ASU Center for Health Promotion and Disease Prevention Newsletter Spring 2017
Faculty Spotlight: Dr. Shelby Langer

Dr. Shelby Langer is an Associate Professor in ASU's College of Nursing and Health Innovation and a member of the Center for Health Promotion and Disease Prevention. As a personality/social psychologist with post-doctoral training in Behavioral Medicine, her research interests focus on dyadic (2-person) communication and emotion regulation within the context of chronic illness. This work has spanned a variety of methodological approaches and populations: individuals recovering from stroke and their caregiving partners, patients undergoing cancer treatment and their caregiving partners, children with gastrointestinal disorders and their parents, and patients receiving bad news from their physicians. She has a strong track-record for securing extramural funding for her work in this area, including four NIH-funded grants as Principal Investigator.

Please tell us a bit about your educational background and how you arrived at this point in your career.

Dr. Langer: I was trained in basic relationship science, but always had both personal and professional interests in health. Ultimately, I was able to combine the two. In my third year as a doctoral student at Lehigh University in PA, I was offered research funding through a local hospital. My role was to provide research support for the medical residents. My first thought was, “What do I possibly have to offer these residents?” I was only 25 years old at the time. It felt very intimidating. But once I started, it became clear that I really DID have something to offer. Many of the residents lacked formal training in research methods and statistics, and appreciated the consultation I could provide. And… I realized how much I loved working in a medical setting. It was that instant feeling of being in the right place. I had the same feeling again years later when doing a fellowship at the Fred Hutchinson Cancer Research Center in Seattle. You walk in the front door and the first thing you see is a Nobel Prize case. It’s so inspiring.

How does your research contribute to the health promotion and disease prevention of the communities you serve or research?

Dr. L: My current primary line of investigation focuses on communication and emotion regulation among couples coping with late stage cancer. We know that poor communication (for example, hiding or denying cancer-related concerns from one’s partner) is linked to poor adjustment, specifically, greater distress and lower relationship satisfaction. What we don’t know is how. We’re trying to figure that out and using multiple methods: a smartphone application to assess real-time communication in day-to-day naturalistic settings, questionnaires to examine communication and adjustment over the course of one year, and a laboratory component whereby we bring couples into the lab and ask them to talk about the cancer experience. We videotape these interactions and will code for emotional disclosure and responsiveness. Findings will inform the development and delivery of interventions aimed at optimizing adjustment to the cancer experience – for both patients and partners as individuals and for couples as a whole. Meanwhile, my colleagues and I have already done some work testing couple-based communication interventions. Just as our basic science colleagues might go from the bench to the bedside and back again, I feel strongly that observational work is needed to inform interventional work, but that the latter may raise questions only answerable in more basic
behavioral science ways. My ultimate goal is to make these sorts of supportive interventions part of standard care. I’m also really interested in how enhancing couple communication might improve patient morbidity and mortality. Partners are intimately involved in patient care, for example, they often manage and administer multiple medications. Good communication between patients and partners is likely to facilitate coordination of care, which could lead to better adherence to medical regimens and, in turn, improved patient outcomes.

What makes you most enthusiastic about working with the Center for Health Promotion and Disease Prevention?

Dr. L: I had never been part of an academic research center before. In the past, I might have perceived it as constraining, but realize now that it’s quite the opposite. For one, the administrative support is hugely helpful. And two, it’s nice to be part of something bigger than just you and your research. Belonging to the center has already and will continue to bring opportunities to align with faculty from different disciplines and working in different areas. That synergy is exciting.

What advice would you give to early career researchers interested in health promotion and disease prevention?

Dr. L: (1) Figure out what you’re interested in and passionate about, find good people to work with, and even better, merge the two. (2) Focus first and foremost on a conceptual framework or methodological approach. The specific community or disease population you work with is less central. That may change over time and those skills can be learned and experiences gained. (3) I can’t say enough about a book titled Advice for the New Faculty Member – Nihil Nimus by Robert Boice (2000). It’s empirically based. The author did research on what makes junior faculty successful or not, by academic standards. There are 3 sections: one on teaching, one on research, and one on service. It’s all about being mindful and approaching work in a moderated manner. A must-read! In fact, I’m reading it again right now. (4) Remain flexible and open to opportunities. I never imagined moving or changing jobs at this stage of my career, but it has been positive in a thousand ways I couldn’t have envisioned.

What do you like to do in your free time?

Dr. L: Having moved here from Seattle, it’s fun to embrace the terrain and lifestyle which is so radically different. My husband and I love to hike, so that has been a good way to explore the area. Highlights thus far have included summiting Camelback, hiking in Sedona, and back-packing in Aravaipa Canyon. We also love “urban hiking” and do that whenever traveling. The most extreme example is when we did The Great Saunter in NYC, a 32-mile walking circumnavigation of Manhattan in one day. Eleven hours and 10 minutes of straight walking. I was limping at the end but what a great way to see the city!