



Social Personality & Health Pre-Conference

January 27, 2011, San Antonio, Texas
Co-Chairs: Traci Mann & David Sherman

Schedule

8:00 - 8:30			BREAKFAST		
8:30 - 8:45	Alex Rothman		Introduction of SPH Network		
8:45-9:15	Margaret Kemeny		Physiological and Health Consequences of Threats to the Social Self		
9:15-9:45	Jim Blascovich		Challenge, Threat, and Health		
9:45-10:15			Data Blitz I		
10:15-10:30			BREAK		
10:30-11:00	Mark Schaller		The Behavioral Immune System		
11:00-11:30	Jamie Pennebaker		Text Analysis as a Health Psychology Tool		
11:30-12:00	Andrew Geers		Choice, Control, and the Placebo Effect		
12:00-1:30			LUNCH		
1:00-1:30			SPSP registration		
1:35-1:40	John Updegraff		SPH Network Anthem		
1:45-2:45	NCI Keynote Address Janice Kiecolt-Glaser		Troubled Personal Relationships, Immunity, and Health		
2:45-3:15			Data Blitz II		
3:15-3:30			BREAK		
3:30-4:00	Jeffrey Fisher		Changing HIV Risk Behavior		
4:00-4:30	Robert Kaplan		Community Wide Efforts to Reduce the Risk of Heart Disease and Stroke		

Abstracts

Margaret Kemeny, University of California, San Francisco
Physiological and Health Consequences of Threats to the Social Self

Shame is a key emotional response to "social self" threats such as social evaluation or rejection. I propose that shame may orchestrate specific patterns of psychobiological changes under these conditions. A series of studies demonstrates that acute threats to the social self increase proinflammatory cytokine activity and cortisol and that these changes occur in concert with shame. Chronic social self threats and persistent experience of shame-related cognitive and affective states predict disease-relevant immunological and health outcomes in HIV. Across our laboratory and longitudinal studies, general or composite affective states are unrelated to these physiological and health outcomes. These findings support a stressor- and emotional response-specificity model for psychobiological and health research.

Jim Blascovich, University of California, Santa Barbara
Challenge, Threat, and Health

Historically, the biopsychosocial model of challenge and threat evolved as an outgrowth of prior work relating "cardiovascular reactivity" and cardiovascular disease. The biopsychosocial model countered widespread notions in the 1980s and early 1990s that relative differences in cardiovascular responses during stressful situations were themselves traits (e.g., "hot reactors" and "cold reactors") predictive of disease. The latter approach appeared to minimize the value of understanding underlying psychological processes and constructs by framing mostly singular cardiovascular responses as traits. Instead, the challenge and threat model is based on the assumption that the relationships between cardiovascular indexes and health are complex involving the interplay among cognitive, affective, personality, and motivational factors. This interplay is delineated and its role in disease described.

Mark Schaller, University of British Columbia
The Behavioral Immune System

Pathogens are problematic, and immune responses can be costly. For this reason, the immune system is complemented by a "behavioral immune system" that facilitates avoidance of pathogen infection in the first place. The behavioral immune system includes psychological mechanisms that (a) detect the presence of infectious agents in the immediate environment, (b) trigger disease-relevant emotional and cognitive responses, and (c) guide adaptive behavioral responses. The system is cue-dependent and hyper-vigilant, often resulting in aversive responses to things (including people) that pose no actual threat of pathogen infection. The system is also adaptively flexible, often resulting in more strongly aversive responses under conditions in which people perceive themselves to be more vulnerable to infection. Recent research reveals many provocative implications – for social interaction, for interpersonal prejudice, for the origins of cultural differences, and for the operation of the "real" immune system too.

James W. Pennebaker, University of Texas
Text Analysis as a Health Psychology Tool

With rapid advancements in computerized text analytic methods, we can now track the ways people think about and communicate with others about physical health with great precision and speed. Results from several studies will demonstrate how the analysis of blogs, Twitter feeds, Facebook posts, emails, and online searches can inform traditional health concerns such as contagion, health campaigns, the construction of disease models, and doctor-patient relationships. By focusing on different features of language, it is possible to track both the content of speech as well its linguistic style. Whereas the content of language reveals the basic themes and organization of speech, methods that focus on linguistic style provide clues about the relationships between speakers, listeners, and the topics they discuss. As a relatively new tool for health psychology, language analyses open up a relatively inexpensive noninvasive measure that complements traditional self-reports and more costly biological measures.

Andrew Geers, University of Toledo
Choice, Control, and the Placebo Effect

The placebo effect is a broad term used in medicine for physiological or psychological responses to inactive substances or procedures. Research concerning the placebo effect relies primarily on classical conditioning and response expectancy theory frameworks which regard individuals as passive and reflexive agents. In this talk I will describe a series of experiments showing that personal agency is an integral component of placebo responding. Across diverse symptom domains and dependent measures, we find that placebo effects are strongest when individuals (a) are actively attending to their physical symptoms, (b) choose between multiple placebo treatments, (c) are motivated to experience treatment effects, and (d) are high in individual-differences associated with beliefs in personal efficacy (e.g., dispositional optimism). We also find that a lack of control can reduce placebo responding. Discussion will center on potential mediators and moderators and on the implications of these findings for medical practice and placebo-controlled research trials.

Janice Kiecolt-Glaser, Ohio State University
Troubled Personal Relationships, Immunity, and Health

The close link between personal relationships and immune function is one of the most robust findings in the psychoneuroimmunology literature. However, while supportive personal relationships are generally associated with better immune function, social relationships are not uniformly beneficial; data from several lines of work will be used to argue that chronically abrasive or stressful close personal relationships may provoke persistent alterations in immune and endocrine function, and these maladaptive changes have implications for health. Studies of separated and divorced men and women, newlyweds, older adults, and dementia spousal caregivers provide different perspectives on the impact of marital status and the quality of marital interactions. Furthermore, adverse childhood experiences can have lasting, detectable consequences for immune function and cell aging late in life, with effects large enough to be discernible beyond that of a major chronic stressor, dementia family caregiving. These diverse studies underscore the importance of relationships for health.

Jeffrey Fisher, University of Connecticut
Changing HIV Risk Behavior

This presentation details a psychological model for changing HIV Risk Behavior – the Information, Motivation, Behavioral Skills (IMB) Model – then reviews correlational and experimental intervention research that supports it. The IMB model argues that HIV risk behavior is associated with deficits in HIV prevention Information, Motivation, and/or Behavioral Skills. Identifying and addressing these elements through behavioral intervention can diminish HIV risk behavior. This presentation reviews a series of correlational tests of the model with different populations, as well as several experimental intervention studies that demonstrate that the use of the model reduces HIV risk behavior in different populations. The last part of the presentation applies the model to other health behaviors outside the realm of HIV.

Robert M. Kaplan, UCLA
Community Wide Efforts to Reduce the Risk of Heart Disease and Stroke

Despite many initiatives over the past three decades to improve healthcare quality and outcomes in the United States, progress remains slow, particularly for chronic disease care, where many patients still receive the recommended care only about half the time. In California the performance rates for many standard chronic care quality measures, such as control of high LDL cholesterol or blood pressure, rank substantially below those of other states. Although protocols for managing these risk factors are known to be effective, the major problem is in achieving application of the protocols by providers and adherence among patients. I will review efforts from the NHLBI-funded California Comparative Effectiveness and Outcomes Improvement Center, an entity that is developing a sustainable statewide infrastructure for comparative effectiveness research on primary and secondary prevention of cardiovascular disease. Results from a community-wide project in San Diego demonstrate the effects of interventions to change reward structures for both patients and providers on blood pressure, cholesterol, and hemoglobin.

Data Blitz I

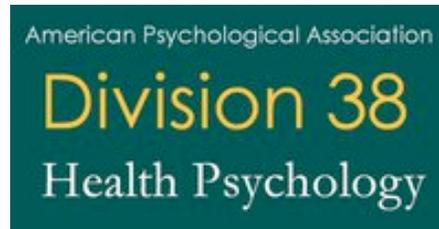
1. Jennifer L. Cerully, University of Pittsburgh, Exploring the role of the self in self-affirmation
2. Sara E. Andrews, San Diego State University, Wise optimism and well-being
3. Robert Low, University of Connecticut, A social norms approach to fighting the real computer viruses
4. Jennifer L. Howell, University of Florida, Reducing information avoidance
5. Jennifer Taber, University of Utah, Understanding the impact of message framing on prevention behaviors among high-risk individuals
6. Kimberly McClure, University of Connecticut, Weight-based rejection sensitivity as a correlate of weight control behaviors
7. John Kingsbury, Dartmouth College, Discrimination and positive health behaviors: The moderating role of self-control
8. Laura Walsh, George Washington University, Masculinity, UV photography, and college men's sun exposure cognitions
9. Stephanie Fowler, University of Toledo, Gender roles, priming, and pain: A person by situation analysis

Data Blitz II

1. Maryhope Howland, University of Minnesota, Social influence on eating: Perceived consumption and relationship characteristics
2. Britta Larsen, University of California, San Diego, Would it (literally) kill him to ask for directions? Men, support seeking, and health
3. Renee E. Magnan, University of New Mexico, Effects of social comparison feedback on exercise motivation, perceived risk, and worry
4. Jhon Wlaschin, University of Minnesota, Peer influences on weight gain: A new approach to examining the freshman 15 phenomenon
5. Megan Robbins, University of Arizona, Naturalistic observation of the intrusion of cancer in the daily lives and conversations of couples coping with breast cancer
6. Holen Katz, University of Colorado, The association between healthcare provider's ethnic/racial attitudes and hypertension control
7. Giuseppe Alfonsi, Concordia University, A cross-lagged panel analysis of subjective status and medical interventions
8. Cameron Brick, University of California, Santa Barbara, Validating a novel fMRI stress scale
9. Joshua M. Tybur, University of New Mexico, Smells like safe sex: Olfactory pathogen primes increase intentions to use condoms
10. Katherine L. Goldey, University of Michigan, Sexy thoughts: Effects of sexual cognitions on testosterone and cortisol

Acknowledgements

Sponsors



Contributors

Cameron Brick
Jamie Arndt
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Rachel Burns
Kim Hartson
Heather Scherschel
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Check-in
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Program Design

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