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President's Message

Christoph Herrmann-Lingen, MD, APS President



Happy birthday, APS!

In 1942, now 75 years ago, Dr. Helen Flanders Dunbar, the founding (and so far only female!) Editor-in-Chief of Psychosomatic Medicine wrote in a letter to the readers of her Journal and other possibly interested colleagues:

"Dear Doctor,

Because of the increasing importance of psychosomatic medicine in relation to the present War Emergency it has been decided to organize a Society for Research in Psychosomatic Problems.

The first meeting will be held with the Society for Research in Nervous and Mental Diseases in New York on Friday, December 18th. The topic for discussion will be Fatigue."

And indeed, one year after the Japanese attack on Pearl Harbor, two weeks after the first self-sustained nuclear chain reaction and despite war-related restrictions on travel, more than 300 attendees, rather than the expected 50, followed the invitation and participated in the totally overcrowded inaugural meeting of the Society which only a few years later was given its current name, the American Psychosomatic Society.

In the 75th year of this event we can proudly congratulate ourselves on our Society's anniversary. It may be by coincidence that starting this very anniversary year, new codes have been added to the Medicare Physician Fee Schedule to allow payment to health care providers for integrating behavioral health services, but APS members were definitely among those who paved the way to this important achievement. Let's take this as just one more reason for celebrating the jubilee with our members, trainees, colleagues and friends from around the world during the upcoming meetings of the Society. For further information on the various anniversary-related activities please see the more detailed announcement by Dr. Rebecca Reed in this Newsletter.

While APS was organized as an interdisciplinary scientific society from the beginning, the early years were dominated by mainly male MDs, most of them psychiatrists. It took another 30 years for Margaret T. Singer to become the first female (and the first PhD) President of the Society. The majority of MDs (including MD/PhDs) in the membership held until 2000, while in recent years APS has had a more diverse membership with MDs only making up around 30%. In early years much of APS' attention was directed towards immediate problems of patient care, including single case studies and discussions of (often psychoanalytic) theoretical concepts of mind-body interactions and psychotherapeutic treatment.

Things have changed a lot and I would argue that most - although not all - of these changes have been for the better. Reasons for this change are multiple. One reason may be that some core aspects of psychosomatic medicine, eg, its focus on altered (psycho-)physiological function rather than morphological organ changes in disease states has become popular in many areas of medicine. Psychosomatic research questions now seem to be more readily accepted by major medical societies, their conferences and journals than they had been in the past. Nowadays, several medical practice guidelines explicitly address psychosomatic topics. This increased acceptance is closely related to decades of intensive research using refined methods and measurements in areas such as endocrinology, immunology, functional genomics/epigenetics, electrophysiology, and functional imaging methods (for both the brain and other organs).

These refinements have a lot to do with advanced technology, which is one of the key factors shaping APS' current research and membership structure. It is therefore almost logical that the Program Committee for this year's Annual Meeting put the Meeting under the Theme "Mobilizing Technology to Advance Biobehavioral Science and Health". Since the future will inevitably bring even more exciting technological opportunities for in-depth assessment and innovative treatment you should not miss the opportunity to hear (and see) exciting cutting-edge presentations about technological solutions for biobehavioral research questions at the Meeting!

However, not every technological innovation necessarily produces scientific progress and I hope for lively discussions about not only the opportunities of new technologies but also their limitations and even risks.

Over the course of history, there is abundance of examples of enthusiastically praised but finally useless or even harmful new technologies in medicine. As a recent development, wearable devices are expected to motivate obese persons to exercise more and lose more weight. However, history also tells us that such assumptions, although quite plausible, need rigorous scientific enquiry before they can be accepted as proven, and their benefit may be limited to some subgroups of persons or specific indications. After some positive, mainly short-term trials, the recent IDEA trial in 471 overweight or obese young adults (*Jakicic JM et al., JAMA. 2016;316:1161-71*) found that adding an activity tracker and web-based feedback system to a standard behavioral weight loss intervention unexpectedly led to significantly smaller weight loss than the standard intervention alone. This does, of course, not mean that it was necessarily harmful to use the device but it nicely shows that not everything that sounds plausible actually works for everyone. In addition, when using new technologies, also possible harms need to be seriously considered. According to recent warnings from IT experts (eg, <http://www.healthcareinfosecurity.com/interviews/wearable-devices-security-risks-i-2764>), wearable devices may serve as entrance ports for hacker attacks and thereby carry risks to both patient data privacy and the IT infrastructure of health care (or research) organizations.

At a time in which attacks on IT infrastructure are becoming a major global threat, such concerns should not be easily disregarded. Those of you living in the US have just experienced the destructive political powers of foreign IT intruders and we in Germany with our relatively recent history of two totalitarian regimes would even feel worried about own future governments that might use such data for political repression. In this sense it will always be important for technology-based research to keep some inner distance to the rapid and sometimes overwhelming pace of technology development. We need to take the time and effort required for thoroughly studying not only the benefits of new technologies but also their risks - in just the same way that has long been standard for other types of medical procedures or drugs.

Last but not least, as already mentioned in my previous newsletter message, one more

potential risk of relying too readily on technological solutions for human sufferings may lie in their adverse psychological effects on patients and the physician-patient relationship. Some of our patients no longer trust their own body signals while expecting relief of their anxieties from permanently observing and meticulously documenting values measured by ever-present devices. Manfred Spitzer, a German psychiatrist may be exaggerating but probably isn't completely wrong when talking of "digital dementia" in the context of excessive digital media consumption leading to increased loss of contact to oneself and the surrounding "real" world. And although technology can be used as a great facilitator of health care provider-patient communication it can also be misused to replace personal contact and interaction with patients which was so highly valued by APS' founders - and still is by many of our members including myself.

In his 1973 Presidential Address, former APS President Albert Stunkard put this value set as follows: "Psychosomatic medicine began as a social movement within medicine, designed to counteract the mechanistic and impersonal features that had accompanied the introduction of science into medical education. ... It sought to restore respect for the psychological, to humanize medicine in order to improve the care of patients."

As a clinician I still find direct personal encounters with my patients not only indispensable but also the most rewarding element of practicing medicine. As a researcher having studied patients treated by advanced technologies (such as implanted defibrillators, which are definitely good things since they help certain patients live longer) I am convinced that, at least in medicine, more and better science and technology often requires more rather than less personal attention to individual patients (who might, for example, be frightened by getting an uncontrollable foreign object implanted or receiving electrical shocks from that device). Today the question cannot be to use or not to use technology. However the heritage of APS' founders requires us to use technology in a considerate and balanced way. It should always be justified and embedded in a reasonable research concept and/or reliable health care provider-patient relationship.

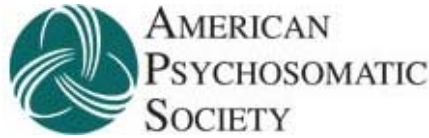
I also like Dr. Stunkard's idea of psychosomatic medicine and APS as a social (rather than exclusively scientific) endeavor. In fact, APS' foundation was not only facilitated by the social catastrophe of war affecting the US but also by epidemiological needs of the US population and by the social and political catastrophe in Europe, which forced many of the brightest clinicians and scientists into emigration. Several of APS' founders were recent immigrants from Europe and some of them had to emigrate because they had been political opponents of the Nazi ideology and regime. Another brilliant example of a politically active European immigrant to the US is the famous cardiologist Dr. Bernard Lown, recipient of the 1998 APS President's award for his remarkable contributions to psychosomatic medicine - both clinical and scientific. Besides his scientific and clinical work, Dr. Lown spent his life fighting for a better health care system and advocating for responsible use of a high potential - high risk technology and was awarded the 1985 Nobel Peace Prize for co-founding the International Physicians for the Prevention of Nuclear War (IPPNW). Others have followed him. A recent example comes from Dr. George Lundberg, former editor of JAMA and discussant at the legendary Great Debate during the 2001 APS Meeting who cautions us to prevent "Sudden Unexpected Death on a Massive Scale" by nuclear war (see <http://www.medscape.com/viewarticle/870698>). And just the morning of the day I am writing this message I come across another example on the news: A group of 37 top US scientists just sent a message to [then-] President-Elect Donald Trump to abide by the Iran nuclear agreement. These examples may show that science and societal engagement are by no means in conflict but their combination may sometimes be essential.

APS was founded in response to a national and global political emergency. There may be new emergencies threatening us in the future, and APS is still needed at least as urgently as

it was in 1942.

So we have good reasons for celebrating our anniversary and you are all cordially invited to attend the anniversary events we are preparing. In these days we have more than good reason to keep our science and our collegiality alive. And I am sure both will benefit a lot from celebrating together at the upcoming meetings. It may help that this year's Annual Meeting will take place in a spectacular and historically unique part of the world. If you come to Sevilla, I will tell more about that. Enjoying its beauty may not only help our science and community flourish but its historic appeal may also stimulate us to become more engaged as an organization than we have been in the past years in helping to shape not only science and medicine but also other aspects of the world surrounding us.

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From the Editor's Desk
Aric A. Prather, PhD, APS Newsletter Editor



Happy New Year from the APS Newsletter desk! I hope that all of our members had a restful, joy-filled holiday season, and find themselves revitalized for the long year ahead. As we move into 2017, we find ourselves facing a fair number of challenges both around the world and within scientific circles. However, I am pleased that the APS leadership, the Society's journal, and its diverse membership remain committed to our cutting-edge science to advance our understanding of biobehavioral medicine and to improve the lives of those in need of care.

There are many things to celebrate at APS as we head into this new year. First, of course, APS is turning 75! Incredible, I know. So spry and full of life, yet so seasoned and wise. The festivities will begin at this year's annual meeting in Seville, Spain (March 15th-18th). There is quite a bit planned and if you want to know more please turn to the piece provided by Dr. Rebecca Reed, who serves on the 75th anniversary planning committee (a very serious party planning group, indeed).

The annual meeting in Seville is sure to be one that won't soon be forgotten. The theme of this year's meeting "Mobilizing Technology to Advance Biobehavioral Science and Health" is certainly timely and the program that has been developed, chaired by Dr. Lorenzo Cohen, is incredible. For more information about the program, please be sure check the website regularly (www.psychosomatic.org) as news will be added as soon as it is available. In addition to the stellar scientific program, you will be treated to the wonders of Seville.



Filled with beauty, history, and delicious food and drink, there is something for everyone. It is certainly a destination worthy of extending your stay by a day or two (just sayin). For those of you unfamiliar with Seville, there are bevy of guides available online. Here is a link to the New York Times "36 hours in Seville" from 2014 (<https://www.nytimes.com/2014/04/13/travel/36-hours-in-seville-spain.html>). Additionally, here is a good website highlighting the can't miss food and drinks (<http://catavino.net/travel/spain/seville/>). It all sounds amazing, but remember you are there for work.

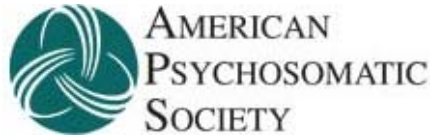
APS is truly an international society, and in that vein this Newsletter moves beyond North America to focus on our European colleagues. First, of course, please take a moment to read the thoughtful, poignant message from our Society President, Dr. Christoph Herrmann-Lingen.

Next, our Meet the Lab section takes us to the United Kingdom to highlight the Psychophysiology and Psychoneuroimmunology Laboratory at the University of Birmingham, directed by Dr. Anna C. Whittaker (formerly Phillips). Next, we travel to Germany in our Getting to Know section to chat with Dr. Urs Nater. Finally, as always, we get to hear from Dr. Wijo Kop, our trusted Editor-in-Chief of our Journal, about all that is new and exciting on his end.

There is so much to be weary of as we move into 2017 (much of which is noted in the President message). That said, I sincerely hope that APS provides a scientific home, both for collaboration and social connection. With that in mind, if you feel like volunteering for a committee or getting involved in the Society in one way or another, please reach out, either to me or others in Leadership. Ultimately, APS is what we make of it.

Any feedback on the Newsletter, good or bad, I'd love to hear about it (aric.prather@ucsf.edu).

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Meet the Lab

With our next international meeting just around the corner, this edition of the Meet the Lab takes us across the Atlantic to Birmingham, United Kingdom where the University of Birmingham is located. The University of Birmingham is home to several top notch scientists who are regulars at APS and there are more to come. U of B is only a mere 22 hour drive from Seville (4.5 hour flight) so my guess is that you will see some of these faces at the Annual Meeting. Be sure to say hi!

Now, let's Meet the [Psychophysiology and Psychoneuroimmunology Lab](#), directed by Dr. Anna C. Whittaker (previously Phillips)

APS: Who are you and what do you study in the Psychophysiology and Psychoneuroimmunology Lab?



AW: I am a Full Professor in Behavioural Medicine at the University of Birmingham, UK in the School of Sport, Exercise & Rehabilitation Sciences. In my lab the team study the impact of acute psychological stress on the cardiovascular system and hypothalamic-pituitary-adrenal (HPA) axis in relation to psychosocial factors such as childhood adversity, social support, addictions, impulsivity etc.. We also study Psychoneuroimmunology (PNI), particularly in the context of ageing where we look at the influences of stress and (more recently) physical activity on a range of immune and endocrine outcomes in older adults with a range of abilities/frailty. The response to stress has far-reaching health effects, and understanding these can help us develop effective interventions, particularly for older adults given the rising age of the population. One such type of intervention we are particularly developing more recently is physical activity to enhance health and wellbeing in older adults across psychological, immune, cardiovascular, and brain health outcomes.

APS: How is the Psychophysiology and Psychoneuroimmunology Lab structured?

AW: I am the Principal Investigator of this lab and research team, but this is not a particularly hierarchical lab. The team currently consists of 7 PhD students, 1 MSc student (Su Yong), and 7 UG dissertation students. As I am also the PI on a large European Commission Horizon 2020 funded Marie Curie Training network involved in training 11 PhD students across Europe on Physical Activity and Nutritional Influences In ageing (PANINI). Three and a half (Evans Asamane, Paul Doody, Justin Aunger, Marija Bosnic) of the 11 students are based here as early career staff/students connected to the lab, and are all involved in physical activity or nutritional interventions to improve health and wellbeing in older adults in collaboration with others in the network across the EU. Others are working on physical

activity interventions to reduce loneliness in ageing (Anastasia Shvedko) and work-related illbeing in older manual workers (Julie Black). The lab is also connected to a post-doctoral research fellow (Sandra Agyapong-Badu) on a Dunhill Medical Trust grant to reduce sedentary time in older adults. We have also had several previous students working on different grant-funded projects, mainly on PNI in ageing such as the impact of depression following hip fracture (Jane Upton, Niharika Arora-Duggal), the effects of the timing of vaccination in older adults (Joanna Long), and the impact of caregiving on immunity across the lifespan (Stephen Gallagher, Riyad Khanfer, Ana Vitlic, Mary Heald). On the cardiovascular psychophysiology side, the lab has worked extensively with collaborators from the West of Scotland Twenty-07 Study and the Dutch Famine Birth Cohort, as well as conducting local research projects into the behavioural and health correlates of high and low physiological reactivity to acute psychological stress (Stephen Gallagher, Jen Heaney, Annie Ginty, Adam Bibbey, Ryan Brindle, Winnie Chan, Zara Walsh, Jassim Echrish, and MSc and undergraduate project students), and different assessments of brain health and how these can be influenced by exercise and stress (Claire Burley).

APS: Are there any unique aspects of this lab?

AW: I suppose that we are studying healthy ageing but from different interdisciplinary angles, Psychophysiology and PNI, and now branching out more into interventions involving physical activity, so this is a very diverse lab with a range of projects but all with the overall goal of understanding and promoting healthy ageing. Further, so much of our work is collaborative and multi-disciplinary, that it is essential to collaborate with different colleagues and teams for specific projects. However, due to the differences in funding here in the UK, we do not have a lab technician dedicated to this research area or administrative staff generally attached to the lab. However, the team has been very lucky to recently appoint a part-time Project Manager on the PANINI grant (Kally Bharti) who significantly helps me coordinate the ageing research here and our links across Europe.

APS: For faculty and students unfamiliar with how academia works in the United Kingdom, can you tell us a bit more about your position and the challenges and joys of running your lab?

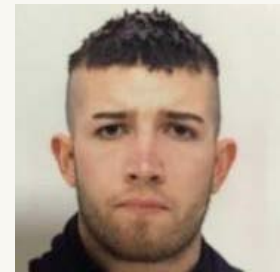
AW: I am now full Professor and got here via being a post-doctoral research fellow, winning a prestigious research fellowship which turned into a tenured post early on in my career, being a tenured Senior Research Fellow, then a Reader (similar to Associate Professor level) and now a Chair. Although the titles are different in the UK, the same challenges remain such that there are few permanent contracts available, and many must move from post-doctoral position to position before securing a Lectureship or Fellowship in order to become tenure-track and more secure. This is also a particular challenge for our team, given that contracts are short, and much of the work is run via funded PhD projects rather than large grants. In the UK, particularly now, the funding available for research is limited and shrinking and programme grant renewals are not the norm. This means we rely on a range of funders (government, industry, health service and charities) to support our students, lab facilities, research fellows and indeed our own careers. This also means, particularly in the case of multi-disciplinary research, that you cannot always be the named PI on a collaborative grant, which is challenging when trying to build a research reputation, create a team, or get promoted. One of the biggest challenges for me on a daily basis is managing to keep up to date with all my team, their projects, and the relevant literature as well as all the other demands of being a Prof. There are simply not enough hours in the day, but this I imagine is the same everywhere. The joys of this position are that I get to train, nurture, mentor, and challenge early career students and staff and watch them develop into excellent academics or professionals. Another joy is that a lot of my research has particular public relevance, thus attracts much interest and opportunity for public engagement e.g., with the media. This is

something I very much enjoy despite the additional time demands it involves and something we actively encourage in all members of the team as part of their professional and academic development.

The research in my lab is quite broad ranging, this means I am always learning in new areas or disciplines, and can diversify what I do through collaboration with other experts. No-one can know everything, this is why collaboration is so important – don't aim to be a big name PI, aim to do excellent research, and if you are good at it, the rest will come in time! In terms of how the team works, we now have a critical mass in ageing research so we can work together to help critique and support each other's systematic reviews and study protocols. Further, our track record in cardiovascular psychophysiology means that team members in this area are now branching out and working across groups in the School with different expertise such as brain health, sleep, and neuropsychology.

APS: No more delays! Let's meet the lab.

Paul Doody. I am a Marie Curie Early Stage Researcher / PhD student. My PhD relates to "Assessing the impact of physical activity in healthy ageing, with specialized, chair based physical activity interventions, in populations with differing levels of pre-existing frailty and independence". This will take the form of an interdisciplinary project which will seek to assess the impact of specially adapted chair based physical activity interventions in older adults with frailty, on the physiological, psychological, cognitive, social and emotional health, and functional capacity of this population; recognising 'health' as a multi-dimensional concept, which incorporates not only physical health but also several other co-existing dimensions of health and well-being.



Evans Asamane. I am an Early Stage Researcher within the PANINI project at University of Birmingham. I am a Ghanaian and hold a Bachelor of Science degree in nutrition from the University for Development Studies (Ghana) and Master of Science degree in Human Nutrition from the University of Sheffield (UK). Prior to joining the University of Birmingham, I worked as a Nutritionist in community setting within the Ghana Health service for 4 years. I also worked with the University of Zambia as a research intern on my student project that explored the nutritional and cultural meaning of meat consumption in Zambia. I am currently working using a mixed methods study design, we are exploring dietary intake, eating behaviours and social networks in community ethnically diverse older adults living in the Birmingham area. Given that there is a high prevalence of poor health and insufficient nutritional data among older members of ethnic minorities in the UK, my study will develop culturally-acceptable and less burdensome tools to measure dietary patterns and social networks among this cohort.

Justin Auger. I am an Early Stage Researcher within the PANINI (Physical Activity and Nutritional Influences in Ageing) project at the University of Birmingham. I am of British/American origin, and I studied health sciences during a Liberal Arts and Sciences degree at University College Maastricht in the Netherlands, with a specific focus on the role of physical activity and sedentariness on health. There is mounting evidence suggesting that prolonged sedentary behaviour is a risk factor for a number of chronic diseases, independent of performance of physical activity. Therefore, I am working to develop and test an intervention to reduce sedentary behaviour in older adults >65 years prior to elective heart and cancer surgery. This



involves the conductance of a feasibility trial of a novel, purpose-built, co-created sedentary behaviour reduction intervention, and a systematic review of existing interventions to reduce sedentary behaviour in older adults. Together, these studies will inform the design of a protocol for a definitive trial.



Marija Bosnic I am coming from Belgrade, Serbia working on the PANINI project. The aim of my project is to develop a toolkit to assess the nutritional status and physical activity of elderly people. It will be tailored for different groups: inpatients, outpatients, community dwelling adults and made to be used across Europe. I will also collect data and make sure it is standardised across the PANINI network. My background is B.Sc. Nutrition and M.Sc. Public Health. As part of my Erasmus Mundus master I have studied in Italy, Hungary and Spain. Recently, I moved to the Netherlands to do my first half of the PhD project at Vrije Universiteit in beautiful Amsterdam. The second half is taking place at University of Birmingham where I will apply the new toolkit to a small cohort. I am very excited to become part of an interdisciplinary research project such as the PANINI network represents and have the opportunity to collaborate and learn from other PhD students and researchers.

Anastasia Shvedko. I am a 2nd year PhD student. My research interest (as a PhD student) is in the use of physical training to improve psychosocial well-being of older people with low social relations and sedentary lifestyle. During my first study year from September 2015 to July 2016 I have been working with another PhD student on a systematic review on effectiveness of physical activity interventions for treatment of social isolation, loneliness and low social support in older adults over 60 years old. Features of effective interventions obtained from the systematic review are now used to design and implement the novel feasibility study: A Physical Activity Intervention for Loneliness (PAIL) in community-dwelling older adults.



Claire Burley. Claire is a doctoral researcher investigating different measures of brain health across the lifespan. These include: cerebrovascular reactivity (CVR) using magnetic resonance imaging (MRI) and transcranial Doppler (TCD) ultrasound, cognitive tasks, stress reactivity and quality of life measures. She is particularly interested in neurodegenerative disease (e.g. dementia) and how the brain can be protected through physical and cognitive activity. Claire also loves dancing and is an elite obstacle course racer (OCR) representing the UK at international events.

Julie Black is a PhD student at the University of Birmingham, UK. Her work concerns health and wellbeing in ageing workers with specific focus on physical activity, stress and sleep apnea. Julie completed her undergraduate work at University of Bedfordshire before commencing a PhD. She is a qualified Sports Therapist who has previously worked with professional athletes and splits her time between clinic and PhD study.



Jassim Echrish. I am working on the PhD project: early life adversity, and cardiovascular and immune response to psychological stress. This project will be done on the psychophysiology lab. We will assess the cardiovascular reactivity(blood pressure, heart rate and stroke volume) in response to mental arithmetic psychological stress

task (in this protocol we will use PASAT). The study sample includes individuals who have history of childhood adversity.



Dr. Sandra Agyapong-Badu is a Research Fellow and chartered physiotherapist with research interests in sedentary behaviour and enabling active living through studies into healthy ageing of the musculoskeletal system. She is currently working on a Dunhill Medical Trust funded project investigating the acute effects of sitting time on psychophysiological stress, psychological and physiological function in older healthy men.

Want to know more about the Psychophysiology and Psychoneuroimmunology Lab?

Of course you do!

Check out the website:

<http://www.birmingham.ac.uk/staff/profiles/sportex/phillips-anna.aspx>

and the PANINI project:

<http://www.birmingham.ac.uk/generic/panini/index.aspx>

and follow Prof Whittaker (Phillips) (**not Dr. Phillips**) on twitter: Prof Anna

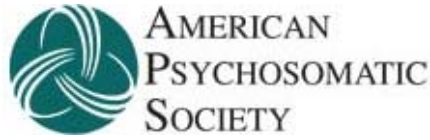
Whittaker @brainsnstyle and @PANINI_EU

Linked In: Anna (Phillips) Whittakerw

Researchgate: Anna C Whittaker was Phillips

Academia.edu: Anna C Whittaker (previously Phillips)

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Getting to Know You... **Urs Nater**



Dr. Urs Nater is the Lichtenberg Professor of Clinical Biopsychology at the Department of Psychology at the Philipps University of Marburg, Germany. He received his Ph.D. from the University of Zurich, Switzerland, in 2004. His post-doctoral training was completed at Emory University, Atlanta (2005-2007). Since 2005, he is a Guest Researcher at the Centers for Disease Control and Prevention, Atlanta.

Dr. Nater's research, funded by the Swiss National Science Foundation and Volkswagen Foundation, focuses on identifying the underlying mechanisms that translate stress into fatigue. He is also working on the development of methods in stress measurement, establishment of biomarkers of stress-related medically unexplained symptoms (especially fatigue), and the relation between gene expression profiles and stress-relevant physiological systems. Dr. Nater serves on the editorial boards of *International Journal of Behavioral Medicine*, *BMC Psychology*, *Psychoneuroendocrinology*, *Stress*, and others.

His work has been recognized by fellowship awards by the Swiss National Science Foundation and the Oak Ridge Institute for Science and Education (ORISE), USA, as well as by various awards, including a Young Investigator Award (International Society for Psychoneuroendocrinology, 2005), a Young Scientist Award (Swiss Society of Psychology, 2005), an Early Career Award (International Society of Behavioral Medicine, 2006), the Irmela-Florin-Award (German Society for Behavioral Medicine, 2007), the Charlotte-and-Karl-Bühler Award (Germany Society of Psychology, 2012), and the Outstanding New Investigator Award (International Society of Behavioral Medicine, 2016).

Dr. Nater is deeply connected to APS. His first APS meeting was the Barcelona meeting in 2002. He has served on the program committee (2007-2010), co-chair of the Liaison Committee (2010-2012), member of the APS Council (2010-2013) and the Secretary-Treasurer (2013-2016). Notably, he is also the President-elect of the International Society of Behavioral Medicine.

APS: Thank you for taking time to talk to APS. Let's first start by getting to know what or who got you started in science, and your area of research more specifically?

UN: It is a pleasure to do this; the getting to know you-feature column is one of my favorite features in the newsletter, and it is a great honor to be part of it. As for what or who got me started, I need to go back to my days as a student, when I was starting to develop my own experiments in the context of university courses that taught experimental methods. I distinctively remember doing everything wrong initially, but the pure pleasure of coming up

with a research idea and the attempt to operationalize the various parts of this idea has never left me. I was lucky that as a young student I was offered a research assistant position in Ulrike Ehler's group at the University of Zurich, where I was able to work together with esteemed colleagues such as Markus Heinrichs and Jens Gaab who are now making their own mark in the scientific landscape. I must have done my work ok, since Professor Ehler subsequently asked me whether I wanted to join her lab as a PhD student. It was her idea to focus on salivary alpha-amylase as a potential biomarker of stress in my dissertation. Not really knowing a lot about psychobiology, I gladly accepted and have never looked back. It was also her who introduced me to the concept of psychosomatic medicine/behavioral medicine, and the notion that some bodily symptoms simply cannot be explained by medical means. I found this conundrum very intriguing and was very happy when I had the chance to go to Atlanta and do my post-doc at Emory School of Medicine and at the CDC, working on the role of stress in chronic fatigue syndrome. My mentor Christine Heim (who was then faculty at Emory) played a very important role in developing my critical thinking, and I'm forever benefitting from all of her advice that she provided me with during my time as a post-doc (and beyond). There was a brief time when I considered staying in the US, but finally decided to go back. After my post-doc, I was able to get a position in Ehler's lab and continue working on the interplay between stress and medically unexplained bodily symptoms, especially fatigue. In 2011, I was then appointed Lichtenberg Professor of Clinical Biopsychology at the University of Marburg, which was a major change for me. Now I had the means and the opportunity (and the team!) to really delve into all the research questions that were of interest to me, focusing more on the molecular level, but at the same time also starting to become interested in research that takes place in everyday life.

APS: I think it is fair to say that you have done some groundbreaking work on salivary alpha-amylase activity. For readers who are unfamiliar with this measure, can you briefly summarize your main findings?

UN: Thank you! As I mentioned earlier, the idea of salivary alpha-amylase being a biomarker of stress reaches back a number of years. Back then, there were a few reports indicating that activity of this salivary enzyme would be sensitive to various stressors, and since it is secreted by the salivary glands, which are controlled by sympathetic and parasympathetic influences, the notion emerged that amylase might be indicative of activity of the autonomic nervous system. For my dissertation, I conducted a number of studies testing this theory. We found that amylase is indeed very sensitive to psychological stress, with its activity substantially increasing in subjects who were exposed to a laboratory stressor. In subsequent years, my team and I have conducted a number of studies on various methodological questions, e.g. what is the best way to measure amylase, what are the characteristics and circumstances that elicit amylase increases, and what are potential confounding factors that influence amylase measurement. Also, we routinely assess amylase, together with cortisol, in various clinical studies in a wide range of clinical populations.

APS: Where do you see this research going into the future?

UN: While research reporting on amylase as a stress marker is being published on a daily basis, a lot of researchers are assessing it without really thinking a lot about what it means. Given the fact that the autonomic nervous system is a very complex system, it is probably too simplistic to say that amylase is a marker of ANS activity. I think ongoing and future research should provide more answers on the underlying mechanisms of (stress-related) secretion of amylase, so that alterations observed in clinical populations can be interpreted in a manner that actually allows for more mechanistic interpretations. From a methodological perspective, more research is needed on what factors need to be controlled in order to validly and reliably interpret amylase; I'm particularly thinking of controlling for salivary flow rate, an often

neglected variable in most stress research involving amylase.

APS: Relatedly, have you measured your own salivary alpha-amylase? If so, how do your levels stack up compared to your peers?

UN: Only now that you are asking me this question I realize that I have never done that! When I was a PhD student, I always completed the study protocols myself as a mock subject, but I don't think we ever analyzed any of my samples for amylase. I can only speculate that I would have much lower amylase levels than my peers, of course, because of all the great stress coping techniques that I know and use. No, I'm just kidding, I wish this was the case.

APS: You direct the Music & Health Laboratory (<http://www.musicandhealthlab.com>). Can you tell us about it?

UN: I have always had a deep love for music, with a musical taste that ranges from heavy metal to opera music. So, one of my first attempts in science was to test the effects of listening to music on various psychophysiological measures. Although that student project did not pan out, I never lost interest in the scientific examination of how music affects our mind and body. After moving to Marburg, I was finally able to devote a whole lab to the question of whether music has potentially beneficial effects on us and how the mechanisms underlying this effect might look like. We are doing a lot of ecological momentary assessment studies, in which we examine how listening to music in everyday life affects stress experience and stress biology, in both healthy and clinical populations. We found that music indeed reduces stress, but only if you explicitly listen to music for the purpose of relaxing.

APS: Is there any music that is deleterious for health? Seriously..there has to be.

UN: I strongly believe that Coldplay does harm to both mind and body. No, I'm kidding, I just wanted to tease my colleague Alexandra Linnemann who is probably the world's biggest Coldplay fan and who has played a major role in establishing the Music & Health Lab. This is my way of getting back at her for sneaking in all the Coldplay references into our papers. We found in our research that for a stress-reducing effect, it virtually doesn't matter what music you are listening to as long as you *believe* that it is stress-reducing. Now, I would imagine that if you had to listen to some other person's music, of which you didn't think it was stress-reducing, then it might indeed be so aversive that, if you had to listen to it persistently, it would have deleterious effects. I pity the people who have to work in environments where they are constantly exposed to music they might find aversive. The jury is still out whether this has measurable consequences, but it is certainly imaginable.

APS: What advice do you have for students and junior faculty who are hoping to make important contributions to biobehavioral medicine?

UN: I have seen people despair because they have tried so hard to achieve the "important" part of their question. I agree that doing research that is not "important" might be more of an academic exercise, but I think one should find an area or a research question that is inherently so intriguing and exciting that he or she is able to imagine spending a lifetime of work on it. I would go as far and say that the research then automatically becomes "important". So, my primary advice would be to find something that, when thinking about it, sends shivers down your spine. Or puts a huge smile on your lips. Or gets you so excited that you constantly want to talk (and think!) about it. These are all good indicators that you might be up to something. My other advice, then, would be that you pace yourself. In my eyes, a scientific career is a marathon, and not a 100m sprint. So, if you work hard each day and night (which sometimes you have no other choice than to do) over months and years, you'll eventually become exhausted and lose interest in your research. I don't have a good solution, as I'm still figuring out what a healthy amount of work load is, but I know that I wouldn't be able to keep up the pace from my PhD and post-doc years. So, take things like

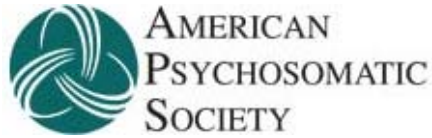
work-life balance seriously.

APS: Finally, as we embark on the 75th anniversary of the American Psychosomatic Society, I am hoping you can reflect on what APS means to you and what aspirations do you have for the Society as we chart out our next 75 years?

UN: First of all, it is so remarkable that APS has been around for such a long time. What a testament to the people who have worked so hard over so many years, and made psychosomatic medicine research thrive. APS is certainly the foremost scientific organization when it comes to research on mind-body interactions that are affecting health and disease. People outside of APS clearly recognize APS as a home of very advanced (mostly mechanistic) research, and an organization that is very research-oriented. I'm really proud to be a member of a society that is held in such high esteem across the board. On a more personal note, APS is especially close to my heart because I met my wife at an APS meeting. Yes, these things happen. We met during the Baltimore meeting, and after leading a long-distance relationship for some time (I was living in Zurich, Switzerland, and she was living in Marburg, Germany) I decided to apply for a position in Marburg, which eventually led to my current position. So, that certainly was a happy ending, and we have two wonderful kids which I hope I can bring to one of the future APS meetings. As for the next 75 years, I think that the society should continue focusing on its strengths, i.e. providing a research-oriented home for both basic and clinical researchers. There are a lot of challenges ahead, such as the stigma that is (still) associated with psychosomatic medicine, the decrease in numbers of our esteemed MD membership (with the subsequent loss of our physicians' knowledge), and the increased specialization of both scientific societies and scientific meetings that make a broader meeting such as ours maybe not as appealing to those who are really focused on one single topic. But I am very confident that with the current leadership as well as the bright emerging leaders in our society (and our fantastic management company, Degnon Associates) we don't have to worry too much about the next 75 years.

APS: Thank you Urs. I will speak for all of APS when I say that we can't wait to see your little Naters at an APS meeting sometime in the 21st century.

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President's Message

Highlights from *Psychosomatic Medicine*
Willem (Wijo) Kop, PhD
Editor-in-Chief

From the Editor

It is a pleasure to let you know that our journal *Psychosomatic Medicine: Journal of Biobehavioral Medicine* has implemented several changes to increase the efficiency of the review and publication process. In this newsletter, I will briefly outline new strategies to speed up the publication of papers ahead of print, describe developments in quantifying online societal impact of articles through the use of Altmetrics, and highlight several excellent and important articles that appeared recently, especially in the Special Issue on ["Mechanisms Linking Early Adversity with Physical Health."](#)



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Review and Publication Process

The review and publication process for *Psychosomatic Medicine* has three general stages. To provide authors with expeditious feedback, we have implemented a fast-track initial review by the editorial team (Stage 1), followed by the usual peer review (Stage 2), and the typesetting and publication of accepted manuscripts (Stage 3). Specifically, the procedure is as follows: In the first stage, when a manuscript arrives, the editorial team evaluates suitability of the paper for the journal; if the fit is good, one of the Associate Editors and I make an evaluation whether or not the manuscript is likely to be successful in the peer review process. This "pre-selection" typically occurs within a week and will not take more than 2 weeks. The advantage of this approach is that authors whose papers are not sent for external review receive a fast initial decision on the paper and at the same time we reduce the burden on our reviewers.

The second stage involves sending the manuscript out for peer review. Our goal is to finalize the peer review process of the initial submission within two months. The feasibility of this goal depends on receiving sufficient solid reviews. When the peer review process is completed, we will decide to either request a revision or reject the manuscript. We aim to avoid more than two requests for revisions and overall have been quite successful in accomplishing that target in the past year.

The third stage involves finalizing the manuscript for publication, most of which occurs after the manuscript is forwarded to the publisher, Lippincott Williams & Wilkins, Wolters Kluwer. The publisher then works with the authors to finalize the proof prints and layout of the article. Our Editorial Office is not directly involved in this final stage of article production but does review proofs and assists authors during this stage as needed.

What is new, and will substantially speed up availability of your research, is that we have

worked with the publisher to post accepted articles online at a much-earlier phase of production. In the past few years, we had moved articles as “publish ahead of print”(PAP) after the publisher had copyedited, typeset, and formatted the manuscript and applied any author corrections to the proofs, but now the PAP version will be created shortly after acceptance using the files provided by the authors. This approach is also used by other high-impact journals. For examples of *Psychosomatic Medicine* articles posted online at the accepted manuscript stage, [see our collection of PAP articles](#).

The publisher will of course continue to work with the authors to finalize the proofs in preparation for print publication, but in the meantime, an “early version” of the manuscript will be available online and the article listed in PubMed.

Altmetrics

A second recent development is an innovative way to quantify the online impact of papers published in the journal by using “altmetrics.” Through an arrangement of the publisher with the company Altmetrics, a score is continuously updated and displayed online with each *Psychosomatic Medicine* article to indicate the level of online attention generated in nontraditional channels. The score itself provides a clickable link to explore where the attention is coming from. Anyone interested in the online conversation regarding a particular article can also sign up to receive an email any time a particular article score is updated. Altmetrics scores of zero are not displayed.

Measures include online conversations around an article, combining a selection of online indicators (both scholarly and nonscholarly such as social media) to give an overall index of digital impact and reach. The impact of other “objects” such as data sets, videos, research projects and other information not currently indexed can also be quantified using Altmetrics. The Altmetrics score is a composite of an article being mentioned in newspapers, other news outlets, policy documents, Wikipedia pages, tweets, Facebook walls, blogs, Pinterest posts, F1000 reviews, Mendeley reads, etc. These numbers are weighted to reflect the relative importance of each type of source. For example, the average newspaper story is more likely to reflect impact of an article than the average tweet. Altmetrics is not an alternative to indices such as the Web-of-Science citation index or other web-based metrics, but rather a measure of the overall societal attention.

As with any impact quantification system, there are also limitations to altmetrics. The index does not separate positive from negative impact. For articles published before 2011 the total index will be incomplete. There are also many different providers of altmetric” statistics that make use of different algorithms to calculate the index, and the exact algorithm to calculate various altmetric scores is often not clear (in contrast to the Web-of-Science citation index or impact factor where it is 100% evident what drives the summary scores). Finally, similar to the impact factor, it is likely that there will be an overemphasis on the Altmetrics value per se, without taking into account the typical impact of a particular field of research. Despite these limitations, altmetrics provide a potentially useful metric to compare the societal online impact of articles published in *Psychosomatic Medicine*.

Figure 1.



Figure 2.



One of the best-performing recent articles published in *Psychosomatic Medicine* is an interesting meta-analysis on the reduced mortality risk associated with purpose in life (Cohen R, Bavishi C, Rozanski A. Purpose in life and its relationship to all-cause mortality and cardiovascular events: A meta-analysis. *Psychosom Med.* 2016 Feb-Mar;78(2):122-33). As shown in Figure 1, this paper had a 2016 Altmetrics index of 276. The figure also shows which factors drive the score. In Figure 2 the other best-scoring articles for 2016 are shown. It is interesting to note that although most high-scoring articles are recent publications in *Psychosomatic Medicine*, a few older publications are still getting a lot of media attention

(e.g., a paper on the effects of caffeine on cortisol by Lovallo and colleagues from 2005). The journal and publisher will monitor trends in Altmetrics statistics combined with the “traditional” impact factor to monitor how well the journal is doing, particularly in comparison to journals in our adjacent fields of biological psychiatry, behavioral medicine and health psychology.

Recent Noteworthy Articles

I also take this opportunity to highlight, among the many excellent papers recently published in *Psychosomatic Medicine*, the following articles, as they are of particular interest:

Bush NR, Lane RD, McLaughlin KA. Mechanisms Underlying the Association Between Early-Life Adversity and Physical Health: Charting a Course for the Future. *Psychosom Med*. 2016 Nov/Dec;78(9):1114-1119. This article provides a synthesis of the papers of the Special Issue focusing on adverse health effects of early life adversity; see also the introduction to the Special Issue on pages 976-978.

DOI: [10.1097/PSY.0000000000000421](https://doi.org/10.1097/PSY.0000000000000421)

Woody A, Figueroa WS, Benencia F, Zoccola PM. Stress-Induced Parasympathetic Control and Its Association With Inflammatory Reactivity. *Psychosom Med*. 2016 Dec 20.

DOI: [10.1097/PSY.0000000000000426](https://doi.org/10.1097/PSY.0000000000000426).

Loucks EB, Huang YT, Agha G, Chu S, Eaton CB, Gilman SE, Buka SL, Kelsey KT. Epigenetic Mediators Between Childhood Socioeconomic Disadvantage and Mid-Life Body Mass Index: The New England Family Study. *Psychosom Med*. 2016 Nov/Dec;78(9):1053-1065.

DOI: [10.1097/PSY.0000000000000411](https://doi.org/10.1097/PSY.0000000000000411)

Waldstein SR, Dore GA, Davatzikos C, Katzel LI, Gullapalli R, Seliger SL, Kouo T, Rosenberger WF, Erus G, Evans MK, Zonderman AB. Differential Associations of Socioeconomic Status With Global Brain Volumes and White Matter Lesions in African American and White Adults: the HANDLS SCAN Study. *Psychosom Med*. 2016 Nov 1. [Epub ahead of print]

DOI: [10.1097/PSY.0000000000000408](https://doi.org/10.1097/PSY.0000000000000408)

Thurston RC, Chang Y, Barinas-Mitchell E, von Känel R, Jennings JR, Santoro N, Landsittel DP, Matthews KA. Child Abuse and Neglect and Subclinical Cardiovascular Disease Among Midlife Women. *Psychosom Med*. 2016 Oct 19. [Epub ahead of print]

DOI: [10.1097/PSY.0000000000000400](https://doi.org/10.1097/PSY.0000000000000400)

Dennis PA, Kimbrel NA, Sherwood A, Calhoun PS, Watkins LL, Dennis MF, Beckham JC. Trauma and Autonomic Dysregulation: Episodic - Versus Systemic - Negative Affect Underlying Cardiovascular Risk in Posttraumatic Stress Disorder. *Psychosom Med*. 2016 Dec 9. [Epub ahead of print]

DOI: [10.1097/PSY.0000000000000438](https://doi.org/10.1097/PSY.0000000000000438)

van Montfort E, Denollet J, Widdershoven J, Kupper N. Validity of the European Society of Cardiology's Psychosocial Screening Interview in patients with coronary heart disease - The THORESCI study. *Psychosom Med*. 2016 Dec 2.

DOI: [10.1097/PSY.0000000000000433](https://doi.org/10.1097/PSY.0000000000000433)

A few important [systematic reviews](#) and [meta-analyses](#) published in the journal include:

Aroniadis OC, Drossman DA, Simren M. A Perspective on Brain-Gut Communication: The American Gastroenterology Association and American Psychosomatic Society Joint Symposium on Brain-gut Interactions and the Intestinal Microenvironment. *Psychosom Med*. 2016 Dec 2. [Epub ahead of print] (This article is an early release of one of the papers in the upcoming Special Issue focusing on gut-microbiome-brain interactions)

DOI: [10.1097/PSY.0000000000000431](https://doi.org/10.1097/PSY.0000000000000431)

Wiley JF, Bei B, Bower JE, Stanton AL. Relationship of Psychosocial Resources With Allostatic Load: A Systematic Review. *Psychosom Med*. 2016 Oct 20. [Epub ahead of print]
DOI: [10.1097/PSY.0000000000000395](https://doi.org/10.1097/PSY.0000000000000395)

Forsberg JT, Martinussen M, Flaten MA. The Placebo Analgesic Effect in Healthy Individuals and Patients: A Meta-Analysis. *Psychosom Med*. 2016 Dec 2. [Epub ahead of print]
DOI: [10.1097/PSY.0000000000000432](https://doi.org/10.1097/PSY.0000000000000432)

Frestad D, Prescott E. Vital Exhaustion and Coronary Heart Disease Risk: A Systematic Review and Meta-Analysis. *Psychosom Med*. 2016 Nov 29. [Epub ahead of print] (with an upcoming editorial by Rozanski and Cohen).
DOI: [10.1097/PSY.0000000000000423](https://doi.org/10.1097/PSY.0000000000000423)

Appleton AA, Holdsworth E, Ryan M, Tracy M. Measuring childhood adversity in life course cardiovascular research: A systematic review. *Psychosom Med*. 2016 Nov 22. [Epub ahead of print]
DOI: [10.1097/PSY.0000000000000430](https://doi.org/10.1097/PSY.0000000000000430)

Shi S, Liu T, Liang J, Hu D, Yang B. Depression and Risk of Sudden Cardiac Death and Arrhythmias: A Meta-Analysis. *Psychosom Med*. 2016 Sep 13. [Epub ahead of print]
DOI: [10.1097/PSY.0000000000000382](https://doi.org/10.1097/PSY.0000000000000382)

Please also take a look at the long list of reviewers who have been tremendously helpful to the journal over the past year (*Psychosom Med*. 2017 Jan;79(1):p. 1).
DOI: [10.1097/PSY.0000000000000441](https://doi.org/10.1097/PSY.0000000000000441)

The editorial team of the journal is looking forward to an inspiring and productive 2017; please continue to send your best science to *Psychosomatic Medicine*.

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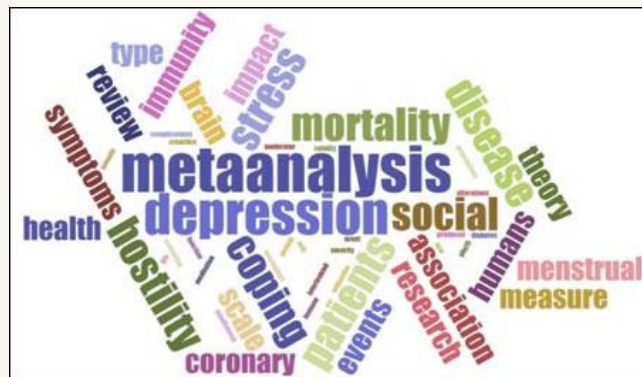
The American Psychosomatic Society's 75th Anniversary Celebration

Rebecca G. Reed, PhD

The APS Annual and Mid-Year meetings are always events to look forward to, but the meetings for this year will be extra special because we will be celebrating the Society's 75th Anniversary. The anniversary jubilee will be celebrated throughout the year, beginning with the 75th Annual Meeting in Sevilla, Spain, extending over the 2017 Mid-Year Meeting on October 20 and 21 in Berkeley, California, and ending with the 2018 Annual Meeting. Keep reading below to familiarize yourself with a brief history of early APS, learn about some of the exciting anniversary events and activities planned, and discover ways to get involved in the celebration!

The Early Years and People of APS
 APS' seventy five years reflect the staying power of our Society, as well as the relevance of and interest in the field of psychosomatic medicine. Donald Oken, Past Editor of our Journal, *Psychosomatic Medicine*, described in an editorial [1] that the durability of the Society is due in large part to the "bio-psycho-social model" (using the term coined by George Engel, APS Past-President [2]) that guides our research and clinical endeavors. Oken reflected that this approach represented a paradigm shift for medicine. Today, the bio-psycho-social approach is the prevailing conceptual model for all of psychosomatic science.

APS has been championed by several influential people and its enduring legacy is reflected in the themes of papers that made an impact on the field. To give you a sample of these early APS papers, take a look at the word cloud (pictured at right) that visually represents words from the titles of the top 25



most-highly-cited articles in *Psychosomatic Medicine* during the first four decades of the Society (1942-1980). The contents of these classic articles reveal surprisingly contemporary topics!

The authors of several of these classic articles were significant contributors to the Society and psychosomatic medicine at large. For example, in his 1980 presidential address to APS, Robert Ader (1932-2011) first used the term *psychoneuroimmunology*; he challenged the reductionist approach in current immune research and argued for the importance of understanding immune processes "within the context of an integrated system of adaptive

mechanisms ultimately regulated by the central nervous system” [3]. Psychiatrist Sidney Cobb (1917-1998), described as one of the Fathers of Social Support research, highlighted the role of strong social ties to protect against potential pathogenic effects of stressful events in his 1976 presidential address to APS [4]. Frances Cohen (1946-2014) made a lasting impact on our understanding of coping, stress, disease, and immunological function. And importantly, Helen Flanders-Dunbar (1902-1959) is credited as one of the primary forces that catalyzed the founding of both our Society and our Journal with her publication Emotions and Bodily Changes in 1935.

The Anniversary celebrations will be a time to highlight the history of the Society, recognizing the milestones, people, and events that shaped psychosomatic medicine as it is today. The celebration will also be a time to focus on the future of APS, including how we will continue to achieve the Society goals for *Scientific Excellence*, *Clinical Relevance*, and a *Vibrant and Diverse Membership*.

Anniversary Events...Ready, Go!

To celebrate 75 years, the APS Anniversary Task Force is planning some special events for each of the meetings in 2017/2018. At the 2017 Annual Meeting, *Mobilizing Technology to Advance Biobehavioral Science and Health*, we will showcase an Anniversary Video Series of interviews with past leaders of APS and influential scholars in psychosomatic medicine. Interviewees will address critical questions pertaining to APS' past, present, and future, including, for example: *What is the most significant psychosomatic medicine finding to date? What current research trends from our field (or those just on the cusp of taking off) have real staying power, and why? What is psychosomatic medicine's biggest challenge moving forward?*

Other Anniversary events planned for the 2017 Annual Meeting will consider the historical origins of APS and its areas of scientific inquiry. The founding of APS occurred during a time of war -- World War II (1939-1945). This created a stimulus for the creation of the Journal and Society by emphasizing interrelations among biological, psychological, and social factors in health and disease. Fittingly, an Anniversary Plenary session will reflect on psychosomatic medicine in times of war, and specifically in the context of the Nuremberg trials. In addition, at various paper sessions, the historical roots of current cutting-edge research will be highlighted in the theme of the session and its abstracts. Many research questions addressed today are traceable to early papers and topics in psychosomatic medicine, including, for example, autonomic patterns and emotions [5] and discrimination, stress, and physical health [6]. Lastly, Christoph Herrmann-Lingen's Presidential Address at the Sevilla Meeting will elaborate on "APS' 75th Anniversary: Past, Present and Future of Psychosomatic Movements in an Ever-Changing World".



At the 2017 Mid-Year Meeting, *Emotions in Social Relationships: Implications for Health and Disease*, three outstanding individuals will be recognized with the

75th Anniversary Award. The Anniversary Award acknowledges scientific excellence at mid-career and beyond in scientists with expertise in the thematic research area linking affective science, social relationships, and physiological processes or physical illness. Awardees were selected based upon their overall scientific excellence and impact in relation to their career stage. *We are very excited to announce that Drs. Naomi Eisenberger, Janice Kiecolt-Glaser, and Mary-Frances O'Connor (see above, left to right) have been selected for the 75th Anniversary Awards. Congratulations!* Among many other superb presentations planned for this meeting, these awardees will be invited to present their research at the Mid-Year

Meeting on October 20-21, 2017.

Please keep a lookout for other anniversary events to be announced as planning for the 2018 Annual Meeting gets underway.

Want to help celebrate APS' 75th Anniversary?

We invite you to join in the celebration! Please send in photos from past meetings, memorabilia, or other remembrances (e.g., memorable stories of events that you recount, early experiences of APS, etc.) to the mailing address or email address below. We will compile these remembrances and showcase them at the annual meetings as well as on APS social media accounts.

Nakera Dumas
APS 75th Anniversary
6728 Old McLean Village Drive
McLean, VA 22101
info@psychosomatic.org

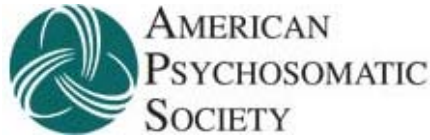
We look forward to seeing you at the 2017/2018 meetings as we gather to commemorate 75 years of The American Psychosomatic Society. What better time to reconnect with friends and colleagues while forming new connections and ideas that will propel us into the upcoming years!

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2. Engel G.L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129-36.
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4. Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300-314.
5. Ax, A. F. (1953). The physiological differentiation between fear and anger in humans. *Psychosomatic Medicine*, 15, 433-442.
6. Harburg, E., Erfurt, J. C., Hauenstein, L. S., Chape, C., Schull, W. J., & Schork, M. A. (1973). Socio-ecological stress, suppressed hostility, skin color, and Black-White male blood pressure: Detroit. *Psychosomatic Medicine*, 35, 276-296.



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| President's Message | International Lab to Lab Exchange |
| From the Editor | APS is pleased to announce the first annual Health and Behavior International Collaborative Research Award! This grant for \$3,000 can be used by trainees (graduate students, medical students, post-docs, etc.) to visit an international laboratory or research group. Applications are due March 30, 2017. See applications here . |
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