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Letter from the Editor

Dear ISBM Members,

I hope you are all enjoying long periods of rest and reading (or whatever else tickles your fancy) at this time of the year! I am over the moon to be able to present you this issue of the ISBM 2022 Newsletter, with many exciting news about the activities of our society and the larger behavioural medicine community.

First and foremost, you will find a report of recent ISBM developments in the Letter of our President, [Anne H. Berman](#), that I urge you to read. Her reflections on how we should use the space that is available to us in a sustainable manner are so relevant to our field, with health-related behaviour at the very heart of our research and clinical efforts. This notion is reinforced by the luminary in behavioural medicine whom I had the great honour to interview for this issue. I highly recommend reading Professor [Linda Cameron's](#) vision of how behavioural medicine can contribute to the climate change challenges that humanity faces. Apart from being a world-renowned leader in Health Psychology, Professor Cameron's has served the ISBM in countless roles, including as a past Editor of this Newsletter. She also planted the seeds for INSPIRE, the early career network of ISBM, and some of the fruits of this labour can be found on [page 14](#).

One example of using and extending space in a sustainable manner is the hybrid symposium "[Behavioral medicine in Uppsala: 30 years later](#)", a recent highlight in the history of ISBM. Organised by President Anne H. Berman, this event brought together speakers and attendees all over the globe to celebrate the first international conference of the ISBM in 1990. The topics covered ranged from medically unexplained symptoms to adolescent mental health, women's health, and remotely delivered interventions. For those of you who were unavailable to attend this inspiring convention, the President has kindly



summarised some of her personal highlights in this issue ([here](#)). Speaking of celebrations, our journal, the International Journal of Behavioral Medicine (IJBM), will also turn 30 next year. Read more about the special issue planned for this special occasion in the Letter by Editor-in-Chief [Michael A. Hoyt](#). Also, much progress in making the ISBM a financially safer society was made during the past months. Go to [page 16](#) to learn more about our Finance Committee's, chaired by Sherri Sheinfeld Gorin, recent successes.

Unfortunately, not all spaces are safe in the world at this point in time. I have once again reached out to our member societies to ask them about their perspectives on one of the most important global challenges presented to society. This time, [Bryan Cleal](#), [Chris Kilby](#), [Ian Kronish](#), and [Lucio Sibilia](#) have shared their reflections on the important role that behavioural medicine can take during and in the aftermath of military conflicts and war. Scroll down to [page 18](#) to learn more about this.

I would like to conclude on a positive note by saying what a great pleasure it has been to work with you to create this Newsletter and to learn about all the exciting work you are currently undertaking. My period of "rest and relaxation" starts now and I am looking forward to seeing many of you in autumn for some serious [ICBM 2023](#) conversations!

Take good care!

Susanne Fischer
Editor of the ISBM Newsletter





Letter from the President

Dear friends and colleagues in Behavioral Medicine!

I am writing to you from an island on the Swedish west coast, close to the border with Norway. Here, I can recharge my batteries together with family and friends, and the crowded urban environment we usually live in feels far away and a bit unreal. According to national statistics, about one in three children in Sweden has access to a place in the country, and access varies by region, with 70% of those in the north having such access, and under 20% in the south of the country. In Sweden, the average living space is currently [42 square meters per person](#), an indicator of high well-being in comparison to other countries. According to [European data from 2008](#), the number of square meters per person varies between 24 to 77; however, Sweden ranked higher in 2008 than it does now. Looking into these statistics has made me acutely aware of how fortunate we are in the Nordic countries to have enough space to live in. I am also aware of experiencing a newfound awe about being able to live in peace, a feeling that has emerged starkly during the recent months of armed conflict between Russia and the Ukraine.

Space and sustainability

In the long run, perhaps the more important question is what we do with the space we have, and how we contribute to global sustainability. A quick look at the 17 [United Nations' Sustainable Development Goals \(SDGs\)](#) offers a guide to what we as individuals can do on the personal, community, national and global levels. Several recent papers also suggest how researchers can increase sustainability in everyday academic activities, nicely summarized by [Rae et al \(2022\)](#). One way to directly contribute is to fly less, although the authors clearly acknowledge that “many of us crave a return to some in-person social interaction, scientific debate, and collaboration”, a feeling I am sure many of you share along with me, and which I hope we can experience together next year at ICBM 2023 in Vancouver, Canada.

Hybrid symposium recap

Speaking of meetings, ISBM had a hybrid meeting June 15-17, 2022 at [Uppsala University](#), with a two-day board meeting focused on strategic planning (more on that in my next letter) as well as a full-day symposium. Those of us who were there onsite were fortunate enough to enjoy excellent weather and a beautiful venue, with technical support to ensure that our hybrid meeting worked well. About 25 people participated in person,



and over 100 were registered to participate via Zoom. The meeting began with a welcome address from [myself](#) as ISBM president, the president of the Swedish Behavioral Medicine Society, [Associate Professor Linus Andersson](#), followed by [Professor Pernilla Åsenlöf](#), ISBM Education and Training chair and also Vice-dean of the Medical faculty at Uppsala University. Then came a section with four focused talks, beginning with an exciting research program on Women's mental health during the reproductive lifespan, given by [Professor Karin Brocki](#), continuing with a talk on chronic pain by [Professor Lance McCracken](#), and then a talk by [Assistant Professor Maria Kleinstäuber](#) on challenges and misunderstandings in patient-doctor communication around chronic pain. Finally, we were invited (remotely) into the experimental world of [Associate Professor Hanna Malmberg Gavelin](#), to better understand mental fatigue in stress-related exhaustion disorder. After a delightful vegetarian summer lunch for those onsite, we were stimulated by two blocks of brief presentations, the first offering a varied menu of research and the second offering a glimpse into behavioral medicine research within the Nordic Network of Behavioral Medicine. The final part of the symposium covered behavioral medicine in Europe, cardiovascular care from a behavioral medicine perspective, and a panel discussion on the past and future of behavioral medicine.

Please find a summary of my personal symposium highlights for you in this issue of the Newsletter ([here](#))! If you want more details, you can find the symposium program [here](#) and the recordings of all the presentations [here](#) (please have patience at the beginning of some presentations as we worked out the technical aspects).

ICBM 2023

The June 17th symposium has served to whet my appetite for ICBM 2023, which I very much look forward to as a venue for meeting in person as well as online, August 23-26, 2023. Congress planning is in full swing together with [Venue West](#). The operational timeline for the conference begins on September 15, 2022 when more content will have been added to the [website](#). Abstract submissions will be accepted until late December and, following track chair reviews, the program will be assembled and published early in March, with early bird registration scheduled to end shortly afterwards. Workshop submissions and Early Career Award applications will also be reviewed by this time. Meanwhile, work is also underway to plan for ICBM 2025 as well as ICBM 2027. More information should be available on this in my next letter. Please also keep in mind the opportunity to attend the next [SBM conference](#), which will take place in Phoenix, Arizona, April 26-29, 2023.



World events

In my last letter, I wrote about our then newly voted-in Prime Minister in Sweden, Magdalena Andersson – the first Swedish woman prime minister. She is still in her seat, and has worked hard to care for the country as the more catastrophic effects of the COVID-19 pandemic waned, and the conflict in Eastern Europe led Sweden to apply for NATO-membership together with Finland, in a break from over 200 years of neutrality. Our next election is on September 11, 2022.

Our challenges within behavioral medicine are to some extent more manageable, but it becomes increasingly clear how crucial human behavior is – on the individual, group, and systemic level – for influencing our own health and illness, as well as that of the planet. One challenge that we can consider taking on as member societies of ISBM is to catalyze our communications about our scientific findings – through social media, press releases, and talks. I know that we have a vibrant, ambitious community of researchers and clinicians, with the skills to meet this challenge.

Last but not least, I repeat my continual and heartfelt thanks to the ISBM Executive Committee, Board officers and committee chairs, and General Council leaders and local members of ISBM societies around the world, for your continued inspired engagement and strivings to work for the betterment of science and clinical practice in behavioral medicine, wherever you are.

Warm wishes,

Anne H. Berman, PhD
President of the ISBM





Letter from the Editor in Chief of IJBM

Dear ISBM Members,

Having my time with the International Journal of Behavioral Medicine (IJBM) carry through the ebbs and flows of a global pandemic has been a great challenge. It has also been a significant opportunity to understand, support, and strengthen the presentation of our empirical and scientific contributions to the promulgation of health on the local, national, and international stages. Our field has answered the call and this is evident in the pages of our journal. For instance, a recent article by Teferra et al. (2022) points to correlates of adherence to COVID-19 protective behaviors in a longitudinal study of male youth to learn that cigarette and alcohol use, as well as history of ADHD, matter to behavioral adherence (<https://doi.org/10.1007/s12529-022-10090-w>).

There is so much to celebrate and look forward to at IJBM:

- Our statistical guideline series is back! IJBM's new Statistical Editor, Dr. Ren Liu of the University of California, Merced recently published our seventh statistical guideline, "*Adjust Type 1 Error in Multiple Testing*" (<https://doi.org/10.1007/s12529-022-10070-0>). This guideline walks readers through considerations and methods related to controlling inflated Type I error in multiple testing including descriptions of Bonferroni, resampling, and controlling the false discovery rate approaches. We expect to complete the statistical series in the coming issues and finalize our complete set of guidelines.
- IJBM introduces a new feature: Editor's Choice! Starting this year, IJBM will select two articles from each issue to be featured as Open Access articles for a limited period. Open access allows anyone to access and download an article online without fees or subscriptions.
- Stay tuned for the announcement of our 2021 Springer Award for Excellence in Publication winner. The author group from one article published in a 2021 issue of IJBM will be selected as the recipient. This award is designed to recognize excellence in publication and contribution to the field through publishing in IJBM. The 2021 and 2022 winners will be recognized at the 2023 International Congress of Behavioral Medicine (ICBM) in Vancouver.



- IJBM announced a special issue call for papers on: Advance the Science of Behavioral Medicine: Meta-Analyses and Foundational Reviews. This special issue will commemorate IJBM's upcoming 30-year anniversary. This special issue is focused on systematic, scoping, and integrative literature reviews and meta-analyses that synthesize the state of the science in foundational areas of behavioral medicine. Submissions that integrate the existing science and point the field to opportunities for future progress are desired and all scientific areas within the field of behavioral medicine are welcome. Meta-analyses and literature reviews of behavioral medicine research across the translational spectrum will be considered. Please send your inquiries to the Special Issue editors at IJBmed@uci.edu. Letters of Intent Deadline: December 1, 2022 (rolling)

I am excited for the period ahead! Behavioral medicine research is thriving and IJBM is truly the global hub for our scientific enterprise! And, do not forget to join us on Twitter at @IJBMed!

Michael A. Hoyt, PhD
Editor-in-Chief
International Journal of Behavioral Medicine





Behavioral medicine in Uppsala: 30 years later

The symposium “Behavioral medicine in Uppsala: 30 years later”, organised by the ISBM President Anne H. Berman, took place in Uppsala, Sweden, on June 17th 2022. It provided a perfect opportunity to reflect on behavioural medicine thirty years after the ISBM was funded, and in the same place where its history began. With over 100 registered attendants both in person and online and 18 stellar speakers, it was a great success. For those of you who were not fortunate enough to be able to attend this inspiring event, the President herself has summarised for you some of the programme highlights, which you will find below in chronological order.

From the morning session



[Anne H. Berman](#)
President of the ISBM

As ISBM President, I briefly recapitulated the ISBM’s 30 year history in my welcome address. Sixteen Presidents from Europe, North America, and Australasia have led the society, which currently has 28 members, so far, with the International Congress of Behavioral Medicine (ICBM) held every two years. I presented a global agenda for behavioural medicine and announced the next ICBM, which will take place in Vancouver in 2023.



[Linus Andersson](#)
President of the Swedish Society of
Behavioral Medicine

The next speaker was Linus Andersson, the President of the Swedish Society of Behavioral Medicine. His talk was about how the Swedish Society of Behavioral Medicine is being revitalised by new avenues for reaching interested researchers and clinicians, increasing interactivity between members and potential members through short films on members’ research as well as streamed hybrid meetings.



[Pernilla Åsenlöf](#)
Chair of the ISBM Education and
Training Committee

Pernilla Åsenlöf, the Chair of the Education and Training Committee, spoke about how behavioral medicine has a long history emanating from [Uppsala University](#), which is ranked among the world's top universities, and is the venue where ISBM's first international congress took place in 1990. The university has an unbroken line of research in behavioral medicine, with collaborations between three faculty areas: Humanities and Social Sciences, Medicine and Pharmacy, and Science and Technology – and a unique physiotherapy program with a behavioral medicine focus.



[Karin Brocki](#)
Professor at Uppsala University

Karin Brocki, a Professor of Psychology, went on to present one of the flagship projects which are currently ongoing at Uppsala University. Women's mental health is receiving its urgent and well-due focus in the amazing interdisciplinary [WOMHER](#) research program, with 17 PhD students recruited from around the world among 1000 applicants, and a large cohort study being planned with seed money from a private donation.



[Lance McCracken](#)
Professor at Uppsala University

The next speaker was Lance McCracken, a Professor of Clinical Psychology. He spoke about how meta-analyses show that Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy help about half of the people with chronic pain, who benefit significantly – but we do not know who needs what treatment method nor how change happens for individuals, so much more small-scale research is needed to learn how to individualise treatment.



[Maria Kleinstäuber](#)
ISBM Secretary

Maria Kleinstäuber, the ISBM Secretary, was next to speak. The biopsychosocial model has been widely spread for over 40 years now, but is nonetheless not a basis for patient-doctor communications. Preliminary findings suggest that endorsing the biopsychosocial model contributes to accepting pain and moving on to patients' managing chronic pain effectively and professionals' development of tailored communication strategies.



[Hanna Malmberg Gavelin](#)
Associate Professor at Umeå University

Next to present was Hanna Malmberg Gavelin, an Associate Professor of Psychology. Her work focuses on stress-related exhaustion, a Scandinavian disorder similar to burnout syndrome. She showed that sustained mental effort results increased mental fatigue for patients with stress-related exhaustion disorders, and recovery from the fatigue is slower for patients, all in comparison with healthy controls.

From the afternoon session



[Linus Andersson](#)
President of the Swedish Society of Behavioral Medicine

Linus Andersson, the President of the Swedish Society of Behavioral Medicine, taught us about the nuances of our sense of smell, and how our expectancies can influence our olfactory perceptions. Interestingly, the sense of smell is mediated both by the nose and also by the trigeminal nerve, meaning that loss of smell, for example in relation to persistent long-COVID effects, can vary depending on the substance that is being smelled.

[Olga Perski](#)

Senior Research Fellow at University
College London

Olga Perski, a Senior Research Fellow, told us about a meta-analysis that she and international colleagues conducted on Ecological Momentary Assessment (EMA) for five key health behaviors, available in [pre-print](#). EMA studies increased over time for diet, physical activity, tobacco and alcohol, but not for sexual health; studies mostly lasted 14 days, with high participant adherence, particularly among students and mobile phone users, but adherence was reduced for participants who used their own device.

[Briony Hill](#)

Chair of INSPIRE

Briony Hill, the INSPIRE Chair, followed by giving an overview of how she used intervention mapping and co-design to design a digital health intervention for the workplace, targeting women in the pre-conception, pregnancy, post-partum and work-return phases.

[Kerry Sherman](#)

President-Elect of the ISBM

Kerry Sherman, the President-Elect of ISBM, focused on body image difficulties in women with breast cancer in her talk. She presented important data on an expressive writing intervention, which was able to reduce these difficulties by means of enhancing self-compassion.



[Mette Terp Høybye](#)

Chair of the ISBM Nominations Committee

Mette Terp Høybye told us about the Danish Society of Psychosocial Medicine, founded in 1993 as a medical society, with regular seminars open to the public and “shooting star” awards in behavioral medicine every year.



[Sakari Suominen](#)

President of the Finnish Section of Behavioral Medicine of the Finnish Association of Social Medicine

Sakari Suominen continued with a glimpse from Finland, where public health concerns – common to all Nordic countries - include mental health among young people and, particularly for Finland, also obesity and type 2 diabetes risks, ageing and wellbeing at work, and new public health research includes the large FinSote cohort initiated in 2020.

Arnstein Finset showcased research in five different groups working with behavioral medicine in Norway, on pain, intervention for chronic fatigue syndrome, workplace engagement for young adults, and communication by physicians within advanced oncology care.

[Arnstein Finset](#)

Professor at the University of Oslo



[Anne H. Berman](#)
President of the ISBM

As ISBM president, I took upon myself the interesting task of exploring the five currently published journals with Behavioral Medicine in their title, looking at impact factors, geographical spread for publications, acceptance rates and percent articles from Europe, article title word clouds and top articles contributing to impact factors, and topics of top-cited articles.



[Josefin Särnholm](#)
Lecturer at Karolinska Institutet

Josefin Särnholm shared her recent dissertation work on internet-based Cognitive-Behavioral Therapy for patients with atrial defibrillation, who experienced significant improvements in quality of life and reductions in symptom preoccupation at three-month follow-up.

The concluding panel discussion gave us a final chance to reflect on where the field of behavioral medicine is going, with [PhD candidate Hedvig Zetterberg](#), [Dr Josefin Särnholm](#), [Assoc. Professor Michael A. Hoyt](#), Editor-in-Chief of the International Journal of Behavioral Medicine, [Professor Michael Diefenbach](#) (remotely) and [Professor Bernd Leplow](#) all sharing their diverse perspectives, brought together by moderator [Linus Andersson](#). My take-home messages concern the need to report our research in journals covering different fields, and to have a generalist perspective although we have specialist knowledge in our respective disciplines. Also, we need to develop the skills to communicate our science to various audiences, including the lay audience.



Meet the HBIC Award winners

INSPIRE, the early career network of the ISBM, the Health and Behavior International Collaborative (HBIC) Award committee, and the sponsoring organisations are pleased to announce the seven brilliant HBIC Award winners of 2022.

Ama Gyamfua Ampofo will collaborate with Dr Mahati Chittem (IIT Hyderabad, India) to support the design and implementation of a novel Senior High School Nurse-led Educational (SHINE) toolkit that is culturally appropriate for female high school students in Ghana and easily adaptable to similar low- and middle-income country settings.



Sophie Green's award will facilitate a collaboration with Professor Linda Collins from New York University (USA). The proposed project will involve secondary analysis of a dataset from a factorial experiment aimed at optimising the content of an information leaflet designed to increase necessity beliefs and reduce concerns about adjuvant endocrine therapy in women with breast cancer.

Dorothy Chan award will be collaborating with Dr Cannas Kwok at the Western Sydney University (Australia) to explore beliefs and perceptions about breast cancer and screening practices among South Asian women in Hong Kong using qualitative approach.



Melissa Flores will use data from the Adolescent Brain Cognitive Development (ABCD) Study to understand whether parent cultural values are associated with child neurological profiles linked to pro-social behavior, with guidance from her international mentor, Dr. Nadia Corral-Frias (Universidad de Sonora, Mexico).



Hana Sediva's project includes a systematic review, a systematically designed, co-produced, theory- and evidence-based, user-centred lifestyle health-enhancing digital intervention targeting midlife women, and a pilot RCT to evaluate the feasibility and acceptability of the intervention with midlife women, together with Dr. Danielle Arigo (University of Scranton, USA).



KayLoni Olson's award will support a new international distance collaboration and mentoring relationship with Dr. Christopher Eccleston (University of Bath, UK), a leading expert in pain science, with the goal of collaboratively reviewing the pain and obesity literatures and identifying strategic gaps to guide future research.

Jessica Grub will be collaborating internationally with Dr. Jennifer Gordon from the University of Regina (Canada), to investigate sex steroid fluctuation, sleep, and depressive mood during perimenopause in a longitudinal study.





Update from the Finance Committee

Our ISBM finance committee has been moving forward apace over the past several months, alongside ICS, our professional management company (International Conference Services (ICS; <https://www.icsevents.com/about-ics/>). We presented some of our accomplishments at our recent Board/Strategic Planning meeting in Uppsala, Sweden. While many on our finance committee, including me, joined remotely, together, we shared our successes with our Board, and now, with you readers. The Board has approved the purchase of general Liability insurance for our organization; this is required by our contract with ICS. As you may know, this form of insurance covers ISBM against claims made by third parties for bodily injury and property damage that occurs in the course of our organization's operations.

We have also applied to the (US) Internal Revenue Service (IRS) for our nonprofit status and hope to receive a favorable response within several months. This will greatly improve our tax status. With this, we can further our overarching ISBM mission to promote and advance the field of Behavioral Medicine, to reduce disease morbidity and mortality, and enhance human well-being.

Dues are one major source of our ISBM's funds; we have been discussing how to encourage timely dues payments from our active member societies. We welcome your feedback on how we could work with you to enrich the relationship that you have both within your member societies as well as with ISBM. Please email us with your suggestions, sherri.gorin@gmail.com and ltraeger@mgh.harvard.edu.

Our financial status has improved considerably since the height of the pandemic. We are on a steady upward trajectory. Thank you for contributing to our growth.

Sherry Sheinfeld Gorin, PhD, MS, FSBM
Chair of the ISBM Finance Committee



Luminaries in behavioural medicine – Linda Cameron

This series is dedicated to scientists who have made significant contributions to behavioural medicine and over several decades. I could not have been more excited when Professor Linda Cameron of the University of California, Merced, a global expert in Health Psychology who has served on the Editorial Board of all of the most important journals in our field, agreed to answer the tricky questions that form the ISBM questionnaire.

Dear Professor Cameron, thank you so much for taking the time to answer my questions. The first question I have for you is: What initially drew you to the field of behavioural medicine?

Linda Cameron: I have always been fascinated by the psychological, social, and cultural nature of physical health and illness—how cognitions, emotions, social relationships, and cultural dynamics shape our health-related experiences and vice-versa. And beyond these basic science topics, I have been motivated to find ways to apply our understanding of these processes to develop and implement interventions and policies that promote health and well-being, and particularly for vulnerable populations. Behavioural medicine's combined focus on basic science and translational research was and continues to be a primary draw.





Among your many game-changing contributions to behavioural medicine, which ones do you, personally, consider as most important?

Linda Cameron: There are two lines of research that have been the most personally rewarding for me. The first line focuses on emotion regulation, and our work has ranged from theoretical expansions and the integration of emotion regulation strategies into models of self-regulation to the development and evaluation of emotion regulation interventions for people with chronic illnesses and those with histories of adverse childhood experiences. The second line of research examines the roles of imagery-based stimuli and cognitions in shaping construals of health threats and motivations to engage in protective actions. Our work has demonstrated the power of images such as pictorial warnings for tobacco products and images depicting disease processes to enhance understanding of health threats and motivate healthy responses. In terms of professional service contributions to the field, two initiatives are particularly meaningful to me. First, as President of the Australasian Society for Behavioural Health and Medicine in 2003-2005, I worked with other executive committee members to establish PROMISE, the first early-career network for ASBHM. PROMISE then served as one template guiding further efforts to establish INSPIRE, the ISBM early-career network under the leadership of Dr. Carina Chan, one of my former doctoral students.

How has our field evolved since the start of your career? What would you say are some of the most important developments you have observed in behavioural medicine research and practice?

Linda Cameron: The breadth and depth to which behavioural medicine has evolved since my years in graduate school in the mid-to-late 1980's is truly astonishing. I remember how my fellow graduate students and I, when we asked some mentors about how we should prepare for our upcoming preliminary exams, were advised that all we had to do was to read the last few years' worth of the main journals and we'd be fine. While such a strategy seemed untenable and out-dated even at that time and for just a sub-discipline of behavioural medicine, today it is absolutely inconceivable that one could read even the latest issues of all journals relevant to behavioural medicine within a short period of time. I am impressed with how behavioural medicine has evolved in step with rapid advances in technologies such as social media and genomic sequencing and in swift response to issues such as the COVID-19 pandemic. These research developments underscore the importance and relevance of behavioural medicine to human health and well-being within a rapidly-changing world.



Which are the greatest gaps of knowledge in behavioural medicine? Can you name any neglected areas of research?

Linda Cameron: In my opinion, the most salient area in urgent need of empirical advances in behavioural medicine is climate change and health. Climate change is the major threat facing people and environments around the world and its health consequences will be huge and escalate rapidly over the coming years. Behavioural medicine, with its expertise in health behaviour change, communications, and stress and resilience, can be a powerful force in addressing this critical threat to the planet. I am encouraged by the efforts of many ISBM members to promote behavioural medicine research and advocacy initiatives addressing this issue. For example, I understand that plans for the upcoming International Congress of Behavioural Medicine (ICBM) in Vancouver include a strong programmatic focus on climate change and health.

What do you consider the “ingredients” of a meaningful career in behavioural medicine? What has been most important for you personally?

Linda Cameron: Colleagues who are highly creative, intelligent, and most of all, kind and generous in their collaborative contributions and service to the professional field and the many amazing graduate students and undergraduate research assistants with whom I have had the honour to work are the highlights of my career. Over the years, I have learned how important it is to engage with academic and research groups comprised of colleagues who are both excellent scientists and compassionate, caring human beings. It makes all the difference in terms of enabling teams to do the best science and contribute meaningfully to the academic and professional field.

Linda Cameron, BS, MS, PhD, is Professor of Health Psychology at the University of California, Merced (USA), where she is also Director of the Translational Research Center at the Health Services Research Institute and Co-Director of the Rapid Response Core at the Nicotine and Cannabis Policy Center. In addition, she is an Honorary Professor at The University of Auckland, New Zealand, and an Honorary Adjunct Professor at The Chinese University of Hong Kong. Professor Cameron has been Senior Editor of *Health Psychology Review* (2018-2020) and Associate Editor of *Annals of Behavioral Medicine* (2014-2020), the *Journal of Behavioral Medicine* (2008-2014), and the *British Journal of Health Psychology* (2006-2013). She has been the President of the Australasian Society for Behavioural Health and Medicine (2003-2005) and has served in numerous roles for the ISBM, including as Editor of this very Newsletter (2005-2007). She received the ISBM International Collaboration Award in 2016.



A behavioural medicine view on... Military conflicts and wars

To continue our series on issues of global importance, I have asked our ISBM Member Societies about how military conflicts and war have impacted behavioural medicine in their countries, and what they consider the most important challenges for our field. Here are their intriguing thoughts on this complex topic.



Senior Researcher Bryan Cleal
President of the Danish Society of Psychosocial Medicine

“Even in a relatively secure country like Denmark, there is often a profound ripple effect resulting from armed conflict around the world. In recent years, this has been most keenly felt in relation to refugees from armed conflict in countries such as Afghanistan, Syria, and now Ukraine. Much interesting work has already been undertaken in this area and it is important in the future that this work continues to have a biopsychosocial perspective inasmuch that refugees inevitably have numerous biological, psychological, and social health challenges. Certain of these challenges may be exacerbated or even result from the context in which they are relocated. There has been a marked difference in political and popular reactions to refugees from Ukraine when compared to those from Syria and Afghanistan. This is an uncomfortable but nonetheless compelling truth that should provide much food for further thought.”



Lecturer Christopher Kilby
President of the Australasian Society of
Behavioral Medicine



“As of 2015, a [meta-analysis](#) found between approximately 200 million to 290 million adults, globally, were living with war-related post-traumatic stress disorder (PTSD) and [original research](#) published in 2021 has found an increased prevalence in PTSD in Ukraine residents amidst the war. However, the actual prevalence of war-related PTSD is likely higher as neither estimate included the prevalence of children. Moreover, war-related PTSD has consequences for physical health, with an increased risk of cardiovascular, metabolic, and musculoskeletal disorders as well as alterations in a number of biological and health-related behavioural responses that increase the risk of acute and chronic illness (see e.g., this [review](#)). As such, the traumatic nature of war cannot be ignored; as experts in behavioural medicine, we are well-placed to lend our expertise to minimise the burden of PTSD at a community- and population-level.”



Associate Professor Ian M. Kronish
President of the Academy of Behavioral Medicine Research

“The behavioral medicine research community has watched with horror and helplessness as the war in Ukraine takes its toll on civilians and soldiers alike. Our field has been at the forefront of uncovering how the trauma of war not only contributes to psychological distress but also gets under the skin to lead to deep, long-lasting health effects such as accelerated cardiovascular disease and aging. We have also learned how



the trauma from war can be transmitted across generations through biological and behavioral pathways. With this knowledge, our scientific community has a particular responsibility to support the Ukrainian people and others whose lives have been turned upside down by war, as well as to redouble our efforts to learn how to promote resilience and recovery among the survivors of war.”



Professor Lucio Sibilia

President of the Italian Society of Psychosocial Medicine

“As regards the most important challenges for behavioural medicine, I think that military conflicts, especially if prolonged, may be a source of important emotional distress for the population, for the loss of lives, the inevitable disruption, and not least for the loss of empowerment of the population to impinge on the governmental decisions.”



Board and GC Members at the ICBM 2018 in Santiago de Chile

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