. Sheps, MD. Our Newsletter too has a new Editor - John M. Ruiz, PhD. John put out his first issue, the Winter/Spring 2009/2010 issue, and did an outstanding job - thank you, John! If you have ideas for Newsletter content, please be in touch with him directly (John.Ruiz@unt.edu).

On other fronts, last year APS became a member of the Consortium of Social Science Associations (COSSA) (www.COSSA.org). COSSA is an advocacy organization that promotes attention to and federal funding for the social and behavioral sciences. It serves as a bridge between the academic research community and the Washington policymaking community. Its members consist of more than 100 professional associations, scientific societies, universities, and research centers and institutes. COSSA hosts an annual meeting for its member societies, and this year's meeting took place on November 1st. Council member Joan Broderick, PhD graciously agreed to attend the meeting to represent APS. Thank you, Joan!

Since 1994, APS has also been a member of the International Society of Behavioral Medicine (ISBM) (www.ISBM.org). ISBM is a federation of national societies, whose goal is to serve the needs of all health-related disciplines concerned with issues relevant to behavioral medicine. This year, ISBM held

***President**, continued on page 8*

From the Editor

by John M. Ruiz, PhD

You meet the nicest people…

My graduate advisor Tim Smith once said to me, "you meet the nicest people studying hostility." Turns out this was a bit of an understatement as we have an abundance of nice people in our field, particularly our society, and they are not limited to studying one particular area. Of course it's the science that brings us together and as such we tend to know much about the person's work and far less about the person. Students and new meeting attendees are often nervous or a bit apprehensive to speak with some of our more scientifically well-known members. Yet in nearly every instance they are happily surprised to find that the scientist is actually a warm and caring person – someone who greets them with a smile and a thoughtful comment or question that invites the person into the APS family. Indeed, APS is a society of *people* who have common scientific interests.

The Newsletter is a great platform for getting to know the personal side of our field. Beginning with this issue we will feature short interviews with various members to help us get to know one another a little better. This first *Getting To Know You* section features 10 questions (or so) with Drs. Jan Kiecolt-Glaser, Johan Denollet, and Mustafa al'Absi. While they are familiar faces I believe that some of their answers may surprise you. For example, how did the punch biopsy become a model for studying wound healing and which of them wants to be a heavy metal star? Great stuff that I hope you enjoy and can relate to.

Another advantage of the newsletter forum is the opportunity to discuss topics in a more practical/less formal manner than methods sections and peer-review journals typically allow. In this edition we begin a new column entitled, *Practical Science*. The aim is to have experienced researchers discuss a particular methodology with practical recommendations regarding basic procedures, equipment and practical tips, related issues, and methodological challenges - in other words, basic how-to information for the membership who want to get started in the area or are looking for tips. In our first piece, Dr. Jos Brosschot discusses conceptualizing and measuring prolonged physiological stress responses. Future, pieces will address considerations in choosing EMA equipment, measuring inflammation on a limited budget, or other interests that you may have questions about. Be sure to email me your suggestions!

The annual APS awards represent career milestones for the recognized individual and an opportunity for the society to honor its best and brightest. This edition features a column from the 2010 Early Career Award winner, Dr. Anna Phillips discussing her excellent program of research and interest in aging effects on immune functioning. In addition, Dr. Norman Levy gives thought provoking perspective on our history as a society from the days of George Engel to today. Finally, Dr. Joshua Smyth gives us a glimpse of the 2011 conference to be held in San Antonio, Texas where you can of course share a margarita with some of those people with shared scientific interests :)

CORRESPONDENCE: Please email questions, comments, and suggestions to John.Ruiz@unt.edu.

Check out www.psychosomatic.org to see the new and improved APS website! Give us your feedback...

info@psychosomatic.org

Practical Science: Conceptualization and Measurement of Prolonged Stress-related Activation

by Jos Brosschot, PhD

Psychosocial stress increases the risk for organic disease and pathogenic states such as hypertension and immune dysregulation. A potentially important mediator of this risk is prolonged physiological activity. Reactivity studies in the laboratory are useful to examine acute responses, but seem less helpful to understand the factors leading to prolonged responses in real life. These prolonged responses are likely to be the more important health risks. Considering their importance, it is surprising that they have received relatively little scientific attention. Here I will outline several approaches to measuring prolonged activity and its possible psychological causes.

Prolonged activation comes in three types. Most studied (mainly in the lab) is slow recovery after psychological stressors. Its close relative, anticipatory activity is far less studied. A third type, and perhaps the most important, are recurrent responses in daily life, that is, repeated responses after, but not immediately following stressors, or repeated responses before, but not immediately preceding stressors. The latter one, responses to events that are feared in the future ('recurrent anticipatory responses') may be by far the most prevalent stress-related physiological activity outside the lab, in the real world. Ask any layperson about his or here stress today and it will highly likely be about some nasty thing feared in the next hour, next day or next month - regardless whether that thing is going to happen or not. Yet, these anticipatory responses seemed to have been missed by most conventional stress instruments, nearly all of which ask about past stressors. It is important to realize that a lot of our daily stress responses are to events that never happen.

How do you measure prolonged activity? And how do you measure responses to events that never happen? In the laboratory it is easy to measure slow recovery and anticipatory responses (provided that you let your subjects believe something stressing is coming up). Ways to calculate it have been outlines by several authors, for example by Wolfgang Linden and colleagues. In real life you will need more sophisticated analyses. We recently tested anticipatory cardiac responses one hour before and slow recovery up to four hours after stressors, using an adapted version of multilevel analysis (Pieper et al., see below), which was partly based on Van Eck and colleagues (see Pieper et al.), who developed it for cortisol studies in the 90ies.

To measure prolonged responses to more 'distal' events and events that never happen (as said, perhaps the more important type of prolonged activity!), there are roughly two approaches. One is to identify situations in which prolonged activity is very likely to be caused, and the other is to do the reversed, that is, to identify physiological activity that is very likely to be of the prolonged type ('additional activity', see below).

> *"How do you measure prolonged activity? And how do you measure responses to events that never happen?"*

The first approach is to start with measuring conditions that may cause physiological responses to remote or non-occurring stressors. A good place to start seems to look for the occurrence of these stressors *in people's minds*. Bill Gerin, Julian Thayer and I (2006) have hypothesized that prolonged activation is caused by 'perseverative cognition' (ref. see below), defined as the repeated or chronic activation of the cognitive representation of one or more psychological stressors (or 'threats'). Although we and others have measured perseverative cognition (PC) mainly as worry or rumination, we regard any operationalization of PC as adequate as long as it fits this definition. This allows us and others to identify more types of PC than just worry or rumination. For example, a new and exciting idea is that a large (or even major) part of PA is caused by *unconscious* PC (refs. see below). As I am writing this, Richard Lane and I are visiting German colleagues in Leipzig to discuss ways to measure unconscious PC (UPC). There are several candidates (see refs.), and we hope to be able in the future to recommend one of them. Apart from the how-to-measure, there is also a when-to-measure question. A restriction with measuring UPC is that you don't know when to start measuring it because your subjects obviously are not aware that they are unconsciously stressed. So how do you know when to measure it? We suggest a reversed strategy: You might look for prolonged activity first and then test its psychological cause. It this possible? How do we know what part of daily variation in a physiological parameter is 'prolonged activation'?

This brings me to the second approach to detecting and explaining prolonged activity to remote or non-occurring stressors. It is possible to identify periods of so-called 'additional heart rate' (fill in your parameter of choice). This concept, introduced in the 70ies by Blixen, refers to activity that is not due to metabolic needs (e.g. physical movement), and is therefore likely to be caused by psychological factors. To identify 'additional activity' can be pretty laborious and has perhaps therefore not been very popular. However, contemporary technology makes is possible to integrate physiological measurements in PDAs, and calculate 'online' when physiological activity in excess of movement-based predictions occur, and measure (U)PC and stressors subsequently. In this way, by tracking all meaningful (let's say > 15 minute-) periods of 'additional activity', it becomes possible to test several unconscious and conscious candidate causes of stress-related prolonged activity, in a variety of different physiological parameters. Who knows what the future will bring!

Pieper, S., Brosschot, J.F., van der Leeden, R., Thayer, J.F. (2010) Prolonged cardiac effects of momentary assessed stressful events and worry episodes. Psychosomatic Medicine, 72, 6, 570-577.

Brosschot, J.F, Gerin, W. & Thayer, J.F. (2006) Worry and health: the perseverative cognition hypothesis. Journal of Psychosomatic Research, 60, 113-124.

Brosschot, J.F. (2010) Markers of chronic stress: Prolonged physiological activation and (un)conscious perseverative cognition. Neuroscience & Biobehavioral Reviews,. 35 (2010) 46–50.

Brosschot, J.F., Verkuil, B. & Thayer, J.F. (in press) Conscious and unconscious perseverative cognition: Is a large part of prolonged physiological activity due to unconscious stress? Journal of Psychosomatic Research

Getting to Know You Interviews with . . .

Johan Denollet, PhD

1. What one piece from your career are you most proud of?

On my very last publication, an overview of 15 years of research from our group on the Type D personality construct that was published in September 2010 in *Circulation: Cardiovascular Quality and Outcomes*.

2. Where do you see your research area going in the next 10 years?

The next 10 years, I will be engaged in an uphill battle to keep on doing research because of the busy administration that I have to attend to at my department. Being that said, I would like to do more research on the various mechanisms that may explain the relationship between psychological factors and health outcomes in cardiovascular and other chronic conditions. Arguably, a better understanding of this relationship is of major importance to answer the crucial question: what intervention works for whom?

3. Why Type D? Will there be a Type E and what happens if we get to Type Z?

I don't know – maybe because "D" was the next in line (following Type A/B behavior and Type C coping). Hopefully, there will be a Type E, Type F, and so on. It would be very naïve to assume that Type D covers all there is to known about personality in the context of cardiovascular conditions. But for the time being, I can live with the Type D (unlike some other researchers). But seriously, to me, the main message of Type D research is: let's not forget about the role of more broad, chronic and covert forms of psychological distress as a potential determinant of adverse health outcomes. Nothing more, and nothing less.

4. As one who appreciates good science, do you have a favorite paper that you wish you wrote/Study you wish you had done?

I am afraid that there are far too many papers that I wished I had written. For instance, Jim Blumenthal's work on the beneficial cardiovascular effects of stress management and cardiac rehabilitation - in fact, cardiac rehabilitation was my first area of interest and still is one of my favorite topics. Or Wijo Kop's excellent paper, published in *Psychosomatic Medicine* in 1999, on the relevance of acute, episodic and chronic psychological risk factors in relation to the stage of the cardiovascular disease process. And then there is, of course, the editorial by Nancy Frasure-Smith and François Lespérance earlier this year in *Heart*, on the state-of-the-art of depression research in cardiology – a must-read for anyone who is involved in biobehavioral research. And these are just a few examples. (To be honest with you, there are also one or two papers that I am happy that I wrote them, and not someone else, but I suppose that's not a proper answer to your question).

5. What is your favorite APS memory?

Without hesitation: my first APS meeting in Charleston, South Carolina, way back in 1993. I still can remember this meeting very vividly. Being in one place with all these renowned researchers that I admired from their research and papers; it made quite an impression on me. The friendly atmosphere, the high quality of the presentations, the inspiration I got out of that meeting – from that moment on, I was convinced that I was going to attend many more APS meetings. And so I did in the years that followed.

6. What is your dream location for an APS meeting?

I guess my dream location for an APS meeting would be the Florida Keys, preferably Key West. As an alternative option, I would suggest a meeting in New York (which is, of course, a bit different in terms of "couleur locale"). If my memory serves me well, the 1992 APS meeting was held in New York, but at that time, I didn't have the funding to attend the meeting. And if the society would consider a meeting in Europe, I would strongly recommend Stockholm, a really fascinating city.

7. Given its significant international membership, is it time to change the society's name?

Personally, I wouldn't change the name. After all, it is an American society. But it is also an association that is very open to its international members, and that is fine with me. I think it is important to stick to a name that stands for quality, and that is well known in the scientific community.

8. If you were a superhero, what would you choose as your special power and why?

To answer all of the emails for all of the people all over the world, in just a split second. Why? Because it would be an effective stress management intervention beyond imagination, and would mean a huge gain in quality-of-life-years for millions of people.

Can you guess which APS member says,

"I am keenly interested in innovative ways to kill people, and regret that I do not have the time to plot more murders.

Or…

"… my true dream alternative career would be playing in a heavy metal band (this is a bit of a problem, since I don't play any instrument …)

9. What is your dream alternative career?

This is truly an interesting question. All things considered, I am very happy with my career, honestly. As an alternative career, I would love to design sports cars – or be a chef in an Italian restaurant. But my true dream alternative career would be playing in a heavy metal band (this is a bit of a problem, since I don't play any instrument …). And I am very specific about it: the music has to rock hard and loud, with relentless riffs, a pumping bass, and rolling drums. Apart from the APS meeting, the Graspop Metal Meeting in Belgium is my other favorite annual meeting.

10. Best thing you did this summer?

The family holidays with my wife and two sons in France - we really had a great time at the Atlantic coast ("Les Landes").

Mustafa, Al'Absi, PhD

1. You live in Canada and work in the US – If the NFL and Curling are both on TV which will you watch?

None.

2. How did you get started in this field?

As an undergrad student I was fortunate to be taught by great professors at Cairo University who were passionate about the field and helped turn on my curiosity. The exercises and assignments I completed then influenced my thinking about the mind-body interactions and the importance of understanding biology to inform my understanding of behavior and psychology.

3. Does stress research ever cause you stress?

Yes, but for the most part the good stress, the endorphin/adrenalin rush that comes with working hard to meet deadlines and fit more tasks into the work day.

4. What one piece from your career should people read?

Our recent work documenting neurobiological alterations in the stress response among nicotine dependent individuals and the usefulness of relevant measures as markers of relapse vulnerability. This work has helped stimulate research by various scientists in the field of addiction.

5. What is your dream alternative career?

Prior to discovering psychology I had hoped to be a journalist.

6. What was the first APS meeting you attended and what do you remember?

The meeting in Boston in 1994. I was a grad student, and remember meeting a lot of my peers during the sessions and of course 'bonded' with some during the 'last night concert'. Many of them went on to be leaders within the field of psychosomatic and behavioral medicine.

7. Do you have an academic crush on anyone – someone whose work excites or inspires you?

Too many to mention.

8. If you had a time machine when and where would you go?

I'd like the machine to take me into the distant future, to see what I will miss; I have a feeling that an amazing world is awaiting future generations.

9. What topic would you like to see discussed more within APS?

The integration of behavioral factors into our focus on biological and psychological mechanisms.

10. How would your mentees describe your mentoring style – wire monkey or terrycloth?

Because they are smart they would say 'it depends on the situation.' I try to pass on what I learned from my own mentors; empowering mentees to think independently and grow as young professionals while feeling assured that I am available to support and guide them as they need.

Janice Kiecolt-Glaser, PhD

1. What one piece from your career are you most proud of?

My all-time favorite is our "marital wound" paper, where we were able to show that couples' interpersonal behavior was associated with both local (wound site) and systemic inflammation, as well as the speed with which they healed small blister wounds. It is a nice package showing that behavior can influence a health outcome and its immunological substrate.

Kiecolt-Glaser, J. K., Loving, T. J., Stowell, J. R., Malarkey, W. B., Lemeshow, S., Dickinson, S. L., & Glaser, R.(2005). Hostile marital interactions, proinflammatory cytokine production, and wound healing. *Archives of General Psychiatry,* 62, 1377-1384.

2. The punch biopsy as a wound healing model – how did you come up with that idea?

By a process of elimination. We wanted a good model for studying wound healing, and our first choice, surgical wounds, was not workable because they are closed with sutures (most regrettably). Then a dermatology colleague suggested that a punch biopsy wound would be a good model, because it was frequently used in the dermatologic literature. We tried it first on ourselves to make sure it was practical; I still have a couple of small scars on my arm documenting my participation.

3. At the end of the day, what contribution do you hope you've made to the field?

When Ron (Glaser) and I started working together, the human PNI literature was small and primarily demonstrated that only very novel and intense events were sufficient to alter immune function. Together we helped to show that more commonplace everyday stressors could impact the immune system and produce health relevant consequences.

4. Any words of wisdom for those just starting out?

Read books by Robert Boice. A psychologist and the author of a number of books and articles on faculty development, he has published fascinating research on the behaviors that distinguish faculty who prosper from those who flounder. His methodology was impressive; as part of his agreement with the new faculty hires he studied, he supplemented their self-report data with behavioral observations, regularly dropping by their offices, unannounced, to watch their daily routines. His findings demonstrate that brief, daily writing sessions are reliably much more productive than waiting for big blocks of uninterrupted time.

5. What is your favorite APS memory?

Way too many good memories to choose—it's a terrific meeting every year.

***Interviews**, continued on page 7*

Ageing and antibodies: Psychological factors and the response to vaccination across the life course

by Anna C. Phillips, PhD

It is now known that the immune system shares close links with the nervous and endocrine (hormonal) systems. These provide feasible physiological pathways through which our thoughts and feelings can directly impact upon susceptibility to infection. Assessing the antibody response to vaccination provides a valuable model for examining this. Vaccines act as 'imitation' infections, through which we can gauge how well the immune system responds to challenge, in terms of generating an antibody response. Thus, it gives an overall measure of how well the immune system responds to challenge and is both integrated and easy to interpret. It is also clinically relevant, as variations in antibody levels are likely to reflect disease susceptibility and resistance.

The most commonly investigated psychological factor in the context of vaccination is psychosocial stress, measured usually as life events exposure, perceived stress, or exposure to a particular chronic stressor, such as caregiving for a spouse with dementia. Studies of student samples, in which stress is usually assessed using a range of life events checklists and perceived stress measures, comprise much of vaccination response literature. Such studies generally confirm that individuals reporting higher numbers of life events and/or greater perceived stress are characterised by poorer antibody status following vaccination. For example, in my own student study, individuals who reported greater numbers of life events in the past year and greater stressfulness of those events showed a poorer response to the B strain of the influenza vaccine. This was significant at both five weeks, around the time of the peak antibody response, and at five months, where decay in antibody titre is often observed (Phillips, Burns, Carroll, Ring, & Drayson, 2005).

The vaccination response in older adults has mainly been considered in the context of caregiving for a spouse with dementia. This is a very specific stressor, and caregivers are likely to differ from the general population in ways other than the stress of caregiving, for example, in the amount of social support they receive. Research examining the impact of more general psychological stress on antibody levels following vaccination in older adults is sparse. However, it is important to study this as they are likely to have different stress exposure histories than younger samples (Carroll, Phillips, Ring, Der, & Hunt, 2005) and less efficient immune systems due to immune ageing (Ginaldi, Loreto, Corsi, Modesti, & De Martinis, 2001). The effects of ageing on immune function may alter individuals' susceptibility to disease in part via a less efficient antibody response. In a study of 184 older adults, I observed that the stress of bereavement in the year prior to influenza vaccination was associated with a poorer antibody response to two strains of the vaccine (Phillips et al., 2006). Although overall negative life events exposure was not associated with vaccine response in this study, the effect for bereavement suggests that stress is related to pervasive immune effects throughout the life course, although the particular stressor of importance may change with age.

> *The effects of ageing on immune function may alter individuals' susceptibility to disease in part via a less efficient antibody response.*

The support of loved ones may also be an important determinant of immune health. In students I showed that a better quality of social support, particularly tangible support was related to a greater peak and five-month antibody response to the influenza vaccine (Phillips, et al., 2005). Further, among older adults, those who were married, and particularly those who were happily married, showed a better antibody response to the influenza vaccination than those who were unmarried or less happily married (Phillips, et al., 2006). However, more general functional social support and social network size was not associated with antibody response in this older population (Phillips, et al., 2006). These findings lend weight to the suggestion above that different factors become important, in terms of the influence on immunity, across the life course.

Studies in older adults have shown that caregivers have poorer antibody responses to vaccination in comparison to controls (Glaser et al., 1992; Glaser, Sheridan, Malarkey, MacCallum, & Kiecolt-Glaser, 2000; Vedhara et al., 1999). However, caregiving studies in younger populations are less conclusive (Vedhara et al., 2002) and in a recent analyses of our own within the West of Scotland Twenty-07 study, only older, as opposed to younger or middle-aged, caregivers showed lower secretion rates of salivary antibody A in comparison to non-caregivers (Gallagher et al., 2008). This raises the question of whether or not the chronic stress of caregiving only becomes important for immunity when one is older, or whether it is the nature and extent of the caregiving burden which is important. We were able to address this question with a sample of parents of children with developmental disabilities, who are a younger population of caregivers reporting high levels of challenging behaviours in their children (Hastings, Daley, Burns, & Beck, 2006). We were able to recruit parental caregivers of children with mainly Autism or Downs and a matched parental control group. These individuals were vaccinated with both the pneumococcal and influenza vaccines and followed up one and six months later. Individuals who were caregivers were more likely to be non-responders to the pneumococcal vaccine at, meaning that they were less likely to be able to mount a two-fold increase in pneumococcal antibody levels (Gallagher, Phillips, Drayson, & Carroll., 2009b) and showed a poorer response to the influenza vaccine (Gallagher, Phillips, Drayson, & Carroll., 2009a) at both time-points. The antibody differences between the caregivers and non-caregivers were being driven by differences in their children's challenging behaviours (Gallagher, et al., 2009a; Gallagher, et al., 2009b). Further, within the caregiver group, those parents reporting higher numbers of challenging behaviours, particularly conduct behaviours, such as fighting other children, mounted the poorest antibody response (Gallagher, et al., 2009a; Gallagher, et al., 2009b). This suggests that it is the stressful behaviour of the care recipient which determines effects on vaccination response. However, immune ageing may yet interact with this, as even in this restricted age range parental sample, there was a trend for younger caregivers to show the stron-

gest antibody response (Gallagher, et al., 2009a). This overall collection of evidence suggests that the immunologically worse off groups are those who have particularly challenging chronic stressors on top of immunosenescence, and presents challenges to behavioural scientists with regard to interventions to reduce stress and improve immune outcomes in these populations.

School of Sport & Exercise Sciences, University of Birmingham, Edgbaston, Birmingham, B15 2TT. Tel: 0044 121 414 4398. Fax: 0044 121 414 4121. A.C.Phillips@bham.ac.uk

References

Carroll, D., Phillips, A. C., Ring, C., Der, G., & Hunt, K. (2005). Life events and hemodynamic stress reactivity in the middle-aged and elderly. *Psychophysiology, 42*, 269-276.

Gallagher, S., Phillips, A. C., Drayson, M., & Carroll., D. (2009a). Care-giving for a child with intellectual disabilities is associated with a poor antibody response to influenza vaccination. . *Psychosomatic Medicine, 71*, 341-344.

Gallagher, S., Phillips, A. C., Drayson, M., & Carroll., D. (2009b). Parental caregivers of children with developmental disabilities mount a poor antibody response to pneumococcal vaccination. *Brain, Behavior & Immunity, 23*, 338-346.

Gallagher, S., Phillips, A. C., Evans, P., Der, G., Hunt, K., & Carroll, D. (2008). Caregiving is associated with low secretion rates of immunoglobulin A in saliva. *Brain Behav Immun*.

Ginaldi, L., Loreto, M. F., Corsi, M. P., Modesti, M., & De Martinis, M. (2001). Immunosenescence and infectious diseases. *Microbes Infect, 3*(10), 851-857.

Glaser, R., Kiecolt-Glaser, J. K., Bonneau, R. H., Malarkey, W., Kennedy, S., & Hughes, J. (1992). Stress-induced modulation of the immune response to recombinant hepatitis B vaccine. *Psychosomatic Medicine, 54*, 22-29.

Glaser, R., Sheridan, J. F., Malarkey, W., MacCallum, R. C., & Kiecolt-Glaser, J. K. (2000). Chronic stress modulates the immune response to a pneumococcal pneumonia vaccine. *Psychosomatic Medicine, 62*, 804-807.

Hastings, R. P., Daley, D., Burns, C., & Beck, A. (2006). Maternal distress and expressed emotion: cross-sectional and longitudinal relationships with behavior problems of children with intellectual disabilities. *American Journal of Mental Retardation, 111*(1), 48-61.

Phillips, A. C., Burns, V. E., Carroll, D., Ring, C., & Drayson, M. (2005). The association between life events, social support and antibody status following thymus-dependent and thymus-independent vaccinations in healthy young adults. *Brain, Behaviour and Immunity, 19*, 325-333.

Phillips, A. C., Carroll, D., Burns, V. E., Ring, C., Macleod, J., & Drayson, M. (2006). Bereavement and marriage are associated with antibody response to influenza vaccination in the elderly. *Brain, Behavior and Immunity, 20*, 279-289.

Vedhara, K., Cox, N. K., Wilcock, G. K., Perks, P., Hunt, M., Anderson, S., et al. (1999). Chronic stress in elderly carers of dementia patients and antibody response to influenza vaccination. *Lancet, 353*(9153), 627-631.

Vedhara, K., McDermott, M. P., Evans, T. G., Treanor, J. J., Plummer, S., Tallon, D., et al. (2002). Chronic stress in non-elderly caregivers: psychological, endocrine and immune implications. *Journal of Psychosomatic Research, 53*(6), 1153-1161.

***Interviews**, continued from page 5*

... with Janice Kiecolt-Glaser, PhD

6. If you could pick the location of the next meeting site where would it be?

Miami—it would be a particularly fine choice in March!

7. Do you have an academic crush – someone whose work fascinates or inspires you?

Chris Coe's primate studies are simply outstanding. His elegant work so clearly shows the immunological vulnerabilities of the very young and the very old in remarkably innovative ways. He also has wonderful studies with rodents and humans, a true triple threat.

8. If you could have a dinner with any three people from history who would you choose?

Queen Elizabeth I, Catherine the Great, and Joan of Arc

9. Assuming for a moment that you are not always doing science, do you have any guilty pleasures?

I am keenly interested in innovative ways to kill people, and regret that I do not have the time to plot more murders. (In the late 1990s I published two mystery novels in which the protagonist was, purely by coincidence, a female clinical psychologist in a medical school. For the next contract, the publisher wanted a book a year—not a reasonable possibility given the demands of my day job. Such a pity to have to limit my homicidal impulses, but I still enjoy reading mysteries.)

10. If they made an APS movie, who would you like to see play you?

One of the munchkins from the Wizard of Oz.

Annual Meeting: March 9 - 12, 2011, Marriott San Antonio Rivercenter, San Antonio, TX USA

by Joshua Smyth, PhD

By the time you are reading this, the 2011 annual meeting will be right around the corner!

The meeting theme for this year will be "**Biobehavioral Processes and Health: Understanding Mechanisms, Implementing Interventions."**

What does this theme mean for meeting content? As is the case every year, the majority of the program will be based on the outstanding work of our membership. Regardless of topical area, the bulk of program content is generated by selecting the best science from work submitted for consideration. In addition to submitted content, we are planning to have a range of outstanding speakers and events at the annual meeting (including mentor-mentee events, pre-conference workshops, roundtables, SIGs, etc.).

We will also endeavor to keep the meeting content broad and diverse; we have scheduled presentations on a wide range of diseases and conditions, discussion of biological, psychological, and behavioral mechanism work, clinical trials and other issues relevant to intervention, and much, much more. Please be sure to check on the APS website for ongoing updates regarding the annual meeting!

As a program committee, we also seek to create a "soft" narrative that can encompass and/or create a narrative that pulls together and synergizes strands of work from various "places" in the society (that might be disciplines, content areas, methodologies, et cetera). In the case of generating this meeting theme, there have been repeated calls for greater representation of intervention work. Given the longstanding focus and excellence of the society on basic mechanism work, we set out to find an interesting and – hopefully – effective program narrative to combine these two domains. So, some of the invited content will focus on interventions, some on basic mechanisms, and some that merges these two topics in important and novel ways.

By way of example, we hope to have research that has applied basic mechanism research to the development and/or administration of an intervention, tested presumptive mechanisms of change in response to the delivery of an intervention as possible mediators of benefit, or done both of these in some process over time (basic mechanism work informing intervention, intervention results being taken back to inform mechanism study, etc.).

As a program committee, we also seek to create a "soft" narrative that can encompass and/or create a narrative that pulls together and synergizes strands of work from various "places" in the society

As I noted in my last meeting commentary, the annual meeting conference hotel is right on the River Walk in San Antonio. If you haven't taken a look, I highly suggest doing so; there is a great collection of restaurants, attractions (including the Alamo), nightlife, and a range of other local flavor available within walking distance of the meeting hotel (see www.riverwalkguide.com).

On behalf of the program committee, we hope to see you there!

***President**, continued from page 1*

its annual meeting - the 11th International Congress of Behavioral Medicine - in Washington, DC. Past-President Shari Waldstein, PhD graciously agreed to attend the congress to represent APS - thank you, Shari! Shari attended the Strategic Planning meeting and the Governing Council meeting. One of the many interesting issues that arose at the meeting was that of needed support for developing societies, particularly in low-income nations. Shari raised the question as to how more established societies like APS could better help developing societies. APS Council will be further exploring this issue.

The Society's Minority Initiative has a new Co-chair. This initiative, developed in 2006 and led by Julian Thayer, PhD, with strong support by current Council members Tene Lewis, PhD and Gaston Kapuku, MD PhD, has supported a series of outstanding symposia highlighting the science of persons of color as well as providing outreach to a community of scholars that might not otherwise attend our annual meeting. These efforts have yielded important outcomes at our annual meeting, and for the Society at large. Gaston has kindly agreed to serve with Julian as the initiative's new Co-Chair – thank you, Gaston! We look forward to more of the initiative's outstanding sessions on next year's annual program.

Speaking of the annual meeting, Joshua Smyth, PhD and members of the Program Committee have been busy putting together another terrific program for next year's meeting. If you don't already have it on your calendar, please mark the dates now: March 9 – 12, 2011. The meeting theme will be *Biobehavioral Processes and Health: Understanding Mechanisms, Implementing Interventions*. I look forward to seeing you in San Antonio, TX, a city founded in 1691, named after the Franciscan monk San Antonio of Padua, and noted for its Tower of the Americas, Alamo Mission, and River Walk, the latter being a network of scenic walkways along the San Antonio River that is lined by bars, shops, restaurants, and the San Antonio Museum of Art.

Psychosomatic Medicine Over 45 Years

by Norman B. Levy, MD

In 1965 I was a psychosomatic medicine fellow under Dr. Franz Reichsman at the State University of New York, Downstate Medical Center in Brooklyn. Reichsman was trained by George Engel and his legendary team at the University of Rochester which was one of the few centers of psychosomatic research and teaching. This group, in addition to Reichsman, included Arthur Schmale and William Greene. Somewhat previously and shortly after the end of World War II, Maurice Levine at the University of Cincinnati served a similar function as George Engel, training people such as Morton Reiser and Herbert Weiner who formed psychosomatic groups at the Montefiore Hospital in New York and at Yale University in Connecticut. A few other programs also existed at that time.

In background to this, in the 1940's and 1950's psychoanalysis emerged as an integral, and essential, component of the field of psychiatry and psychosomatic medicine. Franz Alexander was one of the pioneers applying a psychoanalytic understanding to the origins and treatment of a variety of physical illnesses, often seeing them as overreactions of the sympathetic or parasympathetic nervous systems, augmented by emotional factors. Unlike some of the analysts that followed him such as Mellitta Sperling he did not favor their treatment as being exclusively or largely psychological, always emphasizing the importance of medical treatment.

Reichsman introduced me to the American Psychosomatic Society in 1965 and I continue to be a member of up to this day. At the time of my entering the field, it was dominated by psychiatrists, in particular psychiatric psychoanalysts. Among the leaders in the field that I remember vividly are those mentioned above and Milton Rosenbaum each of who served as President of the American Psychosomatic Society. With little exception, their research was intellectually stimulating and, much like Freud's, limited to clinical examples. Statistical significance was not part of their dictionary as their sample size were relatively small, and this was before objective measures were a necessary part of manuscripts submitted for publication. The 1950's and 1960's, were the heydays for psychiatry in which almost every chair in psychiatry in America was in the hands of a psychoanalyst. Non-analysts, with few exceptions need not apply for such positions. Virtually all senior positions were occupied by men, the exception being Flanders Dunbar of Columbia University.

As we know, much has changed in the psychoanalytic and psychosomatic communities since then. In the past almost all medical illnesses were thought to be either psychogenic or, in which psychosomatic factors played a major role in their onset and treatment. Their origins were explained in analytic terms citing conflicts and, the resolution of these conflicts was thought to play a role in their treatment. Today psychoanalysis and psychosomatic medicine are no longer restrictive to graduates of medical schools, and in their wider scopes attract the best of researchers and teachers. This has been particular true of the American Psychosomatic Society whose journal *Psychosomatic Medicine* has assumed a leadership position among biological publications. The field of psychosomatic medicine is now dominated by younger people, many of whom are women and in which psychologists have taken a leading role, with a wide background of objective research techniques.

> *Psychosomatic Medicine over the 45 years has become more holistic in the true sense of the word.*

Psychosomatic Medicine over the 45 years has become more holistic in the true sense of the word. It has become wider in the scope of the people it trains and accepts in leadership positions and more interested in proving what it says is based on scientific evidence.

Norman B. Levy, MD
Prof. Emeritus in Psychiatry, SUNY, DMC
Beverly Hills, Califronia

Call for Nominations

The Call for Nominations for APS Leadership Positions deadline is December 15. We encourage all APS members to consider submitting the names of individuals for the positions of:

President-elect (1 position)
Council member (3 positions)
Nominating Committee Member-at-Large (1 position)

The general qualifications for candidates for these positions may be found at http://www.psychosomatic.org/Announcements/pdfs/generalQualForCandidates.pdf. More than one name may be submitted for each position.

Please send your nominations by December 15 to info@psychosomatic.org.

AMERICAN PSYCHOSOMATIC SOCIETY

6728 Old McLean Village Drive
McLean, VA 22101-3906
(703) 556-9222
FAX (703) 556-8729
Email: info@psychosomatic.org
www.psychosomatic.org

FIRST CLASS
U.S. POSTAGE
PAID
McLean, VA 22101
Permit No. 7085

APS 69th Annual Scientific Meeting

March 9 - 12, 2011

Marriott San Antonio
Rivercenter
San Antonio, TX USA

visit www.psychosomatic.org for details

The APS Newsletter is published by the American Psychosomatic Society with the cooperation of Degnon Associates.

Comments and Suggestions are invited. Remember, this is YOUR Newsletter.

The deadline for submission for our next Newsletter is January 17.

Please send correspondence to the APS Newsletter Editor
John M. Ruiz, PhD
6728 Old McLean Village Drive
McLean, VA 22101-3906
Fax: 703-556-8729
Email: info@psychosomatic.org