



photo: pixelio.de / Gerd / mann

Letter from the Editor	p.01
Letter from the President	p.03
Letter from the Editor in Chief of IJBM	p.05
Letter from the new chair of INSPIRE	p.07
Obituary Neil Schneiderman	p.08
Memories of Neil Schneiderman	p.10
Luminaries in behavioural medicine – Neil Schneiderman	p.13
Board Members	p. 19

Letter from the Editor

Dear ISBM Members,

Pre-Season's Greetings to all of you! This year was certainly special for our society, as we gathered for the first time since the pandemic at the ICBM 2023 in Vancouver. I can vividly remember listening to the many talks on climate change while British Columbia (and many other parts of the world) witnessed another exceptionally hot summer. It was fantastic to see so many old faces and to welcome new members to our society. The Presidential gong has been passed from Anne H. Berman to Kerry Sherman and I would like to use this opportunity to once again congratulate Kerry for being elected as our new President and to express all my best wishes for her period of office! You can read [Kerry's inaugural letter](#) at the very beginning of this Newsletter, followed by [Michael Hoyt's](#) update on current developments with our beloved journal and another inaugural letter by the new leader of our Early Career Network INSPIRE, [Allison Marzilliano](#).

On a much sadder note, the ISBM has lost one of its dearest members, Neil Schneiderman. This edition of the Newsletter will thus honour a researcher who was not only a co-founder of this society, but whose work and influence have been pervasive in all of behavioural medicine. Even though I only knew Neil through his work, it is clear by the way those who knew him well speak about him that he was not only an exceptionally gifted researcher, but also an extraordinarily kind person who profoundly affected those around him. When I started my Newsletter Editor term in 2020, it was an interview with Neil conducted by former Newsletter Editor Urs N. Nater, which led me to reinstate the luminaries in behavioural medicine interview series. The [original interview](#) is reprinted in this issue of the Newsletter, alongside an obituary and memories of Neil shared by companions [Joost Dekker](#), [Redford Williams](#), and [Brian Oldenburg](#).



I hope you will enjoy this last issue of the Newsletter and wish you all a very happy holiday Seasons!

Susanne Fischer, PhD
Editor of the ISBM Newsletter





Letter from the President

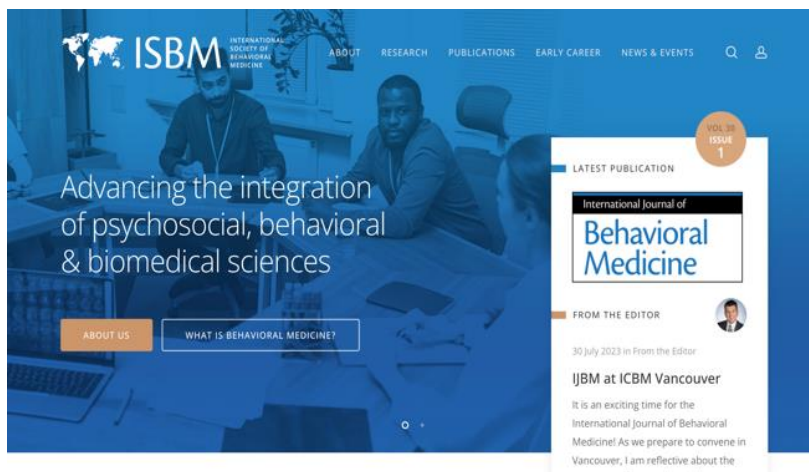
Dear colleagues and ISBM Member Societies,

It is my pleasure to be writing this President's message, my first since assuming the role of ISBM President after the Vancouver ICBM. It is hard to imagine that more than three months have passed since we met at the very successful congress in Vancouver. As a global network, ISBM is built on the connections that we have with each other. The Vancouver ICBM was our first in-person meeting since the COVID-19 pandemic, and there was clearly a buzz at the congress with people relishing the opportunity to reconnect with long-time friends and colleagues and to make new connections. The congress brought together colleagues from 33 different countries, a true testament to the goals of ISBM to foster and encourage interaction and collaboration among various health professionals across ISBM member societies. I would like to sincerely thank all members of the Local Organising Committee led by Professor Ryan Rhodes, members of the Scientific Program Committee led by Professor Michael Diefenbach, and Venue West, the local professional conference organising company. At the congress in Vancouver we held meetings of the Executive Committee, the ISBM Board and the General Council. I would like to take this opportunity to sincerely thank Anne Berman for her wonderful and inspiring leadership of ISBM over the past two years as President. Anne is now continuing her role on the ISBM Executive as Past-President. Sincere thanks also to Urs Nater for his many years of dedication and fine leadership of ISBM, who is stepping down from the Executive as Past President. We are very privileged that Urs will continue to work closely with us as the Local Organising Committee Chair for the Vienna 2025 congress. I'd also like to welcome and heartily congratulate Michael Hoyt who is our newly elected President Elect. Many thanks to our outgoing committee chairs for years of dedicated service to ISBM (Dr Bri-ony Hill, INSPIRE; Dr Betsy Seng, Organisational Liaison; Dr Pernilla Åsenlöf, Education and Training), and a very warm welcome to several new ISBM Board members: Dr Chris Kilby (Education and Training), Dr Lisa Newson (Organisational Liaison) and Dr Allison Marziliano (INSPIRE). Another outcome of the Executive, Board and General Council meetings was the approval of a new ISBM initiative soon to be launched which entails Individual ISBM Memberships. This will provide opportunities for many people living in countries where an ISBM Member Society does not yet exist to become part of the ISBM international community. The closing ceremony at Vancouver ICBM, hosted by the German Society of Behavioral Medicine and Behavior Modification, gave us a memorable introduction to the beautiful city of Vienna as we were treated to some wonderful live music from a string quartet. We warmly invite you to the next ICBM in 2025 in Vienna.

Over the past year I have been working closely with the Chair of the Communications Committee, Dr Claire Conley, to update and refresh the ISBM website. If you haven't already done so I urge you to take a look at this new website. We have aimed to make the



site easier to navigate and will be introducing some new features over the next few months.



To conclude this message, I want to acknowledge the passing of a very great, inspirational and influential colleague, Professor Neil Schneiderman. As one of the ISBM founders we are very much in debt to Prof Schneiderman's progressive and enlightened vision to form this international community of behavioural medicine scholars and practitioners. Although very much tinged with sadness, ISBM has a very bright future and we can celebrate the brilliant career of a much respected colleague. I encourage you to read the touching tributes to Professor Schneiderman in this newsletter.

In closing, I am writing this message as I visit Perth on the west coast of Australia. We have just experienced a week of record and unseasonably high temperatures before Summer has arrived, uncontrolled bushfires are destroying homes and precious native forests. Added to this, Australia is in the grip of yet another wave of COVID-19 yet those simple preventive behaviours of mask wearing and hand washing have largely been forgotten. The theme of the Vancouver 2023 certainly rings true - From Local to Global: Behaviour, Climate and Health – and remains some of the greatest challenges we face as behavioural medicine researchers and practitioners.

All the very best,

Kerry Sherman, PhD
President of the ISBM





Letter from the Editor in Chief of IJBM

Dear ISBM Members,

It was tremendous to gather in Vancouver and heartening to hear excitement about the International Journal of Behavioral Medicine (IJBM). I continue to reflect upon the discussion we had at the IJBM-organized session, *“Reporting our Science: A Panel Session with Editors of Behavioral Medicine Journals”*. The panel included a group of editors and associated editors from top behavioral medicine scientific journals. Many great topics were discussed including navigating open science practices, publishing early phase trials, and how to get involved in the editorial process. IJBM is currently updating its Instructions for Authors document in hope to provide clear guidance on these and other matters in IJBM. We are also always on the lookout for those of you interested in serving as reviewers, editorial board members, or even associate editors. Reach out to our editorial team to get involved!

I was extremely honored to present the 2021 and 2022 Springer Awards for Excellence in Publication in Behavioral Medicine while in Vancouver. Awardees are selected by an editorial review panel who consider the metrics of impact for each paper, including number of times downloaded and number of garnered citations. Honored papers included:

- 2021 Springer Award for Excellence in Behavioral Medicine Publishing:

Temporal Links Between Self-Reported Sleep and Antibody Responses to the Influenza Vaccine

Co-Lead Authors: Drs. Aric Prather (University of California, San Francisco, USA) Sarah Pressman (University of California, Irvine, USA)

- 2022 Springer Award for Excellence in Behavioral Medicine Publishing:

Vaccination Hesitancy and Conspiracy Beliefs in the UK During the SARS-COV-2 (COVID-19) Pandemic

Lead Author: Dr. Alison Bacon (University of Plymouth, UK)

We also awarded a very first set of IJBM Regional Awards for Excellence in Publication in Behavioral Medicine. These included an awardee each from Asia, Australia, North America, South America, and Europe. Help me congratulate our inaugural awardees:

Asia

Risk Perception, Self-efficacy, Lay Theories of Health, and Engagement in Health-Protective Behaviors Among Hospital Pharmacists During the COVID-19 Pandemic

Lead Author: Dr. Ning Zhang (Zhejiang University, China)



Australia

Social Psychological Predictors of Sleep Hygiene Behaviors in Australian and Hong Kong University Students

Lead Author: Dr. Kyra Hamilton (Griffith University, Australia)

Europe

Sociodemographic and Psychological Risk Factors for Anxiety and Depression: Findings from the Covid-19 Health and Adherence Research in Scotland on Mental Health (CHARIS-MH) Cross-sectional Survey

Lead Author: Dr. Hill Hubbard (University of Highlands and Islands, UK)

North America

Preexisting Executive Function Deficits and Change in Health Behaviors During the COVID-19 Pandemic

Lead Author: Dr. Bradley Appelhans (Rush University, USA)

South America

Weight Stigma, Chronic Stress, Unhealthy Diet, and Obesity in Chilean Adults

Lead Author: Dr. Daniela Gómez-Pérez (University of La Frontera, Chile)

Be on the lookout for our upcoming special issues, “*Social Isolation and Loneliness in Acute and Chronic Illness*” (Special Issue Editors: Allison Marziliano and Michael Diefenbach) and “*Advancing the Science of Behavioral Medicine: Meta-Analyses and Foundational Reviews*” (Special Issue Editors: Chun-Qing Zhang, Ren Liu, Michael Hoyt). And, as always, don not forget to join us on Twitter at @IJBMed.

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





Letter from the new INSPIRE Chair

Dear ISBM Members,

It is my great pleasure to address you as new Chair of the INSPIRE committee! Please allow me to briefly introduce myself. I obtained my PhD in Social/Health Psychology from Stony Brook University in New York in 2017. Through graduate school, I worked as a research assistant and then a pre-doctoral fellow in the Department of Psychiatry and Behavioral Sciences of Memorial Sloan Kettering Cancer Center. Following graduation from Stony Brook, I became a Post-doctoral Fellow at Northwell Health, and in 2020, advanced to Assistant Professor at the Institute of Health Systems Science of Northwell Health. My main research interests focus on how physical illness impacts social functioning, and specifically, on social isolation and loneliness. I am currently the PI on two studies funded by the National Institutes of Health (NIH), and Co-I on a third study funded by NIH as well as Co-I on another study funded by the Department of Defense.

I am honored to have been selected as the new Chair of INSPIRE, the early career committee of ISBM. I look forward to working with each and every one of you in the coming years to bring new life and excitement to INSPIRE, and connect early career individuals in the field of behavioral medicine from around the globe. The executive committee and I came back from the ICBM conference rejuvenated. We are working hard on bringing all of our members together through a webinar program that combines content on skills training, inspirational talks, presentations of different stages and areas of research from various experts, and opportunities for mentorship. Our plan is to kick off this webinar program in mid-2024 so keep an eye out for it!

The new INSPIRE executive committee is composed of:

- Anja Feneberg (webinar committee)
- Rina Fox (Health & Behaviour International Collaborative Award committee)
- Nanna Husted Jensen (webinar committee)
- Brenna Kirk
- Linda Kwakkenbos (webinar committee)
- Phoenix Mo (webinar committee)
- Christine Emmer
- Martin Lamb
- Jessica Leather

We are looking forward to working with all of you and welcome new members to our lively community!

Allison Marziliano, PhD
Chair of INSPIRE





Obituary Neil Schneiderman

Dear ISBM Colleagues and Friends,

it is with a heavy heart that we share the sad news of the passing of Dr. Neil Schneiderman. Neil was a mentor, colleague and friend to so many of us. He was a founding father of ISBM and the IJBM and had a profound influence in the field of behavioral medicine and health psychology. Throughout his career, he served in many capacities at ISBM including as President, Member at Large and Program Chair. His contributions to the field of behavioral medicine and ISBM were vast, impactful and until this day, continue to inspire and shape the role of behavioral medicine, health psychology and ISBM around the world. Below is an obituary put together by the Department of Psychology at the University of Miami.

Professor Neil Schneiderman, PhD, passed away on October 6, 2023 at the age of 86. Neil was the James L. Knight Professor of Psychology, Medicine, Psychiatry and Behavioral Sciences, Public Health Sciences, and Biomedical Engineering. Within the Psychology Department, he founded the Behavioral Medicine/Health Psychology Program and served as its director since the program's inception in 1986. From 2007 until the present, Neil was the principal investigator (PI) of the Miami Field Center of the National Institute of Health's (NIH) Hispanic Community Health Study/Study of Latinos, which is the most comprehensive long-term study of health and disease in Hispanics and Latinos living in the U.S.



Neil joined the Faculty of the University of Miami (UM) in 1965 and proudly served in this role for the next 58 years. He was a major figure in the history of the UM Psychology Department and helped to shape its direction for the past half-century. Neil was continuously funded as the PI of NIH and/or National Science Foundation research grants since 1966, totaling more than \$125 million in extramural support. He led NIH Program Project



grants and clinical trials involving behavioral management of coronary heart disease and HIV, population-based epidemiological studies as well as basic research on psychosocial/behavioral contributions of stressors to cardiovascular risk and biological disease processes, and prostate cancer survivorship. In addition, he was the PI on an NIH Training Grant that has been continuously funded since 1979.

During his illustrious career, Neil published more than 450 refereed journal articles and edited or wrote 18 books and monographs. Among his many awards and achievements were the American Psychological Association (APA) Award for Distinguished Scientific Contribution (1994), the Lifetime Achievement Award from the International Society of Behavioral Medicine (2012) and the Academy of Behavioral Medicine Research (2016), and the American Psychosomatic Society Distinguished Scientist Award (2014). He served as President of the Academy of Behavioral Medicine Research, President of the International Society of Behavioral Medicine, President of APA Division 38 (Health Psychology), and was a Fellow of the Society of Behavioral Medicine. He also served as the Editor-in-Chief of the journal *Health Psychology*, and the *International Journal of Behavioral Medicine*.

Perhaps his greatest legacies, however, are the countless number of students and colleagues that he has mentored over the years. Neil gave his time and resources to train generations of researchers and clinicians in the field of Behavioral Medicine/Health Psychology, and we all owe him a debt of gratitude.

Phil McCabe (USA), Frank Penedo (USA), and the ISBM Board



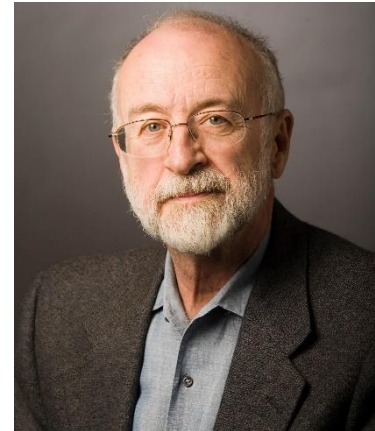
Memories of Neil Schneiderman

As evident from the obituary, Neil has touched the lives of countless ISBM members. Three of his early companions have come forward with some of their very personal memories of Neil. We would like to share these with you on the following pages.



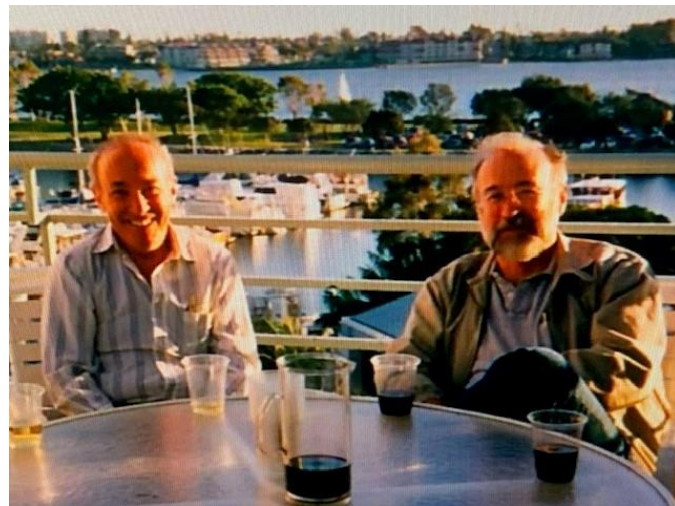
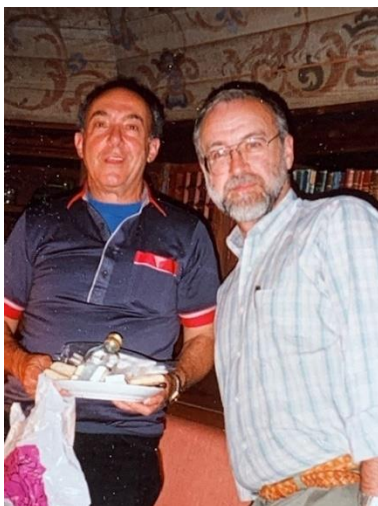
Prof. Joost Dekker
Former ISBM President

It was at the 1994 Governing Council meeting in Amsterdam that I first met Neil Schneiderman. I was struck by his strong international orientation - he really cared about the opinion and interests of people from other countries. I also noticed his long-term vision for ISBM, planning years ahead. He was then Editor-in-Chief of the International Journal of Behavioral Medicine, later President of ISBM. He remained active within ISBM even after that. He kept ISBM on track and he did so in a persistent way. This was not always easy - it was accepted because he often had it right and was attentive to people. Neil and I together did the site visit for ICBM 2016 in Melbourne. At that occasion, he indicated that he would be retiring from ISBM, leaving the cause to younger people. I highly respected that decision. He has now left us altogether - I have lost a highly esteemed colleague and dear friend.



Prof. Redford Williams
Former ISBM President

Neil has been one of my nearest and dearest associates in the field of behavioral medicine since we were both starting faculty at Miami and Duke in the early 1970's. In addition to our common interests in the role played by psychosocial factors in the development and course of major organic disorders, we worked together to help new organizations -- e.g. ISBM -- get started. We also defended the positive side in the debate "Resolved: Psychosocial Interventions Can Improve Clinical Outcomes in Organic Disease," against former NEJM Editors-in-Chief Arnold Relman and Marcia Angell defending the negative side. Neil will be sorely missed, but his many important contributions will continue to contribute to progress in the field of behavioral medicine (and our victory in that debate).





Prof. Brian Oldenburg
Former ISBM President

I knew Neil Schneiderman for more than 30 years. I first met him at the inaugural Congress of Behavioral Medicine in Uppsala, Sweden. Following that, I interacted with him at ISBM Board and Executive Committee meetings for many years. His drive and determination to internationalize the field of behavioral medicine beyond the USA was unsurpassed and selfless. This was exemplified in his efforts to establish the International Journal of Behavioral Medicine in 1994 and he was also the Program Chair for the International Congress of Behavioral Medicine on at least 2 occasions. He had a clear vision for the field of global behavioral medicine and he had the determination and foresight to make this a reality. I do not know of anybody else who would have worked so hard and selflessly to achieve this vision. However, he was also a great mentor and research scientist who was still very successful with grants and research outputs until recent years. He had research collaborations in all regions of the world and many of these collaborators became friends and colleagues for life. Although Neil will be sorely missed by many, his legacy lives on through the International Society of Behavioral Medicine and through all of those researchers and academics who he has trained and mentored over the years.



Luminaries in behavioural medicine - Neil Schneiderman

This series features researchers who have made significant contributions to behavioural medicine. Given that the present Newsletter is dedicated to Neil, the current interview is a reprint of a conversation with Neil, which Urs M. Nater, a former Newsletter Editor and ISBM President, had with Neil in 2009. Back then, Neil was the first interviewee of a new series that Urs launched for the Newsletter, which I have since picked up and continued.

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

Neil Schneiderman: It is an honor to have been asked to be the first one interviewed in this series and I am grateful. The first reason that comes to mind is simply that I am older than almost anyone else in the field and was scientifically active during the pregnancy and birthing of Behavioral Medicine in the early 1970s. A second reason is that my scientific voyages have taken me to the three major domains of Behavioral Medicine inquiry, which are: basic biological, behavioral psychosocial and sociocultural research; clinical investigation; and public health. The third possible reason for being asked — again being related to age — is that I have been involved continuously with the International Society of Behavioral Medicine (ISBM) since it was formally founded. This occurred in conjunction with the First International Congress of Behavioral Medicine in Uppsala in 1990. Previously, beginning in 1987, I joined a merry group including Stephen Weiss, Irmela Florin, Kristina Orth-Gomér, Andrew Steptoe, Gunnilla Burell, Milan Horvath, Rudolph Beunderman, Gudrun Sartory, and others who dreamed of creating an ISBM.

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

Neil Schneiderman: I received my Ph.D. in Biological Psychology from Indiana University in 1964. While a graduate student I developed an interest in the central nervous system control of cardiovascular function in behaving mammals. The paradigm I used was Pavlovian conditioning. When it came time for postdoctoral training I faced the problem that there was relatively little scientific or federal support for studying the central nervous system control of the circulation in the United States. Within the National Institutes of Health (NIH), the Heart Institute wasn't convinced that studying brain function was relevant to its mission and the Neurological Institute had no heart. Thus, the obvious places to study seemed to be Sweden, Switzerland or the United Kingdom, where whole groups of scientists were interested in my chosen topic. Having spent almost two years in Germany during the mid-1950's as a military draftee, I thought that it might be easier to study in German than to learn either Swedish or British English. My final decision to go to Basel, Switzerland was based on the written recommendation of Professor W.R. Hess, who had won the Nobel Prize in Physiology or Medicine in 1949. After Walter Hess officially retired from the University of Zurich in 1951, he subsequently continued to publish important studies demonstrating hypothalamic control of sympathetic and parasympathetic nervous system activity in conscious animals. In 1962 he published an important volume relating this research to the behavioral



patterns of individuals and to psychosomatic medicine. After several written exchanges with Professor Hess, he recommended me to his former protégé, Professor Marcel Monnier, who was the Head of the Physiological Institute at the University of Basel. Accompanied by a young wife and two small children, I set off to record extracellular single neuron activity in the brains of behaving rabbits. Years later this culminated in studies in which my research group and I examined the central neuronal pathways that influence the outflow from the cells of the cardiac vagus nerve.

Urs Nater: How did your research lead you into the emerging field of Behavioral Medicine?

Neil Schneiderman: After spending more than a decade studying central neuronal control of the circulation in animal models, I was invited to participate in a conference in St. Petersburg, Florida on coronary prone behavior. My task was to report on animal models relating behavioral stress and cardiovascular pathology, and to speculate about how such models might be useful for understanding coronary prone behavior. Thus, in Ted Dembroski's edited volume on Coronary Prone Behavior (1978), I described how mammals confronted with situations evoking fight or flight responded with an active coping/defense reaction; whereas, animals confronted with a perceived inescapable threat revealed an inhibitory coping/aversive vigilance reaction. The former pattern was characterized by an increase in cardiac output and skeletal muscle vasodilatation; whereas, the latter pattern was associated with increased total peripheral resistance and skeletal muscle vasoconstriction. When placed in an ambiguous, but potentially threatening situation, Type A (high hostile) versus Type B (low hostile) humans seemed to display autonomic activity characteristic of the defense reaction. During the ensuing decade my group and I continued our neurophysiological studies in animals, but also began to extend this work to psychophysiological studies in humans in order to help us understand African-American versus European-American differences in hypertension as well as how various behavioral situations elicited different patterns of autonomic nervous system responses. During this period we used impedance cardiography and neurohormonal assessment to better characterize the reactions of humans to psychological and physical stressors.

Urs Nater: How did these formative studies guide your subsequent Behavioral Medicine research?

Neil Schneiderman: Given that my research interests involved stress, the nervous system and disease processes, it was not surprising that our research group turned its attention to the HIV/AIDS epidemic when it struck Miami in the 1980s. As this took place before the advent of highly active antiretroviral therapy (HAART), we had limited tools in our arsenal. We hypothesized and then confirmed, however, that behavioral interventions including relaxation and stress management could decrease stress and thereby have a positive effect upon neurohormonal and immune functions that might otherwise exacerbate disease in people living with HIV/AIDS. When HAART subsequently became available, we showed that even after controlling for medication adherence, stress had a deleterious effect upon HIV viral load, reflecting a negative effect upon health status. Conversely, after controlling for medication adherence in patients with detectable HIV viral load, a behavioral intervention that included stress management and relaxation training significantly reduced viral burden and often led to an undetectable level of virus. Thus, there appears to be a role for stress management in some people living with HIV/AIDS even when HAART is available.



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

Neil Schneiderman: For the past decade my colleagues and I have been conducting basic research examining the effects of psychosocial variables on the progression of atherosclerosis. Using the Watanabe heritable hyperlipidemic rabbit as an animal model, our research team has under the leadership of Philip McCabe shown that affiliation (social support) can significantly impede the progression of atherosclerosis and that blood borne oxytocin is a potential mediator. Using cultured human vascular cells, we have also shown that oxytocin can attenuate oxidative stress and inflammation in human aortic endothelial cells, thereby influencing important pathophysiological processes. Turning to clinical investigation, I have been privileged to be part of research team led by Kristina Orth-Gomér, that conducted the Swedish Women's Intervention Trial for Coronary Heart Disease (SWITCHD). We reported, in an article published this past January, that a group-based psychosocial intervention program for women with coronary heart disease carried out for 5-9 years, significantly reduced mortality risk by two-thirds. Thus, this was the first clinical trial ever to show that a psychosocial intervention could decrease mortality in women with severe coronary heart disease. In the area of public health I am the Director of the Miami Field Center and on the Steering Committee of the Hispanic Community Health Study/Study of Latinos (HCHS/SOL). This longitudinal, multi-center, epidemiological study is primarily funded by the National Heart, Lung and Blood Institute of the NIH. The study is examining the health status and health risks of 16,000 Hispanic/Latinos living in Chicago, Miami, New York and San Diego. In addition to standard blood tests and anthropometry, the examinations include electrocardiogram, ankle-brachial index, pulmonary function, sleep, physical activity, oral glucose tolerance, audiometry and dental exams. The assessments also involve detailed questions about demographics (i.e., SES), personal medical history, nutrition, lifestyle and habits, occupational/environmental exposure, cognitive function and acculturation. Thus, the study is well-positioned to examine the relationship between sociocultural/behavioral factors and health status among different ethnic (e.g., Mexican American, South/Central American, Cuban American, Puerto Rican) groups. Hard endpoints include mortality by cause, and fatal and nonfatal cardiovascular and cerebrovascular events.

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

Neil Schneiderman: The term "behavioral medicine" was coined in the 1970s to signify the joint proprietorship of an interdisciplinary field by both biomedical and behavioral scientists. Previously, psychosocially oriented groups identified themselves under the headings "psychosomatic medicine" and "medical psychology," but these tended to reflect disciplinary identifications. In more recent years the term "psychosomatic medicine" has taken on internationally a more interdisciplinary identification. Similarly, the field of "behavioral medicine" has broadened its mission to include not only the integration of biomedical and behavioral science knowledge, but also psychosocial and sociocultural knowledge. Throughout most of the 1970s my primary self-identification was as a neuroscientist who was interested in cardiovascular neuroscience and behavior. Conferences such as the one on coronary prone behavior stimulated me to conduct cardiovascular psychophysiological studies thereby extending my interests into human as well as animal research. By 1979 I had applied for and received a research training grant from the National Heart,



Lung and Blood Institute of NIH entitled “Behavioral Medicine Research in Cardiovascular Disease.” That research training grant has for the past thirty years supported pre- and postdoctoral research fellows conducting both animal and human research. Thus, I would say that by 1979 I clearly thought of myself as working in the field of behavioral medicine.

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

Neil Schneiderman: The believe that Behavioral Medicine as a field has developed well across its three major domains: basic research; clinical investigation; and public health. In terms of basic research I think that progress has been made in applying advances in psychoneuroendocrinology and psycho-neuroimmunology to the study of patho-biology and this will be further enriched by increased application of genomic and imaging research. Similarly, more basic research needs to be carried out relating sociocultural factors (e.g., acculturation) to disease processes. The manner in which the built environment influences health also needs more attention. Now that behavioral medicine has uncovered significant information from basic research, observational studies, and small, targeted clinical intervention studies, there is a need for further development of evidence-based treatments derived from carefully designed, well thought out, multi-center randomized clinical trials. Trials such as the Finnish Diabetes Prevention Study and the United States Diabetes Prevention Program have clearly shown that behavioral interventions can reduce the risk of diabetes in pre-diabetic patients. Clinical intervention trials such as the Recurrent Coronary Prevention Project and Stockholm Women’s Intervention Trial for Coronary Heart Disease have also clearly shown that psychosocial interventions can improve clinical outcomes in organic disease. Nevertheless, if behavioral medicine approaches are to find a satisfactory home in evidence-based medicine, we shall need to make our case with a substantial number of large scale multi-center randomized clinical trials that are published in major scientific journals. Another opportunity Behavioral Medicine has to extend its reach, is in the area of public health. Obesity and heart disease now threaten China, India and South Africa as well as the European Union countries, Latin America and the United States. Infectious diseases, including HIV/AIDS, are still a major threat to much of the world. We have already learned much from large scale observational studies that have incorporated behavioral medicine principles, but there is much more to be learned. One of the strengths of behavioral medicine research is that its theories and practices have been developed for application at multiple levels ranging from treatment of high risk individuals to population based national outreach programs. The tailoring of these approaches to different types of individuals and ethnic groups is an exciting challenge for our field.

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

Neil Schneiderman: From a public health perspective I would like to see an increase in the number of nations represented within the ISBM. There are many models of public health, and there is much that ISBM members from different nations can learn from one another; particularly in developing countries, where advances in highly efficient, low cost behavioral medicine technology are already having a reasonable payoff, participation in the ISBM could be mutually beneficial. The role that the ISBM has played in helping to formulate the European Guidelines for Cardiovascular



Disease Prevention is an excellent model for ISBM to follow with other diseases such as diabetes. It would be nice to see the ISBM continue its work with cardiovascular disease prevention and extend its reach to help formulate guidelines for other diseases that could benefit from behavioral medicine input. I would also like to see the ISBM develop further in bringing basic research information to our members. Although the ISBM currently admits only national and regional behavioral medicine societies, I would like to also see us reach out to groups such as the Psychoneuroimmunology Research Society and the International Psychoneuroendocrinology Society. These relatively small societies would continue to have their annual meetings and conduct their business as usual (as our national societies do), but could also have a track (and track chair) at the biannual International Congress of Behavioral Medicine and seats on our Governing Council. Many of the basic researchers in societies emphasizing basic research, would welcome exposure to our clinical investigators and public health researchers worldwide.

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

Neil Schneiderman: Nations differ greatly, but people tend to be more alike. Nevertheless it is important to be a good listener, and to learn enough about a new culture so that you can be properly respectful. People may be self-critical about their own country, but that doesn't give us permission to underestimate the justifiable national pride of others. Until fairly recently it was easy for Americans to perceive short-comings in other health care systems (e.g., rationed health care; long waits to see a specialist), while remaining oblivious to the problems within our own system. Cultural factors influence our perceptions. When I worked in Birmingham, England in the 1970s, for example, it seemed strange to me that noninfectious patients in hospitals had to make their own beds and stand on line in the cafeteria; whereas, in the United States even indigents could expect a nurse to bring the food and change the linens. In terms of research orientation, I think I first became sensitized to a public health perspective by travelling to other countries and by interacting with ISBM colleagues. I came from a country that has had a history of good specialist medical care, but little public health infrastructure. Historically, medicine was conducted by private practitioners, who were well trained in diagnosis and treatment, but had no incentive to practice preventive medicine. Registry systems, such as exist in Scandinavia, were largely non-existent in the United States. However, as has become increasingly apparent in recent years, the health care system in the United States is dysfunctional, many of us, who have been involved with the international science community, have been able to learn from our peers and have become involved in large scale public health studies that have important sociocultural, behavioral medicine components.

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

Neil Schneiderman: The field of Behavioral Medicine offers many opportunities for conducting basic research, public health studies and clinical trials. While it is important to bring to these tasks strong research skills, it is also important that we do not fixate for too long on a single technique. When I began my research career there was no field of Behavioral Medicine and the techniques I had at my disposal were single neuron recording, histological staining, and Pavlovian conditioning. If one is not prepared to reinvent him- or herself multiple times over a lifetime, a per-



son may end up restricted by the technology of his or her early training. One does not need necessarily to give up old skills, but must be willing to continually add new ones. Rather than defining oneself as being in a specific research area, it is often better to examine carefully and follow-up research questions to see where they lead. In my own case I began with a strong interest in the central nervous system control of the circulation and ended up studying: endocrines, cytokines and atherogenesis; sociocultural factors influencing cardiovascular disease risk in Hispanic/Latino Americans; and psychosocial interventions in coronary heart disease. Everyone, of course, needs to follow their own unique path, but the field of Behavioral Medicine is rich with opportunity and offers many worthwhile opportunities for exploration.



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

Board Members

Kerry Sherman

President 2023-2025
Macquarie University, Australia
kerry.sherman@mq.edu.au

Anne H. Berman

Past President 2023-2025
Uppsala University, Sweden
anne.h.berman@psyk.uu.se

Michael Hoyt

President Elect 2023-2025
University of California, Irvine, USA
mahoyt@uci.edu

Maria Kleinstaeuber

Secretary 2021-2025
Utah State University, USA
maria.kleinstaeuber@usu.edu

Chris Kilby

Educ. and Training Committee (Chair) 2023-2027
Cairnmillar Institute, Australia
chris.kilby@cairnmillar.edu.au

Allison Marziliano

INSPIRE Committee (Chair) 2023-2027
Northwell Health, USA
amarzilian@northwell.edu

Michael Hoyt

Int. Journal of Behavioral Medicine (Editor) 2018-2024
University of California, Irvine, USA
mahoyt@uci.edu

Mette Terp Høybye

Nominations Committee (Chair) 2023-2025
Aarhus University
hoybye@clin.au.dk

Michael Diefenbach

Strategic Planning Committee (Chair) 2023-2027
Northwell Health, USA
mdiefenbach@northwell.edu

Beate Ditzen

Treasurer 2020-2025
University Hospital Heidelberg, Germany
beate.ditzen@med.uni-heidelberg.de

Susanne Fischer

Newsletter Editor 2020-2024
University of Zurich, Switzerland
s.fischer@psychologie.uzh.ch

Sherri Sheinfeld Gorin

Finance Committee (Chair) 2021-2025
The University of Michigan School of Medicine
sherri.gorin@gmail.com

Claire Conley

Communications Committee (Chair) 2021-2025
Georgetown University, USA
claire.conley@georgetown.edu

Kazuhiro Yoshiuchi

International Collab. Committee (Chair) 2023-2027
University of Tokyo, Japan
kyoshiuc-tyk@umin.ac.jp

Lara Traeger

Membership Committee 2020-2025
Harvard University, USA
ltraeger@mgh.harvard.edu

Lisa Newson

Organizational Liaison Committee 2023-2027
Liverpool John Moores University, UK
l.m.newson@ljmu.ac.uk

Dawn Wilson-King

Scientific Program Committee (Chair) 2023-2027
University of South Carolina, USA
wilsondk@mailbox.sc.edu

Frank J. Penedo

Member-at-Large 2021-2025
University of Miami, Florida, USA
frank.penedo@miami.edu