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Future Directions in Human Behavioral Endocrinology



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Abstract and Keywords

Research within behavioral endocrinology has produced substantial advances over the past few decades. Knowledge of the biological mechanisms involved in human behavior informs evolutionary perspectives on selection pressures in our ancestral past, which encourages the development of more complete theories and more refined research questions. Yet, despite these advances, many unanswered questions remain. This chapter outlines broad suggestions for future hormone research within the topics of development and survival, reproductive behavior, and social and affective behavior. It concludes with several general suggestions for the field, including more research using hormonal assays, longitudinal and experimental designs, exogenous hormone administration, and cross-cultural work. It also suggests that researchers continue to consider the function of other endocrine traits (e.g., carrier proteins) and measure or manipulate hormones in combination with assessing hormone receptor genes. Behavioral endocrinology is a field replete with important future research directions that will contribute important insights into the evolution of our own and other species.

Keywords: Behavioral endocrinology, endocrinology, evolutionary psychology, hormones, behavior, future directions

The bidirectional relationships between hormones and behavior have received attention in several fields, such as biology (e.g., Stricker & Verbalis, 1988), social psychology (e.g., Campbell, 2010), evolutionary psychology (e.g., Welling et al., 2007), medicine (e.g., Hollander et al., 2001), and anthropology (e.g., Whitten, Brockman, & Stavisky, 1998). Contributors to this volume have outlined current research within behavioral endocrinology, highlighting how these findings add to our understanding of the evolution of our species. However, although this diverse literature encourages the development of more complete theories and more refined research questions, much remains to be

investigated. Here, we outline several broad suggestions for future research within each of the three themes of this volume: development and survival, reproductive behavior, and social and affective behavior. We conclude by presenting several general suggestions for the field.

Development and Survival

In addition to being responsible for growth and the development of secondary sexual characteristics, hormones mediate several development and survival behaviors across the lifespan. Although research is progressing, relatively little is known about how hormones mediate life history strategies in humans (reviewed in Vitousek & Schoenle, this volume). Future research should address how hormones across the lifespan influence these strategies while paying particular attention to individual differences (i.e., why individuals within a population differ in life history strategy; e.g., Williams, 2012) and within-subject context flexibility (i.e., how life history strategy changes over time in reaction to environmental changes; e.g., Wingfield, 2015). Moreover, interactions with biological sex across development (see Benenson, this volume) require further study, and animal models could be useful in this work. (p. 434) Although there is some evidence of cross-species similarities in developmental sex differences (e.g., Alexander & Hines, 2002; Hassett, Siebert, & Wallen, 2008), a great deal remains to be explored. For example, comparative work could investigate hormone-mediated differences in the onset of sex-differentiated social behaviors across primate species. The examination of similarities and differences across primate species affords educated inferences regarding ancestral pressures that may have applied to humans, which can further our understanding of sex-typical behaviors.

Comparative work also provides evidence for the Organizational-Activational Hypothesis (e.g., Gurney & Konishi, 1980; Phoenix, Goy, Gerall, & Young, 1959), which posits that sex differences in cognition result from differential hormone exposure during critical periods that organize brain circuitry to later produce behavior under appropriate hormonal conditions (reviewed in Hampson, this volume). There is significant empirical evidence in favor of organization/activational influences of hormones on human cognition (e.g., Puts, McDaniel, Jordan, & Breedlove, 2008; Resnick, Berenbaum, Gottesman, & Bouchard, 1986; Shute, Pellegrino, Hubert, & Reynolds, 1983), but the majority of research has focused on mental rotation ability, and so future work might investigate other aspects of cognition in more detail. One way to ethically investigate differential hormone exposure on human cognition is to compare populations with disorders of sex development (many of which are characterized by abnormal hormonal profiles during critical periods) with controls. Use of populations such as women with congenital adrenal hyperplasia (e.g., Resnick et al., 1986), who are exposed to higher than normal levels of androgens in utero, can provide an important avenue for assessing the contributions of hormones to the development of psychosexually differentiated behaviors. However, relatively few studies test these hypotheses on clinical samples. Similarly, the impact of pubertal timing on cognition (e.g., Beltz & Berenbaum, 2013) could be investigated using clinical populations

such as those with idiopathic hypogonadotropic hypogonadism, a condition whereby puberty is not triggered naturally and patients are given hormone replacement therapy to begin the process (i.e., the timing of puberty is precisely known, unlike nonclinical samples). Use of clinical populations could also inform research on other aspects of cognition that are influenced by sex steroids, such as learning and memory (for a discussion on hormonal influences on learning and memory, see Ervin & Choleris, this volume).

Given the importance of hormones on development and cognition, we need additional research on endocrine-disrupting chemicals, compounds in the environment that block or mimic hormones (see Vandenberg, this volume). The potential negative impact of endocrine-disrupting chemicals, commonly found in pesticides and other modern products like plastics, has been known for several decades (Carson, 1962). Yet, endocrine-disrupting chemicals are still commonplace and can have a profound influence on wildlife. For example, atrazine, which is among the most common herbicides used worldwide, is found in ground, surface, and drinking water. Hayes et al. (2010) found that amphibian males exposed to atrazine were chemically castrated and completely feminized as adults, and suggested that atrazine and other endocrine-disrupting chemicals may play a role in the global decline of amphibians. In humans, many endocrine-related disorders have increased over a relatively short period of time, which suggests that environmental changes such as increases in endocrine-disrupting chemicals may be responsible (Bergman et al., 2013). However, the effect of endocrine-disrupting chemicals on human behavior remains unexplored.

Reproductive Behavior

Considerable research on many species, including humans (see, e.g., Gangestad & Thornhill, 2008; Gildersleeve, Haselton, & Fales, 2014), suggests that hormones affect reproduction-related behaviors in functional ways. Despite some disagreement (e.g., Harris, Pashler, & Mickes, 2014; Wood, Kressel, Joshi, & Louie, 2014), putative shifts in adaptive behaviors and preferences across the female menstrual cycle have received substantial attention (reviewed in Welling & Burriss, this volume). As noted previously (e.g., Gangestad et al., 2016), disagreement about the results of research in this area may be partly attributable to inconsistencies in the methods used to estimate cycle phase. Researchers should use within-subject designs where possible, follow published guidelines when estimating cycle phase, and use sufficient power so that the results of research will be easier to compare across studies (Gangestad et al., 2016; Jones et al., in press). This will serve the additional benefit of reducing Type 1 and Type 2 errors.

Many women have chosen to control their menstrual cycles and fertility using the synthetic hormones (p. 435) found in hormonal contraceptives since their introduction in the 1960s (Mosher & Jones, 2010), which may affect aspects of mate choice (e.g., Roberts, Gosling, Carter, & Petrie, 2008; see Hahn & Cobey, this volume, for a review of synthetic hormones and women's mating psychology). Although research into the use of

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these popular synthetic hormones has progressed steadily, most of this work (with a few notable exceptions; e.g., Cobey, Klipping, & Buunk, 2013) compares women currently on hormonal contraceptives with women not currently on hormonal contraceptives (e.g., Welling, Puts, Roberts, Little, & Burriss, 2012), rather than comparing the same women multiple times. Also, synthetic hormones are not identical; for example, some progestins (e.g., levonorgestrel) are androgenic, whereas others (e.g., drospirenone) are antiandrogenic. Hormonal contraceptives are also administered multiple ways (e.g., injectable, pill, vaginal ring) and can be monophasic (i.e., deliver a constant level of synthetic hormones) or multiphasic (i.e., the synthetic hormone dose varies across the regimen). Some research has compared different doses of synthetic hormones (Cobey, Pollet, Roberts, & Buunk, 2011; Welling et al., 2012; Welling, 2016) or the type of synthetic hormone (Grøntvedt, Grebe, Kennair, & Gangestad, 2017). However, there is a need for additional research that considers different types of synthetic hormones (e.g., levonorgestrel vs. drospirenone) and different types of hormonal contraceptives (e.g., injectable vs. pill, monophasic vs. multiphasic) on women's mating psychology (e.g., mate preferences, sexual behavior), especially using a within-subject design. Correspondingly, although some have argued that menopause is accompanied by a shift away from mating-oriented psychology (e.g., Hawkes, O'Connell, Jones, Alvarez, & Charnov, 1998) and a reduction in behaviors aimed at acquiring and securing a mate (e.g., Vukovic et al., 2009), the impact of hormone replacement therapy (HRT) on many mating and family-related behaviors has yet to be investigated. Given their increasing popularity among women and men (i.e., androgen replacement therapy), HRT is a fruitful area for additional investigation.

Mate preferences fluctuate across the lifespan, but few studies employ longitudinal within-subject designs, and even fewer measure hormone concentrations (reviewed in Boothroyd & Vukovic, this volume). The lack of within-subject designs is a methodological weakness that needs to be addressed to rule out confounding influences of individual differences on mate preferences. Given changes in preferences during periods characterized by marked hormonal changes, such as puberty (e.g., Boothroyd, Meins, Vukovic, & Burt, 2014) and menopause (e.g., Vukovic et al., 2009), hormonal mediation seems likely, but the relative lack of hormonal assays in developmental work makes it uncertain. Furthermore, variation in methods used to assess mate preferences (e.g., peer-aged vs. young adult stimuli; Jones, Vukovic, Little, Roberts, & DeBruine, 2011; Vukovic et al., 2009) and pubertal timing (e.g., puberty scales vs. age of menarche; Jones, Boothroyd, Feinberg, & DeBruine, 2010; Saxton et al., 2010) hinders comparisons across studies. These shortcomings yield ample opportunities for future research into developmental changes across the lifespan and into how hormonal exposure during critical periods organizes mate preferences. Similarly, we need additional research on the hormonal components involved in developing gendered behaviors, gender identity, and sexual orientation (reviewed in Neibergall, Swanson, & Sánchez, this volume).

In addition to influencing mate preferences, hormones influence parental behavior. In men, aggression and mating effort are linked in that testosterone is positively related to both (reviewed in Goetz, Weisfeld, & Zilioli, this volume). Thus, it is perhaps unsurprising

that testosterone declines with fatherhood, which likely functions to decrease aggression and mate seeking and, in turn, increase investment in children (reviewed in Boyette & Gettler, this volume). Using longitudinal data from the Philippines, Gettler and colleagues (Gettler, McDade, Agustin, Feranil, & Kuzawa, 2015; Gettler, McDade, Feranil, & Kuzawa, 2011; Gettler, McKenna, Agustin, McDade, & Kuzawa, 2012) found that men experience significant declines in testosterone when transitioning into fatherhood, and that this decline is greatest among men who are more involved in caregiving. More recently, this lab found that young men's androgen functionality (i.e., androgenicity) before fatherhood predicted whether they were later involved as direct caregivers, with moderately androgenic men being more involved than those low or high in androgenicity (Gettler et al., 2017). Other evidence suggests that other hormones, like prolactin and oxytocin (see Gordon, Zagoory-Sharon, Leckman, & Feldman, 2010), play a role in paternal behavior similar to the role these hormones play in maternal behavior (e.g., Uvnäs-Moberg, Widström, Nissen, & Björvell, 1990). Furthermore, maternal behavior is associated (p. 436) with estradiol and progesterone, and their ratio, during gestation (e.g., Glynn, Davis, Sandman, & Goldberg, 2016), but their influence in male paternal behavior is unexplored in humans. The independent and interdependent effects of these hormones on parenting and other social behaviors, including social bond paradoxes (i.e., the seemingly contradictory activating function of certain hormones when applied to different circumstances, such as nurturing vs. infant-defense parenting behaviors; see Witczak, Simmons, & Bales, this volume), deserves additional attention. Specifically, researchers should continue to differentiate the hormonal trade-offs involved in balancing mating, parenting, and affiliative social bonds and behaviors.

Social and Affective Behavior

Social and affective behaviors can be prosocial (e.g., nurturance) or antisocial (e.g., aggression). The endocrine system is important in regulating social-affiliative processes that contribute to the initiation and maintenance of human social bonds (for a review of the endocrinology of social relationships, see Anderl, Saphire-Bernstein, & Chen, this volume). The Challenge Hypothesis suggests that there is a dynamic relationship between testosterone and aggressive behavior such that testosterone promotes aggression when it benefits the individual from a reproductive standpoint (i.e., pursuing a mate, mate guarding, and intersexual competition to ward off male rivals; Wingfield, Hegner, Dufty, & Ball, 1990). Indeed, considerable research has found an association between testosterone and competitive, status-seeking behavior (reviewed in Casto & Mehta, this volume; Geniole & Carré, this volume). Competition-induced testosterone changes are influenced by competitive outcome (i.e., win vs. loss; e.g., Gladue, Boechler, & McCaul, 1989; Mazur, Booth, & Dabbs, 1992; Mehta, Snyder, Knight, & Lassetter, 2015; Pound, Penton-Voak, & Surridge, 2009), and these testosterone fluctuations may in turn influence future competitive behavior by promoting such behavior when it may enhance status (discussed in Mehta et al., 2015). A methodological limitation of this (and other) work is reliance on correlations instead of experimental manipulations, which, particularly given that the relationships between testosterone and aggressive and competitive behavior are

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bidirectional (i.e., the behavior follows the increase in the hormone and vice versa; e.g., Carré, Campbell, Lozoya, Goetz, & Welker, 2013; Geniole, Bird, Ruddick, & Carré, 2017), does not inform our knowledge of causal relationships. Testosterone administration studies are becoming more common (e.g., Bos, Panksepp, Bluthé, & Van Honk, 2012; Carré et al., 2017; Welling, Moreau, Bird, Hansen, & Carré, 2016; Wibral, Dohmen, Klingmüller, Weber, & Falk, 2012), but more work using exogenous hormone administration, including with other hormones like estradiol and progesterone, would be useful. Also, investigations into the long-term effects of hormone surges could generate novel information.

Testosterone secretion and action on target tissues is influenced by cortisol level (e.g., S. Chen, Wang, Yu, Liu, & Pearce, 1997), and predictions surrounding testosterone and social status have not been fully supported (see review by Mazur & Booth, 1998). Research on testosterone and status (Mehta & Josephs, 2010) and aggression (Dabbs, Jurkovic, & Frady, 1991; Popma et al., 2007) suggests that the interaction between testosterone and cortisol may be more important than looking at a single hormone in isolation. For instance, Mehta and Josephs (2010) found that testosterone is positively related to dominance behaviors in men and women, but only if the individual is low in cortisol level. Future research should explore this dual-hormone effect in more detail by, for example, examining other behavioral and personality correlates (discussed in Casto & Mehta, this volume). Additionally, the influence of these hormones on status-seeking and related behaviors should be considered with reference to the social group in which they occur (e.g., group hierarchies, intergroup and intragroup competition, nonfamilial vs. familial groups) to more comprehensively investigate within-group social dynamics. Evidence suggests that testosterone can promote prosocial behaviors under certain contexts, such as when interacting with in-group versus out-group members (e.g., Diekhof, Wittmer, & Reimers, 2014; Reimers & Diekhof, 2015), reciprocating prosocial behavior (Boksem et al., 2013; Dreher, Dunne, Pazderska, Frodl, & Nolan, 2016), or (in women) reconciling after a conflict or competition (Casto & Edwards, 2016). However, despite attempts at formulating models outlining the functions of testosterone (e.g., Eisenegger, Haushofer, & Fehr, 2011; van Anders, Goldey, & Kuo, 2011), the contexts and individual differences according to which testosterone promotes positive versus negative behaviors remain unclear (see discussion in Hamilton, Carré, Mehta, Olmstead, & Whitaker, 2015).

Other research on the endocrinology of social relationships has focused on the peptide hormone oxytocin (for a review of oxytocin research, see Grebe & Gangestad, this volume). In addition to its (p. 437) functions in parturition and lactation, researchers have argued that oxytocin evolved to facilitate parental (especially maternal) behavior, but that it has been co-opted and modified to function in other relationship contexts (e.g., friendships, kin, in-group members; e.g., Carter, 2014; Donaldson & Young, 2008). Although there is evidence in favor of this hypothesis (e.g., Feldman et al., 2010), more work is needed to clarify oxytocin's role and range of functions. For instance, oxytocin is known to attenuate the cortisol response to stress (Cardoso, Ellenbogen, Orlando, Bacon, & Jooper, 2013) and may interact with opioids to influence social outcomes (reviewed in

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Gangestad & Grebe, 2017). In rats, estradiol and progesterone proliferate oxytocin receptors in the brain and enhance the influence of administered oxytocin on sexual receptivity (McCarthy, 1995; Schumacher, Coirini, Frankfurt, & McEwen, 1989; Schumacher, Coirini, Pfaff, & McEwen, 1990). Also, oxytocin is related to both prosocial and antisocial behaviors (reviewed in Shamay-Tsoory & Abu-Akel, 2016). Mixed findings have led to several attempts to conceptualize oxytocin's various influences into a unified framework (e.g., Bethlehem, Baron-Cohen, van Honk, Auyeung, & Bos, 2014; Churchland & Winkielman, 2012; Crespi, 2016; Numan & Young, 2016; Shamay-Tsoory & Abu-Akel, 2016), but no consensus has been achieved. Scholars should continue to test the different oxytocin hypotheses to determine which has the most support, and should integrate evidence of associations with other hormones (e.g., vasopressin, estradiol, progesterone, cortisol).

One putative function of oxytocin is that it acts to protect a person from the negative effects of stress by reducing stress hormones (Cardoso et al., 2013) and encouraging affiliative social behavior (e.g., Carter, 1998). Although stress hormones may be adaptive under short-term acute conditions (providing energy for fight-or-flight responses; e.g., Cannon, 1929), chronic stress can have severe long-lasting consequences (reviewed in Mogilski et al., this volume). However, the role that cortisol plays in dysregulating bodily functions and increasing susceptibility to disease through behavioral and immune function changes is not well understood. Recent advances in research have increased our understanding of how maternal/gestational stress and child maltreatment impact the hypothalamic-pituitary-adrenal (HPA) axis and mental and physical health (reviewed in Deer, Bernard, & Hostinar, this volume), but little is known about the degree to which the observed effects are moderated by timing (e.g., during different stages of gestation). Also, as noted elsewhere (e.g., Heim, Newport, Mletzko, Miller, & Nemeroff, 2008), there are few longitudinal studies investigating these issues. Similarly, interactions between genetic variation and stressful experiences, and how they influence psychological behavior and psychiatric outcomes across the lifespan, deserve additional attention. Other methodological issues in this area, such as inconsistent assessment, retrospective designs with adult samples, and small sample sizes, have been noted (McCrary, De Brito, & Viding, 2010; Pollak, 2015; see also Deer et al., this volume) and hinder the comparison of results across studies. Finally, how individual differences mediate responses to acute and chronic stress may have applications for the treatment of certain clinical disorders.

The HPA axis (e.g., Burke, Davis, Otte, & Mohr, 2005; Ciufolini, Dazzan, Kempton, Pariante, & Mondelli, 2014; Stetler & Miller, 2011), estrogen and progesterone (e.g., Newhouse & Albert, 2015; Schmidt, Nieman, Danaceau, Adams, & Rubinow, 1998; Wyatt, Dimmock, Ismail, Jones, & O'Brien, 2004), and testosterone (e.g., Almeida, Waterreus, Spry, Flicker, & Martins, 2004; Bromberger et al., 2010; Giltay et al., 2017) have been implicated in mental health issues such as depressive disorders (reviewed in Ellenbogen, Tsekova, & Serravalle, this volume). Hormones may be important causes or consequences of certain clinical disorders and may be useful in targeted treatments (see, e.g., Herbert, 2013). Research in this area has begun (e.g., Block et al., 2017; DeBattista et al., 2006; Guastella, Howard, Dadds, Mitchell, & Carson, 2009; Spierling & Zorrilla, 2017),

including research that considers matching genetic markers associated with hormone functioning with the response to treatment (O'Connell et al., 2018), but this research remains sparse. Researchers could also further examine how short-term fluctuations in hormones or disruption of natural hormonal cycles (e.g., circadian rhythms; reviewed in Cissé, Borniger, & Nelson, this volume) impact mental health and other behaviors.

Conclusion

Research in behavioral endocrinology informs evolutionary theories surrounding ultimate (“why”) questions by providing the proximate (“how”) explanations. Although considerable advances have been made, much is left to uncover. We need more research using hormonal assays, longitudinal designs, and experimental designs with exogenous hormone administration. Additional cross-cultural research could illustrate important hormone interactions with (p. 438) the environment, or otherwise provide important replications of key findings. Another major frontier in endocrine research involves exploring the complex regulatory networks that connect neuroendocrine systems and their connection with other physiological systems (e.g., immune and metabolic systems; Martin & Cohen, 2015). Behavioral endocrinology research typically focuses on a single hormone’s influence on a given trait, but physiological systems are interconnected (e.g., Cutolo et al., 2004). Understanding the interactions between physiological systems and behavior would provide important insights. Correspondingly, investigating interactions between multiple hormones (e.g., Heinrichs, Baumgartner, Kirschbaum, & Ehlert, 2003; Mehta & Josephs, 2010; Tackett et al., 2015) is imperative. These interactions should be both measured endogenously and manipulated exogenously in multiple samples.

The literature would benefit from additional work on hormone gene activation and how selection shaped the expression and function of other endocrine traits, such as hormone receptors and carrier proteins. Furthermore, measuring or manipulating hormones in combination with assessing hormone receptor genes (e.g., F. S. Chen et al., 2015; Eisenegger, Kumsta, Naef, Gromoll, & Heinrichs, 2017; Roney, Simmons, & Lukaszewski, 2010) can more thoroughly address whether it is the hormone itself or other aspects of biology related to the hormone that are influencing changes in behavior. Future work of this nature may reveal that relationships between hormones and behavior are more complex than previously supposed. Certainly, there are multiple directions scholars can pursue moving forward, which may eventually generate comprehensive models of how hormones influence development, survival, reproduction, and social behaviors across the lifespan.

References

Alexander, G., & Hines, M. (2002). Sex differences in response to children’s toys in nonhuman primates (*Cercopithecus aethiops sabaeus*). *Evolution and Human Behavior*, 23, 467–479.

Future Directions in Human Behavioral Endocrinology

Almeida, O. P., Waterreus, A., Spry, N., Flicker, L., & Martins, R. N. (2004). One year follow-up study of the association between chemical castration, sex hormones, beta-amyloid, memory and depression in men. *Psychoneuroendocrinology*, *29*, 1071–1081.

Beltz, A. M., & Berenbaum, S. A. (2013). Cognitive effects of variations in pubertal timing: is puberty a period of brain organization for human sex-typed cognition? *Hormones and Behavior*, *63*(5), 823–828.

Bergman, A., Heindel, J. J., Kasten, T., Kidd, K. A., Jobling, S., Neira, M., ... Woodruff, T. J. (2013). The impact of endocrine disruption: A consensus statement on the state of the science. *Environmental Health Perspectives*, *121*(4), A104–A106.

Bethlehem, R. A., Baron-Cohen, S., van Honk, J., Auyeung, B., & Bos, P. A. (2014). The oxytocin paradox. *Frontiers in Behavioral Neuroscience*, *8*, 1–5.

Block, T., Petrides, G., Kushner, H., Kalin, N., Belanoff, J., & Schatzberg, A. (2017). Mifepristone plasma level and glucocorticoid receptor antagonism associated with response in patients with psychotic depression. *Journal of Clinical Psychopharmacology*, *37*, 505–511.

Boksem, M. S., Mehta, P. H., Van den Bergh, B., van Son, V., Trautmann, S. T., Roelofs, K., ... Sanfey, A. G. (2013). Testosterone inhibits trust but promotes reciprocity. *Psychological Science*, *24*(11), 2306–2314.

Boothroyd, L. G., Meins, E., Vukovic, J., & Burt, D. M. (2014). Developmental changes in children's facial preferences. *Evolution and Human Behavior*, *35*(5), 376–383.

Bos, P. A., Panksepp, J., Bluthé, R. M., & Van Honk, J. (2012). Acute effects of steroid hormones and neuropeptides on human social-emotional behavior: A review of single administration studies. *Frontiers in Neuroendocrinology*, *33*(1), 17–35.

Bromberger, J. T., Schott, L. L., Kravitz, H. M., Sowers, M., Avis, N. E., Gold, E. B., ... Matthews, K. A. (2010). Longitudinal change in reproductive hormones and depressive symptoms across the menopausal transition: Results from the Study of Women's Health Across the Nation (SWAN). *Archives of General Psychiatry*, *67*, 598–607.

Burke, H. M., Davis, M. C., Otte, C., & Mohr, D. C. (2005). Depression and cortisol responses to psychological stress: A meta-analysis. *Psychoneuroendocrinology*, *30*, 846–856.

Campbell, A. (2010). Oxytocin and human social behavior. *Personality and Social Psychology Review*, *14*(3), 281–295.

Cannon, W. B. (1929). *Bodily changes in pain, hunger, fear, and rage*. New York, NY: Appleton-Century-Crofts.

Future Directions in Human Behavioral Endocrinology

- Cardoso, C., Ellenbogen, M. A., Orlando, M. A., Bacon, S. L., & Jooper, R. (2013). Intranasal oxytocin attenuates the cortisol response to physical stress: A dose-response study. *Psychoneuroendocrinology*, *38*, 399–407.
- Carré, J. M., Campbell, J. A., Lozoya, E., Goetz, S. M. M., & Welker, K. M. (2013). Changes in testosterone mediate the effect of winning on subsequent aggressive behaviour. *Psychoneuroendocrinology*, *38*, 2034–2041.
- Carré, J. M., Geniole, S. N., Ortiz, T. L., Bird, B. M., Videto, A., & Bonin, P. L. (2017). Exogenous testosterone rapidly increases aggressive behavior in dominant and impulsive men. *Biological Psychiatry*, *82*(4), 249–256.
- Carson, R. (1962). *Silent spring*. New York, NY: Houghton Mifflin.
- Carter, C. S. (1998). Neuroendocrine perspectives on social attachment and love. *Psychoneuroendocrinology*, *23*, 779–818.
- Carter, C. S. (2014). Oxytocin pathways and the evolution of human behavior. *Annual Review of Psychology*, *65*, 17–39.
- Casto, K. V., & Edwards, D. A. (2016). Before, during, and after: How phases of competition differentially affect testosterone, cortisol, and estradiol levels in women athletes. *Adaptive Human Behavior and Physiology*, *2*, 11–25.
- Chen, F. S., Kumsta, R., Dvorak, F., Domes, G., Yim, O. S., Ebstein, R. P., & Heinrichs, M. (2015). Genetic modulation of oxytocin sensitivity: A pharmacogenetics approach. *Translational Psychiatry*, *5*, e664.
- Chen, S., Wang, J., Yu, G., Liu, W., & Pearce, D. (1997). Androgen and glucocorticoid receptor heterodimer formation. A possible mechanism for mutual inhibition of transcriptional activity. *Journal of Biological Chemistry*, *272*, 14087–14092.
- (p. 439) Churchland, P. S., & Winkielman, P. (2012). Modulating social behavior with oxytocin: How does it work? What does it mean? *Hormones and Behavior*, *61*(3), 392–399.
- Ciufolini, S., Dazzan, P., Kempton, M. J., Pariante, C., & Mondelli, V. (2014). HPA axis response to social stress is attenuated in schizophrenia but normal in depression: Evidence from a meta-analysis of existing studies. *Neuroscience and Biobehavioral Reviews*, *47*, 359–368.
- Cobey, K. D., Klipping, C., & Buunk, A. P. (2013). Hormonal contraceptive use lowers female intrasexual competition in pair-bonded women. *Evolution and Human Behavior*, *34*(4), 294–298.
- Cobey, K. D., Pollet, T. V., Roberts, S. C., & Buunk, A. P. (2011). Hormonal birth control use and relationship jealousy: Evidence for estrogen dosage effects. *Personality and Individual Differences*, *50*(2), 315–317.

Future Directions in Human Behavioral Endocrinology

Crespi, B. J. (2016). Oxytocin, testosterone, and human social cognition. *Biological Reviews*, 91(2), 390–408.

Cutolo, M., Sulli, A., Capellino, S., Villaggio, B., Montagna, P., Seriola, B., & Straub, R. H. (2004). Sex hormones influence on the immune system: Basic and clinical aspects in autoimmunity. *Lupus*, 13(9), 635–638.

Dabbs, J. M., Jurkovic, G. J., & Frady, R. L. (1991). Salivary testosterone and cortisol among late adolescent male offenders. *Journal of Abnormal Child Psychology*, 19, 469–478.

DeBattista, C., Belanoff, J., Glass, S., Khan, A., Horne, R. L., Blasey, C., ... Alva, G. (2006). Mifepristone versus placebo in the treatment of psychosis in patients with psychotic major depression. *Biological Psychiatry*, 60, 1343–1349.

Diekhof, E. K., Wittmer, S., & Reimers, L. (2014). Does competition really bring out the worst? Testosterone, social distance and inter-male competition shape parochial altruism in human males. *PLoS One*, 9(7), e98977.

Donaldson, Z. R., & Young, L. J. (2008). Oxytocin, vasopressin, and the neurogenetics of sociality. *Science*, 322, 900–904.

Dreher, J., Dunne, S., Pazderska, A., Frodl, T., & Nolan, J. J. (2016). Testosterone causes both prosocial and antisocial status-enhancing behaviors in human males. *Proceedings of the National Academy of Sciences of the United States of America*, 113, 11633–11638.

Eisenegger, C., Haushofer, J., & Fehr, E. (2011). The role of testosterone in social interaction. *Trends in Cognitive Sciences*, 15, 263–271.

Eisenegger, C., Kumsta, R., Naef, M., Gromoll, J., & Heinrichs, M. (2017). Testosterone and androgen receptor gene polymorphism are associated with confidence and competitiveness in men. *Hormones and Behavior*, 92, 93–102.

Feldman, R., Gordon, I., Schneiderman, I., Weisman, O., & Zagoory-Sharon, O. (2010). Natural variations in maternal and paternal care are associated with systematic changes in oxytocin following parent–infant contact. *Psychoneuroendocrinology*, 35(8), 1133–1141.

Gangestad, S. W., & Grebe, N. M. (2017). Hormonal systems, human social bonding, and affiliation. *Hormones and Behavior*, 91, 122–135.

Gangestad, S. W., Haselton, M. G., Welling, L. L. M., Gildersleeve, K., Pillsworth, E. G., Burriss, R. P., ... Puts, D. A. (2016). How valid are assessments of conception probability in ovulatory cycle research? Evaluations, recommendations, and theoretical implications. *Evolution and Human Behavior*, 37(2), 85–96.

Gangestad, S. W., & Thornhill, R. (2008). Human oestrus. *Proceedings of the Royal Society B: Biological Sciences*, 275, 991–1000.

Future Directions in Human Behavioral Endocrinology

Geniole, S. N., Bird, B. M., Ruddick, E. L., & Carré, J. M. (2017). Effects of competition outcome on testosterone concentrations in humans: An updated meta-analysis. *Hormones and Behavior, 92*, 37-50.

Gettler, L. T., McDade, T. W., Agustin, S. S., Feranil, A. B., & Kuzawa, C. W. (2015). Longitudinal perspectives on fathers' residence status, time allocation, and testosterone in the Philippines. *Adaptive Human Behavior and Physiology, 1*(2), 124-149.

Gettler, L. T., McDade, T. W., Feranil, A. B., & Kuzawa, C. W. (2011). Longitudinal evidence that fatherhood decreases testosterone in human males. *Proceedings of the National Academy of Sciences of the United States of America, 108*(29), 16194-16199.

Gettler, L. T., McKenna, J. J., Agustin, S. S., McDade, T. W., & Kuzawa, C. W. (2012). Does cosleeping contribute to lower testosterone levels in fathers? Evidence from the Philippines. *PLoS One, 7*(9), e41559.

Gettler, L. T., Ryan, C. P., Eisenberg, D. T., Rzhetskaya, M., Hayes, M. G., Feranil, A. B., ... Kuzawa, C. W. (2017). The role of testosterone in coordinating male life history strategies: The moderating effects of the androgen receptor CAG repeat polymorphism. *Hormones and Behavior, 87*, 164-175.

Gildersleeve, K., Haselton, M. G., & Fales, M. R. (2014). Do women's mate preferences change across the ovulatory cycle? A meta-analytic review. *Psychological Bulletin, 140*(5), 1205-1259.

Giltay, E. J., van der Mast, R. C., Lauwen, E., Heijboer, A. C., de Waal, M. W. M., & Comijs, H. C. (2017). Plasma testosterone and the course of major depressive disorder in older men and women. *American Journal of Geriatric Psychiatry, 25*, 425-437.

Gladue, B., Boechler, M., & McCaul, K. (1989). Hormonal response to competition in human males. *Aggressive Behavior, 15*, 409-422.

Glynn, L. M., Davis, E. P., Sandman, C. A., & Goldberg, W. A. (2016). Gestational hormone profiles predict human maternal behavior at 1-year postpartum. *Hormones and Behavior, 85*, 19-25.

Gordon, I., Zagoory-Sharon, O., Leckman, J. F., & Feldman, R. (2010). Prolactin, oxytocin, and the development of paternal behavior across the first six months of fatherhood. *Hormones and Behavior, 58*(3), 513-518.

Grøntvedt, T. V., Grebe, N. M., Kennair, L. E. O., & Gangestad, S. W. (2017). Estrogenic and progestogenic effects of hormonal contraceptives in relation to sexual behavior: Insights into extended sexuality. *Evolution and Human Behavior, 38*(3), 283-292.

Guastella, A. J., Howard, A. L., Dadds, M. R., Mitchell, P., & Carson, D. S. (2009). A randomized controlled trial of intranasal oxytocin as an adjunct to exposure therapy for social anxiety disorder. *Psychoneuroendocrinology, 34*(6), 917-923.

Future Directions in Human Behavioral Endocrinology

Gurney, M. E., & Konishi, M. (1980). Hormone-induced sexual differentiation of brain and behavior in zebra finches. *Science*, *208*(4450), 1380–1383.

Hamilton, L. D., Carré, J. M., Mehta, P. H., Olmstead, N., & Whitaker, J. D. (2015). Social neuroendocrinology of status: A review and future directions. *Adaptive Human Behavior and Physiology*, *1*(1), 202–230.

Harris, C. R., Pashler, H., & Mickes, L. (2014). Elastic analysis procedures: An incurable (but preventable) problem in the fertility effect literature: Comment on Gildersleeve, Haselton, & Fales (2014). *Psychological Bulletin*, *40*, 1260–1264.

(p. 440) Hassett, J. M., Siebert, E. R., & Wallen, K. (2008). Sex differences in rhesus monkey toy preferences parallel those of children. *Hormones and Behavior*, *54*(3), 359–364.

Hawkes, K., O'Connell, J. F., Jones, N. G. B., Alvarez, H., & Charnov, E. L. (1998). Grandmothering, menopause, and the evolution of human life histories. *Proceedings of the National Academy of Sciences of the United States of America*, *95*(3), 1336–1339.

Hayes, T. B., Khoury, V., Narayan, A., Nazir, M., Park, A., Brown, T., ... Gallipeau, S. (2010). Atrazine induces complete feminization and chemical castration in male African clawed frogs (*Xenopus laevis*). *Proceedings of the National Academy of Sciences of the United States of America*, *107*(10), 4612–4617.

Heim, C., Newport, D. J., Mletzko, T., Miller, A. H., & Nemeroff, C. B. (2008). The link between childhood trauma and depression: Insights from HPA axis studies in humans. *Psychoneuroendocrinology*, *33*(6), 693–710.

Heinrichs, M., Baumgartner, T., Kirschbaum, C., & Ehlert, U. (2003). Social support and oxytocin interact to suppress cortisol and subjective responses to psychosocial stress. *Biological Psychiatry*, *54*(12), 1389–1398.

Herbert, J. (2013). Cortisol and depression: Three questions for psychiatry. *Psychological Medicine*, *43*, 449–469.

Hollander, L. E., Freeman, E. W., Sammel, M. D., Berlin, J. A., Grisso, J. A., & Battistini, M. (2001). Sleep quality, estradiol levels, and behavioral factors in late reproductive age women. *Obstetrics & Gynecology*, *98*(3), 391–397.

Jones, B. C., Boothroyd, L., Feinberg, D. R., & DeBruine, L. M. (2010). Age at menarche predicts individual differences in women's preferences for masculinized male voices in adulthood. *Personality and Individual Differences*, *48*(7), 860–863.

Jones, B. C., Hahn, A. C., Fisher, C., Wang, H., Kandrik, M., Han, C., ... DeBruine, L. M. (2018). No compelling evidence that preferences for facial masculinity track changes in women's hormonal status. *Psychological Science*, *29*(6), 996–1005.

Future Directions in Human Behavioral Endocrinology

Jones, B. C., Vukovic, J., Little, A. C., Roberts, S. C., & DeBruine, L. M. (2011). Circummenopausal changes in women's preferences for sexually dimorphic shape cues in peer-aged faces. *Biological Psychology*, *87*, 453–455.

Martin, L. B., & Cohen, A. A. (2015). Physiological regulatory networks: The orchestra of life? In L. B. Martin, C. K. Ghalambor, & H. A. Woods (Eds.), *Integrative organismal biology* (pp. 137–152). Hoboken, NJ: John Wiley & Sons.

Mazur, A., & Booth, A. (1998). Testosterone and dominance in men. *Behavioral and Brain Sciences*, *21*, 353–397.

Mazur, A., Booth, A., & Dabbs, J. M. (1992). Testosterone and chess competition. *Social Psychology Quarterly*, *55*, 70–77.

McCarthy, M. M. (1995). Estrogen modulation of oxytocin and its relation to behavior. *Advances in Experimental Medicine and Biology*, *395*, 235–245.

McCrory, E., De Brito, S. A., & Viding, E. (2010). Research review: The neurobiology and genetics of maltreatment and adversity. *Journal of Child Psychology and Psychiatry*, *51*(10), 1079–1095.

Mehta, P. H., & Josephs, R. A. (2010). Testosterone and cortisol jointly regulate dominance: Evidence for a dual-hormone hypothesis. *Hormones and Behavior*, *58*, 898–906.

Mehta, P. H., Snyder, N. A., Knight, E. L., & Lassetter, B. (2015). Close versus decisive victory moderates the effect of testosterone change on competitive decisions and task enjoyment. *Adaptive Human Behavior and Physiology*, *1*, 291–311.

Mosher, W. D., & Jones, J. (2010). *Vital Health Statistics-Use of contraception in the United States: 1982–2008*. U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Hyattsville, MD: National Center for Health Statistics, 23.

Newhouse, P., & Albert, K. (2015). Estrogen, stress, and depression: A neurocognitive model. *JAMA Psychiatry*, *72*, 727–729.

Numan, M., & Young, L. J. (2016). Neural mechanisms of mother-infant bonding and pair bonding: Similarities, differences, and broader implications. *Hormones and Behavior*, *77*, 98–112.

O'Connell, C. P., Goldstein-Piekarski, A. N., Nemeroff, C. B., Schatzberg, A. F., Debattista, C., Carrillo-Roa, T., ... Williams, L. M. (2018). Antidepressant outcomes predicted by genetic variation in corticotropin-releasing hormone binding protein. *American Journal of Psychiatry*, *175*(3), 251–261.

Future Directions in Human Behavioral Endocrinology

Phoenix, C. H., Goy, R. W., Gerall, A. A., & Young, W. C. (1959). Organizing action of prenatally administered testosterone propionate on the tissues mediating mating behavior in the female guinea pig. *Endocrinology*, *65*, 369–382.

Pollak, S. D. (2015). Multilevel developmental approaches to understanding the effects of child maltreatment: Recent advances and future challenges. *Development and Psychopathology*, *27*(4 Pt. 2), 1387–1397.

Popma, A., Vermeiren, R., Geluk, C.A., Rinne, T., van den Brink, W., Knol, D. L., ... Doreleijers, T. A. (2007). Cortisol moderates the relationship between testosterone and aggression in delinquent male adolescents. *Biological Psychiatry*, *61*, 405–411.

Pound, N., Penton-Voak, I. S., & Surridge, A. K. (2009). Testosterone responses to competition in men are related to facial masculinity. *Proceedings of the Royal Society B*, *276*(1654), 153–159.

Puts, D. A., McDaniel, M. A., Jordan, C. L., & Breedlove, S. M. (2008). Spatial ability and prenatal androgens: Meta-analyses of CAH and digit ratio (2D:4D) studies. *Archives of Sexual Behavior*, *37*, 100–111.

Reimers, L., & Diekhof, E. K. (2015). Testosterone is associated with cooperation during intergroup competition by enhancing parochial altruism. *Frontiers in Neuroscience*, *9*, 1–9.

Resnick, S. M., Berenbaum, S. A., Gottesman, I. I., & Bouchard, T. J. (1986). Early hormonal influences on cognitive functioning in congenital adrenal hyperplasia. *Developmental Psychology*, *22*, 191–198.

Roberts, S. C., Gosling, L. M., Carter, V., & Petrie, M. (2008). MHC-correlated odour preferences in humans and the use of oral contraceptives. *Proceedings of the Royal Society B: Biological Sciences*, *275*, 2715–2722.

Roney, J. R., Simmons, Z. L., & Lukaszewski, A. W. (2010). Androgen receptor gene sequence and basal cortisol concentrations predict men's hormonal responses to potential mates. *Proceedings of the Royal Society B*, *277*, 57–63.

Saxton, T. K., Kohoutova, D., Roberts, S. C., Jones, B. C., DeBruine, L. M., & Havlicek, J. (2010). Age, puberty and attractiveness judgments in adolescents. *Personality and Individual Differences*, *49*(8), 857–862.

Schmidt, P. J., Nieman, L. K., Danaceau, M. A., Adams, L. F., & Rubinow, D. R. (1998). Differential behavioural effects of gonadal steroids in women with and in those without premenstrual syndrome. *New England Journal of Medicine*, *338*, 209–216.

Schumacher, M., Coirini, H., Frankfurt, M., & McEwen, B. S. (1989). Localized actions of progesterone in hypothalamus (p. 441) involve oxytocin. *Proceedings of the National Academy of Sciences*, *86*, 6798–6801.

Future Directions in Human Behavioral Endocrinology

Schumacher, M., Coirini, H., Pfaff, D. W., & McEwen, B. S. (1990). Behavioral effects of progesterone associated with rapid modulation of oxytocin receptors. *Science*, *250*, 691–694.

Shamay-Tsoory, S. G., & Abu-Akel, A. (2016). The social salience hypothesis of oxytocin. *Biological Psychiatry*, *79*(3), 194–202.

Shute, V. J., Pellegrino, J. W., Hubert, L., & Reynolds, R. W. (1983). The relationship between androgen levels and human spatial abilities. *Bulletin of the Psychonomic Society*, *21*, 465–468.

Spierling, S. R., & Zorrilla, E. P. (2017). Don't stress about CRF: Assessing the translational failures of CRF₁ antagonists. *Psychopharmacology*, *234*, 1467–1481.

Stricker, E. M., & Verbalis, J. G. (1988). Hormones and behavior: The biology of thirst and sodium appetite. *American Scientist*, *76*(3), 261–267.

Stetler, C., & Miller, G. E. (2011). Depression and hypothalamic-pituitary-adrenal activation: A quantitative summary of four decades of research. *Psychosomatic Medicine*, *73*, 114–126.

Tackett, J. L., Reardon, K. W., Herzhoff, K., Page-Gould, E., Harden, K. P., & Josephs, R. A. (2015). Estradiol and cortisol interactions in youth externalizing psychopathology. *Psychoneuroendocrinology*, *55*, 146–153.

Uvnäs-Moberg, K., Widström, A.-M., Nissen, E., & Björvell, H. (1990). Personality traits in women 4 days postpartum and their correlation with plasma levels of oxytocin and prolactin. *Journal of Psychosomatic Obstetrics & Gynecology*, *11*(4), 261–273.

van Anders, S. M., Goldey, K. L., & Kuo, P. X. (2011). The steroid/peptide theory of social bonds: Integrating testosterone and peptide responses for classifying social behavioral contexts. *Psychoneuroendocrinology*, *36*(9), 1265–1275.

Vukovic, J., Jones, B. C., DeBruine, L. M., Little, A. C., Feinberg, D. R., & Welling, L. L. M. (2009). Circum-menopausal effects on women's judgements of facial attractiveness. *Biology Letters*, *5*(1), 62–64.

Welling, L. L. M. (2016). Synthetic hormone dose in hormonal contraceptives predicts individual differences in personality. *Social Behavior Research and Practice*, *1*(1), 13–16.

Welling, L. L. M., Jones, B. C., DeBruine, L. M., Conway, C. A., Law Smith, M. J., Little, A. C., ... Al-Dujaili, E. A. (2007). Raised salivary testosterone in women is associated with increased attraction to masculine faces. *Hormones and Behavior*, *52*, 156–161.

Welling, L. L. M., Moreau, B. J. P., Bird, B. M., Hansen, S., & Carré, J. M. (2016). Exogenous testosterone increases men's perceptions of their own physical dominance. *Psychoneuroendocrinology*, *64*, 136–142.

Future Directions in Human Behavioral Endocrinology

Welling, L. L. M., Puts, D. A., Roberts, S. C., Little, A. C., & Burriss, R. P. (2012). Hormonal contraceptive use and mate retention behavior in women and their male partners. *Hormones and Behavior*, *61*(1), 114–120.

Whitten, L., Brockman, D. K., & Stavisky, R. C. (1998). Recent advances in noninvasive techniques to monitor hormone-behavior interactions. *American Journal of Physical Anthropology*, *107*(Suppl. S27), 1–23.

Wibral, M., Dohmen, T., Klingmüller, D., Weber, B., & Falk, A. (2012). Testosterone administration reduces lying in men. *PLoS One*, *7*, e46774.

Williams, T. D. (2012). Hormones, life-history, and phenotypic variation: Opportunities in evolutionary avian endocrinology. *General and Comparative Endocrinology*, *176*, 286–295.

Wingfield, J. C. (2015). Coping with change: A framework for environmental signals and how neuroendocrine pathways might respond. *Frontiers in Neuroendocrinology*, *37*, 89–96.

Wingfield, J. C., Hegner, R. E., Dufty, A. M., Jr., & Ball, G. F. (1990). The “challenge hypothesis”: Theoretical implications for patterns of testosterone secretion, mating systems, and breeding strategies. *American Naturalist*, *136*(6), 829–846.

Wood, W., Kressel, L., Joshi, P. D., & Louie, B. (2014). Meta-analysis of menstrual cycle effects on mate preferences. *Emotion Review*, *6*(3), 229–249.

Wyatt, K. M., Dimmock, P. W., Ismail, K. M., Jones, P. W., & O'Brien, P. M. (2004). The effectiveness of GnRHa with and without “add-back” therapy in treating premenstrual syndrome: A meta analysis. *BJOG: An International Journal of Obstetrics & Gynaecology*, *111*, 585–593.

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