

The Newsletter of THE AMERICAN INSTITUTE OF STRESS

Number 7

1992

STRESS AND CHILDREN *THE NEW AMERICAN TRAGEDY?*

Theodore Dreiser's novels depicted man as the victim of economics and modern, industrialized, urban civilization. Best known for *An American Tragedy*, published in 1925, even Dreiser could not have anticipated the epidemic plague of childhood stress that is now sweeping this country. I have been appalled by a recent sharp increase in letters received directly from children. Usually scrawled on scraps of paper in pencil, and occasionally with crayon, they range from requests for general information, to pathetic pleas for help. How these eight to twelve year olds from all over the country are aware of existence of The American Institute Of Stress, or how to contact us is puzzling. Of greater concern is the desperation and frustration reflected in their appeals, the apparent lack of any local resource to address their needs, and that stress has become so firmly entrenched in their vernacular vocabulary at such an early age.

There can be little doubt that childhood stress has now reached pandemic proportions. Many mistakenly believe that most problems are primarily confined to urban

or inner city areas. However, as noted previously, a survey of more than 4,000 Kansas rural elementary school children revealed that almost half experienced severe stress behaviors, "complaining of headaches, inability to sleep, biting fingernails, worrying about doing poorly in school, stomach aches, and short tempers". An Associated Press dispatch commented, "stress is turning kids into pencil chewing, teeth gritting, bundles of nerves, and represents a major contributor to increased teen drug use, and suicide. Kids are pressured to have sex at 12, get high at 13, and get even at 14". It is now not unusual to see anxiety attacks in nine year olds, and stress related ulcers before twelve. Fierce competition, hostility, aggression, and other early signs of Type A coronary prone behavior are prevalent at the nursery school level, but problems start even before this, as evidenced by the following:

"A 16-month old boy was shot in the chest Thursday by his three-year-old half brother with a handgun the toddler found under a chair," deputies said.

- The Portland Oregonian

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For further information on the original source of abstracts and other reprints available on similar subjects, please send a self-addressed stamped envelope to: Reprint Division, American Institute of Stress, 124 Park Avenue, Yonkers, NY 10703.

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The Newsletter of
**THE AMERICAN INSTITUTE OF
 STRESS**

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Two decades ago, this would have been a front page item. In August 1990, it received only two small paragraphs in the middle of the newspaper, simply because it is just no longer news, even in Oregon. In New York City, it is not unusual to read about infants and children being shot by stray bullets on a weekly basis. How does a three-year-old know what to do with a handgun, how to point it at a playmate, or pull the trigger? Post Traumatic Stress Disorder, usually associated with the plight of Vietnam War veterans, is now increasingly being seen in children, who will carry this legacy throughout their lives unless the problem is quickly recognized and treated. A presentation devoted to this at our last Congress created so much interest, that we plan to have a symposium, and possibly a workshop on this at our Fifth International Montreux Congress on Stress in February, 1993.

TV AND THE EXTINCTION OF CHILDHOOD

Television is a major factor. The average child spends at least 25 hours a week glued to the tube, watching all sorts of scenes depicting violent behavior. By age thirteen, an average of 52,000 murders, rapes, armed robberies and assaults will have been witnessed, and for those with cable television and VCRs, the number increases to 72,000! By age 18, the average is 180,000, and violent solutions to problems are considered to be routine. TV violence may be responsible for half the murders currently committed in the United

States. The homicide rate among white Americans doubled between the introduction of television around 1950 and 1975, with the biggest surge being in 1965, when the first generation of kids who grew up with TV reached adolescence. This had little to do with the civil rights movement or the Vietnam conflict, since the figures were similar for Canada, which had no involvement with either of these problems. During this same time period, television was banned in South Africa, and white homicide rates remained fairly constant. By 1987, when their first TV generation had come of age, that rate had more than doubled, and it is still climbing. Police recently apprehended an individual in a rural area of New York State who confessed to raping and stabbing to death six young women, and dumping their bodies in deserted areas. He claimed he was motivated by watching violent TV movies like *Robocop*, which he wanted to copy.

Television paints a very warped portrait of adult life, that some children may even aspire to. A recent survey revealed that over 60% of TV adult occupational roles were totally unrealistic. How does one train to be a Ghostbuster, Ninja Turtle, Superman, Batman, Terminator, Star Trek Commander, Wonderwoman, wealthy private eye, or famous international spy? Protracted television watching has also been linked to obesity and elevated cholesterol, possibly because of associated fast food snacking and/or increased secretion of stress related hormones. Over the past two decades, morbid childhood obesity has increased by 50 percent.

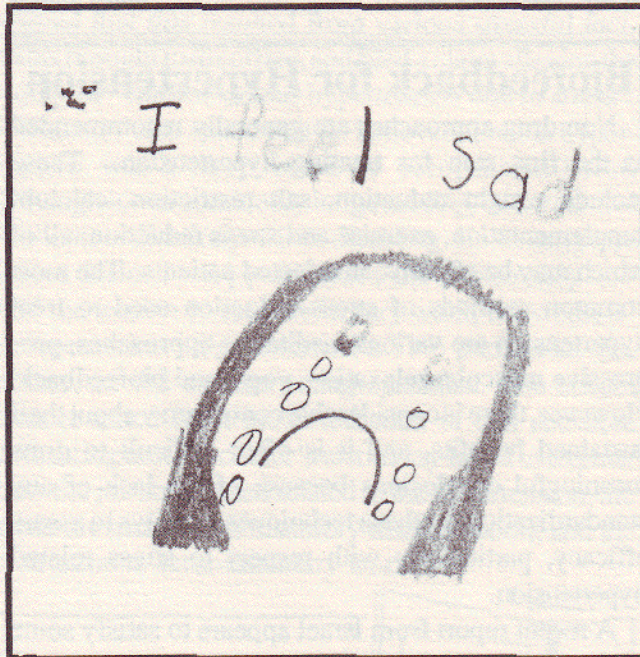
Childhood, as we formerly recognized it, is rapidly becoming extinct. There is less and less free time for playing with others, and learning how to develop friendships and social skills. Competitive, stressful and **destructive** computer games, like PacMan and Nintendo have now replaced **creative** activities, such as **constructing** things with Erector sets and Lincoln logs, and other leisurely activities of the pre-television era. Personalities, morals, and values are now being molded by TV and peer pressures, rather than family or religious models. Five and six year olds are often familiar with the suggestive lyrics they hear on MTV, as well as the physical abuse and sexual situations graphically portrayed in X-rated films. However, even the programs that are specifically designed for them often send the wrong message. Ready proof of that can be obtained any Saturday morning, just by flipping the channels and studying the themes and

characters in the cartoons. Their warped sense of humor goes well beyond the classic pie in the face routine, and if one analyzes why they are appealing, the conclusions are frightening.

Edna St. Vincent Millay wrote a poem entitled "*Childhood Is The Kingdom Where Nobody Dies*", and in "*We Are Seven*", Wordsworth complained:

"A Simple Child,
That lightly draws its breath,
And feels its life in every limb,
What should it know of death?"

What would they write today?



TEENAGE TRAGEDY

The United States now has the highest teen pregnancy rates in Western society. Over the past three decades, teen suicide and homicide rates have tripled. For 15- to 19-year-olds, homicide by firearms is the leading cause of death in blacks, and the third for whites, following motor vehicle accidents and suicide. AIDS is spreading faster in this segment of the population than any other group. In the past two years, the number of people between the ages of 13 and 24 who have developed the disease has jumped from 5,500 to nearly 9,000.

A nationwide survey of 546 teenage students revealed that more than four out of five had participated in or watched severe fist fights, 20 percent had seen a student pull a knife on someone, and 16 percent had witnessed teachers being physically assaulted. The majority admitted having been involved with destruction of school property, more than one out of five complained that stealing clothes or jewelry was a common occurrence, and statistics on threatening someone with a gun or extorting lunch money were equally disturbing. In the nation's capital, and many other large cities, the school day now starts not with a silent prayer, but a weapons check.

All of this stems from the way children are being educated and reared. As of this writing, 38 percent of children have no health insurance, 40 percent are born to single mothers, and almost half under the age of 6 live at or below poverty levels. Disruptive family relationships, single, alcoholic, or drug addicted parents, and child abuse and neglect are major contributors. More than half of all whites and three quarters of African Americans under 18 will spend some part of their childhood in a single-parent household. Every day, the parents of nearly 2,750 children separate or divorce, more than three children die of injuries inflicted by abusive parents, almost 90 are taken from their parents' custody, over 500 under 14 start using illegal drugs, and more than 1,000 begin drinking alcohol. On an average school day, over 2,200 kids drop out. They will be 3 1/2 times more likely to be arrested, and six times more likely to become unmarried parents than those who graduate.

SCHOOLING VERSUS EDUCATION

Because of the growing trend towards disruptive family lifestyles and diminished parental influence, it will be necessary for schools to increasingly assume the responsibility for educating children to become productive members of society. However, in recent years, as noted above, they seem instead to have become breeding grounds for stress and violent behavior. The problem is so severe, that elementary schools in many states now regularly include stress reduction classes to teach visual imagery and meditative techniques. This has caused considerable controversy, both regarding efficacy, as well as potential harm. Many parents feel that such activities infringe on, and/

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or replace traditional family and religious influences. Some have taken their children out of school, and others have filed successful law suits to restrict this practice in Florida and California.

It seems likely that any solution to this crisis will have to begin with a carefully designed multidisciplinary approach early on in the school system. Teachers need to be educated about the sources, early manifestations and dimensions of the problem of childhood stress, and their tragic personal and societal consequences. They must be provided with a curriculum and other tools that will allow them to develop the skills and strategies needed to stem this growing epidemic. Most importantly, they must learn how to serve as effective role models, and recapture the former prestige and stature of their profession. Several decades ago, an educator wrote that public schools taught the young to argue without quarreling, to quarrel without suspecting, and to suspect without slandering.

How times have changed. Will children ever be the same again? What does this bode for the future of the world? What can be done about it - or is it already too late?

Paul J. Rosch, M.D., F.A.C.P., Editor-in-Chief

"I have never let my schooling interfere with my education."
 -Mark Twain

Stress, Alcohol, Heart Attacks and Cancer

Increased alcohol consumption is a documented risk factor for both cancer and coronary heart disease. Alcohol may contribute to increased rates of cancer of the liver because of cirrhosis, and is also associated with other malignancies. The relationship between alcohol and coronary heart disease is more controversial. While heavy drinkers appear to be at greater risk, moderate alcohol intake, especially red wine, seems to lower the risk of heart attacks. It has also been postulated that it is not *that* you drink, but *why* you drink that may be important. Pleasurable social imbibing with friends may be a lot different than drowning your sorrows in drink all alone.

To test this hypothesis, more than 1,700 men were evaluated for personality characteristics, stress levels, and alcohol intake. 900 were judged to be under significant stress, with 806 falling in the low-stress group. Thirteen years later, analysis of cancer and heart attack deaths confirmed the hypothesis that it was a combination of stress and drinking that was responsible for increased mortality for both conditions. There was also a correlation with certain personality characteristics.

Psychological Reports, December, 1991

*"There are five reasons we should drink:
 Good wine-a friend-or being dry-
 Or lest we should be by and by-
 Or any other reason why.*

Henry Aldrich

Biofeedback for Hypertension

Non drug approaches are generally recommended as the first step for treating hypertension. These include weight reduction, salt restriction, calcium supplementation, exercise and stress reduction, all of which may be effective in selected patients. The most common methods of stress reduction used to treat hypertension are various meditative approaches, progressive muscular relaxation, yoga, and biofeedback. However, there is considerable controversy about their sustained benefits, and it is often difficult to draw meaningful conclusions because of the lack of any standardization for these techniques, or ways to assess efficacy, particularly with respect to stress related hypertension.

A recent report from Israel appears to satisfy some of these concerns by utilizing a standardized mental arithmetic stress test administered to twenty four hypertensive patients. They practiced biofeedback for two to four months and were re-evaluated at six months with the same mental stress test. Both systolic and diastolic blood pressures were reduced when the stress test was readministered. The average reading fell from an average of 167/97 to 160/92 during the test. There was also a slight reduction in resting blood pressures, but this did not appear to be as significant. Both heart rate and blood pressure have been shown to rise as a consequence of daily mental activities, and this is highly exaggerated in hypertensives. According to the researcher, "this is where biofeedback and relaxation training is most effective".

Medical Tribune, July 11, 1992

Teacher's Hypertension Not Due To Job Stress

California is generally conceded to be the hot bed of workers' compensation claims for job stress. Awards have skyrocketed more than 600% in the last 6 years, largely due to a very liberal interpretation of cause and effect relationships. Although scientific research has confirmed a link between hypertension and job stress, a California Court of Appeals recently overturned such a claim by a teacher. His past duties had also included serving as an Athletic Coach, Advisor and Dean in economically disadvantaged inner city area schools. Around the time he was promoted to vice principal, he discovered that he had developed hypertension. He argued that this resulted from various stressful incidents brought to his office, and filed a claim alleging the injury of "cardiovascular hypertension due to stress". His doctor also stated that he believed that his hypertension was a direct result of occupational stress, although it was admittedly long standing, under control without medication, and not disabling. However, since it was deemed to be permanent, and presumably limited the teacher to semi-sedentary work, the workers' compensation judge awarded a 77% permanent disability, as did another rating specialist. The school district asked for a reconsideration of this decision, contesting that the doctor's testimony failed to explain how the job stress cited related to the hypertension, the basis for such a high disability determination, and the restriction to semi-sedentary work.



In its ruling, the Court of Appeals indicated that the question was really whether the applicant had suffered an on the job injury. The doctor's report merely confirmed the existence of hypertension and stated that it might be adversely affected by stress. Moreover, the condition had not impaired his attendance or performance at work, and there was nothing in the record to indicate that work related stress had caused his alleged injury. In addition, the court added, "The applicant says that in his mind he has no stress outside of school. Yet, in addition to working full time for the district, he also works as a supervisor for the press level for the San Diego Padres, which requires him to be at the ballpark an average of 9 out of 10 days or nights during an average home stand".

Stress Management Advisor, July-August, 1991

Workers' Compensation For Karoshi

Death due to job stress and overwork is such a problem in Japan that it has its own word, karoshi. For the 12 months ending March 31, 1991, Japan's Labor Ministry reported that the average employee worked 2,044 hours, much more than their U.S. or European counterparts. The figure is probably much higher, since many Japanese bosses do not consider overtime as abnormal or compensable. A prior Newsletter reported on a 47 year old Section Chief for the machinery giant, Mitsui, who had made eight trips to the former Soviet Union in the ten months preceding his sudden death, where he spent a total of 103 days. He suffered a fatal heart attack in July, 1990, while traveling in Japan with four Soviet clients. His widow sued Mitsui, contending that his death had resulted from a severe work schedule that included his frequent trips to Moscow.

In the past, Japanese workers' compensation awards for job stress have generally not been recognized. In a departure from past practices, the Labor Ministry agreed in July, 1992, that the widow was indeed entitled to annual payments from a workers' compensation fund, setting a new precedent.

USA Today, July 15, 1992

"In order that people may be happy in their work, these three things are needed: They must be fit for it. They must not do too much of it. And they must have a sense of success in it." John Ruskin

Suppressing Marital Anger and Heart Attacks

A variety of reports have linked high levels of anger, hostility, and aggression, (the AHA! Syndrome), to an increased risk of heart attack. This appears to be particularly true for angry individuals who suppress their feelings. Further support for this comes from a recent study of almost 200 couples. Women in marriages where both spouses suppressed their anger, were four times more likely to die of cardiovascular disease than those in which one or both spouses were able to blow off steam. The couples were aged 30 to 69 when initially studied in 1971-72, and mortality follow-up figures were obtained in 1989. When both spouses were figuratively (and apparently, literally) able to get things off their chest, their mortality rate was zero, compared to 11 per cent when both partners kept things in. For wives who could express their anger, when their mate could not, the mortality rate was 7 per cent. Husbands seemed to be affected primarily only by their own lack of ability to express anger. Those with high ratings were almost 2 1/2 times more likely to die of heart attacks than those with low ratings of suppressed anger.

It is important to recognize that anger levels in this study were measured using the Harburg Anger Expression Scale, a questionnaire which was popular 25 years ago. Since then, there have been significant improvements in anger measurements, due largely to Spielberger's development of the State-Trait Anger Inventory, and Anger Expression Scales. It is likely that a repeat study utilizing these sophisticated measurement approaches would provide more compelling and meaningful information.

Annual Meeting of the Society of Behavioral Medicine, 1992, AFP, 7/92.

"Marriage is like a cage; one sees the birds outside desperate to get in, and those inside equally desperate to get out.

Michel de Montaigne

Stress and Repetitive Motion Injuries

Repetitive stress or repetitive motion injuries, quadrupled between 1985 and 1989, and are now the fastest growing segment of job stress workers' compensation claims. According to a recent National Institute for Occupational Safety and Health survey, they now affect between 50 and 70 million American

workers. The three year study was done at the request of the Communications Workers of America union and U.S. West, a regional telephone company. Almost a quarter of the more than 500 participants in the company's plants had upper-body repetitive motion disorders in V.D.T. operators. It also found that psychological factors, such as, job insecurity or pressures were higher in workers with this problem, "although the mechanism of effect has yet to be purely delineated, this study points to the needs to address psychological factors, especially work pressure and job insecurity, in efforts to control musculoskeletal disorders among V.D.T. workers". What is not clear, however, whether factors such as job insecurity cause the injury or whether such problems make workers feel less secure about their jobs.

Reuters, July 21, 1992

"Clearly the most unfortunate people are those who must do the same thing over and over again, every minute, or perhaps twenty to the minute. They deserve the shortest hours and the highest pay.

John Kenneth Galbraith

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at Sage!

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- ▲ Pain control
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Stress, Self-Esteem, and Low Back Pain

There is considerable evidence to demonstrate that stress can play a major role in both the perception and perpetuation of pain. This is particularly true with respect to the problem of low back pain. Respected University affiliated clinics in New York, Miami, and elsewhere have reported stunning successes by incorporating stress reduction techniques into their low back pain treatment programs. In numerous instances, patients with well defined pathology and neurologic deficits have been able to avoid scheduled surgery, and resume tennis, skiing, golfing, etc. Stress causes increased muscle spasm, which is often the mechanism responsible for low back pain and sciatica due to increased pressure on nerves. A recent study also now reveals that "about ten percent of chronic pain patients have low self-esteem, and they are fairly easy to identify because they are typically disabled for six months or longer by injuries that ordinarily require four to six weeks of recovery time". Many of these individuals often become depressed and may suffer from substance abuse. However, attempts to treat them may be complicated by their tendencies to exaggerate their symptoms, blame someone else for their problems, and have a self-defeating attitude. This further contributes to their low self-esteem and feelings of worthlessness and helplessness.

Thirty out of fifty patients who had been on low back pain disability compensation for over a year underwent a ten week program that focused not only on physical conditioning, but also behavioral therapy aimed at improving feelings of low self-esteem. Family members were also involved when possible. At the end of this period, those who had responded to the intervention, found that they could perform much better physically than they ever thought possible, and that their symptoms had either diminished or disappeared. Many were able to return to work, or at least a more independent lifestyle, although a third of those with significant improvement refused job offers. This appeared to be associated with a greater degree of lack of family support. This pilot study suggests that the combination of low back injury and poor self-esteem can contribute to long term disability, which can be corrected by a multi-disciplinary approach that includes addressing behavioral components that perpetuate the problem.

Internal Medicine News & Cardiology News, 4-1-92

Liability Insurance Covers Mental Stress

Workers' compensation awards for mental stress claims vary from state to state. Although they have gone through the roof in California, a dozen states do not recognize mental stress claims at all. Now the problem is starting to surface for some insurance companies. In a recent decision, New York's highest court ruled that they must reimburse for "mental anguish" verdicts awarded to holders of comprehensive liability policies. Most such policies are usually worded to indicate that they will pay for "bodily injury, sickness or disease". In its ruling, the New York State Court of Appeals has now stated that this also includes emotional injury.

In this landmark case, the plaster roof of the Manhattan bedroom of the claimant collapsed in 1984. Although there was no physical injury, the plaintiff complained that he suffered from insomnia and nervousness for several years thereafter. He sued his landlord, and was awarded \$400,000 by a Supreme Court jury for "personal injury and emotional distress". Because of the lack of any physical injury, the landlord's insurance company appealed the verdict to higher courts. In its final ruling, the Court of Appeals stated that "emotional injury may be as disabling as physical injury...whether a person suffers one form of injury or another may be determined solely by the particular vulnerability of an individual".

The decision will undoubtedly have important national repercussions. This is the highest state court that has interpreted "bodily injury" to include mental trauma. Appellate Courts in Louisiana and New Jersey have had similar rulings, but 8 other state Supreme Courts have denied such claims. However, as one authority observed, judges are increasingly allowing jury awards just for emotional distress, because "the mind-body distinction is not as clear cut as it used to be". It is likely that comprehensive liability policy rates in New York will rise and/or they will clearly delineate specific exclusions for purely emotional distress claims.

Wall Street Journal, June 10, 1992

"Insurance. An ingenious modern game of chance in which the player is permitted to enjoy the comfortable conviction that he is beating the man who keeps the table.

Ambrose Bierce

Book Reviews • Meetings and Items of Interest

Book Reviews

**Bennet, P., Wyman J., and Spurgin, P. (Eds.),
"Current Developments in Health Psychology"
Harwood Academic Publishers, New York, 1990,
359 pp., \$60.00**

It is difficult to determine the optimal audience for this book. The 14 chapters range from such subjects as, "Applying The Bio-psychosocial Model To Research on HIV-AIDS", and "Anger, Hypertension And Heart Disease, to "Lay Representations Of Illness", and "Managing Stress At The Worksite." With one exception, the authors are all from Great Britain, and their perspective on certain issues reflects experiences encountered in the United Kingdom, which may differ from findings in the United States. This is particularly true in those areas dealing with delivery of health care, and children and women's health issues, and the management of chronic illness. The chapter dealing with anger and cardiovascular disease is particularly timely, and comprehensive, as is the introductory chapter which traces the development of the discipline of health psychology, current perspectives, and future directions. All of the chapters are well referenced, and often provide a fresh slant on familiar subjects that should be of considerable interest to psychologists and health care workers in the U.S., especially in view of the trend towards health policies similar to those abroad.

Meetings and Items of Interest

September 1-5 Fourth International Conference on Stress Management-Stress in Contemporary Living, Pierre et Marie Curie University, Paris, France. Contact: ISMA, 14 Cranleigh Avenue, Rottingdean, Brighton, BN2 7GT United Kingdom

September 6-9 The Melanotropic Peptides, Rouen, France. Info: Conf. Dept., NY Academy of Sciences, 2 E. 63rd St., New York, NY 10021 (212) 838-0230

September 11-12 Psychosocial Oncology-Enhancing Patient and Family Care, The Beverly Hilton, Beverly Hills, CA (310) 855-5486.

September 14-18 XIIth International Conference on the Social Sciences and Medicine - Peebles, UK Contact: Dr. P J M McEwan, Glengarden, Ballaret, Aberdeenshire AB35 5UB United Kingdom

September 15-18 Giovanni Lorenzini Medical Foundation - 2nd International Symposium on Serotonin, Houston, TX (713) 796-8853

September 21-23 European School of Oncology - Cancer and the Immune System, San Servolo, Venice, Italy (39 2) 70635923

September 24 Mutual Assurance Inc. - The Impaired Physician, Perdido Hilton, Gulf Shores. Contact: Lisa Crawford, (205) 877-4430

September 30-October 3 American Academy of Clinical Psychiatrists - Biopsychosocial Issues and Their Impact on Psychiatric Practice: Overcoming Dilemmas in Clinical Practice, Hyatt on Union Square, San Francisco, CA (619) 298-0538

October 1-3 American Academy of Clinical Psychiatrists - Clinical Issues in Psychiatry, Hyatt on Union Square, San Francisco, CA (619) 298-0538

October 9-10 Tufts University School of Medicine - 10th Annual Psychopharmacology Symposium, Tremont House Hotel, Boston, MA. Info: (617) 956-6579

October 21-25 American Academy of Child and Adolescent Psychiatry, Washington Hilton, Washington, D.C., (202) 966-7300

October 22-25 Society for Professional Well-Being National Conference - The Personal Basis of Care for Others, at the Hyatt at Fisherman's Wharf, San Francisco, CA Contact: Marjorie Harrison 1-800-473-5880

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