The Newsletter of
THE AMERICAN INSTITUTE OF
STRESS

Number 7 1993

CALL FOR PAPERS

SIXTH INTERNATIONAL MONTREUX CONGRESS ON STRESS

February 21-23, 1994

Grand Excelsior Hotel, Montreux, Switzerland

Includes Sessions devoted to Occupational Stress, Stress And The Skin, Psychosocial Aspects of Coronary Heart Disease, Stress And Subtle Energies (electromagnetic fields, music, aromatherapy), Post Traumatic Stress Disorder, Psychoneuroimmunology, Stress and Pain, Workshop On Oriental Stress Reduction Approaches, etc. For additional information, contact Jo Ann Ogawa, The American Institute Of Stress, 124 Park Avenue, Yonkers, NY 10703. Phone (914) 963-1200, (800) 24-RELAX. Fax (914) 965-6267, (914) 377-7398.

NEW HOPE FOR INSOMNIA

Insomnia is frequently stress related. According to the chairman of a National Commission charged with investigating the problem, "sleep deprivation is America's largest, deadliest, and costliest health problem." One of the most serious of the 70 or so different sleep disorders is sleep apnea. This occurs when breathing stops because of some throat obstruction blocking the passage of air to the respiratory tract. Affected individuals may awaken with a choking sound and normal breathing resumes until it happens again. Although this may occur over a hundred times during the night, most are oblivious to these interruptions, and don't understand why they feel tired all day long. Sleep apnea may affect almost 1 out of 4 U.S. adult males, and in addition to fatigue, is associated with increased rates of hypertension and heart disease. The condition is more common in people who are overweight and tend to snore. In some instances, an enlarged uvula obstructs air flow and requires surgery. However, there is a new device that bypasses any throat impediment by gently pulling air through the nose.

Barbiturates and benzodiazepine drugs are commonly prescribed for insomnia but there are problems with addiction, tolerance and side effects. Zolpiden (Ambien) is a different class of medication

(Continued on page 2)

ALSO INCLUDED IN THIS ISSUE

More On Stress And Teenage Suicide.....2
Are Women More Stressed Out Than Men.....3
Phonopollution Noise Stress.....3
Stress And Schizophrenia.....4
Treating Disease Versus Promoting Health.....5
Hygeia Versus Asclepius? (Editor's Commentary)....6
Job Stress Due To Sexual Harassment.....6
Get FREE Stress Relief-And Become FAMOUS.....7

The NEWSLETTER OF THE AMERICAN INSTITUTE OF STRESS is published monthly. Annual subscription rate $35.00 (U.S.), $45.00 (Foreign).

The Newsletter of
THE AMERICAN INSTITUTE OF
STRESS

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

(Continued from page 1)

which targets more specific sites in the brain, and has been used successfully in Europe for several years. Sophisticated recording devices reveal that it produces an "unusually deep, dreamless sleep", and it has been approved in the U.S. for short term use. One of the most powerful natural sleep inducing chemicals produced by the body is melatonin, which tends to decline as we grow older. Insomnia is a particular problem in the elderly, and melatonin capsules, which may soon be available in the United States, could prove extremely effective in this situation. There is also growing interest in the use of low energy emission therapy afforded by the Symtonic device, a small, portable battery powered instrument which emits a feeble signal similar in intensity to CB radio waves. Symtonic induces a weak electromagnetic field around the region of the hypothalamus, although no sensation can be appreciated, and there is no alteration of consciousness. Treatment requires only 15 or 20 minutes use, three times a week, for four or five weeks. Symtonic has been used effectively in Europe for over ten years for the treatment of insomnia as well as the management of valium addiction and anxiety states. Sophisticated brain wave studies show a pattern of activity exactly like valium, but unlike this and other benzodiazepines, tolerance does not develop, and there is no rebound or addictive potential. Polysomnography studies conducted in two major American sleep centers confirm that it significantly reduces sleep latency, or the time it takes to fall asleep, and also prolongs total sleep time. Symtonic should be available in the United States within the next 12 months, and appears to be the most cost effective approach to stress related insomnia.

USA Today-August 3, 1993
New England Journal of Medicine-Aug. 16, 1990

Those no-sooner-have-I-touched-the-pillow people are past my comprehension.
There is something bovine about them.

J.B. Priestley

More On Stress And Teenage Suicide

Recent statistics reveal that teenage suicides in the United States have increased by almost 20 per cent over the past decade. Certain areas of the country appear more vulnerable than others, but the reasons for this are not clear. Suicide rates went up in 37 of the 50 states, with Hawaii's 126 percent rise topping the list. On the other hand, Vermont had a decrease of 48 percent, and New York had a surprising decline of 21 percent. According to the insurance company that sponsored the study, increased suicides are primarily due to higher levels of teenage stress, particularly problems related to alcohol and substance abuse, and family difficulties. In a separate survey also conducted this year, more than four out of five teenagers reported that they had felt severely depressed on at least one occasion, with 16 percent admitting having contemplated suicide. A large majority also complained that they had a lot of stress in their lives.

Analysts of the survey suggest that these figures could be significantly improved by instituting proper educational programs in schools, and the skillful use of media presentations. In addition, they stress that it is essential to be aware of possible early warning signs, since intervention must be

(Continued on page 3)

(Continued from page 2)

prompt in order to be most effective. In this regard, one should be particularly on the lookout for:

-- withdrawal from family and friends

-- a drop in school grades and/or attendance

-- changes in sleep patterns

-- large increases or decreases in weight

-- inappropriate or persistent grief over a loss

-- an unusual degree of perfectionism, or feelings of despair

-- recurrent thoughts of death or suicide

-- self destructive behavior, or threats to hurt oneself

In addition to the above, other risk factors for suicide include physical or sexual abuse, problems with drugs or alcohol, depressive or impulsive behavior that is resistant to treatment, and frequent, family conflicts that remain unresolved. Some authorities feel that peer pressure, television and other media influences may also play an important contributory role to teenage suicide.

Gannet Suburban News-April 1, 1993

Are Women More Stressed Out Than Men?

Based on their drug consumption figures, the answer would appear to be yes. Psychotropic drug prescriptions for females are twice as high as those for males, but the reasons for this are not clear. One possibility is that women with emotional problems may be much more likely to consult a physician and also more apt to admit that they are suffering from such difficulties, than macho men. On the other hand, epidemiologic studies suggest that members of the "weaker sex" are indeed much more prone to anxiety and depressive disorders. Feminists counter that the reason for this is that "women are exploited in society and are therefore bound to suffer greater stress, which is mistakenly assumed by their (often male) doctors to produce intrinsic nervous stability". If that were true, one would suspect that female doctors evaluating patients of their own sex would be more sympathetic to their true needs, and not reach for the prescription pad so readily.

A recent report suggests that just the opposite occurs. Women with nervous symptoms were actually significantly more likely to have hypnotics and tranquilizers prescribed when they consult a female physician. Several explanations for this have been proposed. One researcher suggests that because female physicians may be more sympathetic and understanding, they are able to diagnose anxiety states more accurately and frequently, and regard such drug therapy as appropriate treatment. Or, as a *Lancet* editor inquired "Is medical training for women androgenic? Perhaps a woman can be more like a man than a man. Can the answer be that women who have escaped from their subjugated position in society respond to their sisters in distress unsympathetically because of their failure to climb out of the abyss?" In any event, it appears to some observers that in certain respects, female physicians may be traitors to their sex.

Lancet-August 29, 1992

Women are wiser than men because they know less and understand more.

James Stephens

Phonopollution Noise Stress

Noise stress has been linked with hypertension, heart attacks, hearing loss, and a diminished sense of taste. In most instances, research studies involve individuals with excessive exposure to 90 decibel or more sound levels, usually while at work. However, a German study suggests that the noise pollution caused by inner city road traffic can also produce significant emotional and intellectual problems. This has been described as phonopollution, or ambient noise pollution in excess of the recommended maximum daytime level of 65 decibels.

(Continued on page 4)

(Continued from page 3)

Individuals most likely to be affected are those living in apartments on main roads where "the windows had to be kept shut in the daytime in order to conduct a normal conversation". Residents often keep their radios, TV's, or tape player on all day long, and, when necessary, turn up the volume. As a result, they automatically and unconsciously speak louder, and listeners have to strain to comprehend a conversation. In addition to affecting communication, noise stress also impairs concentration and intellectual performance. Both Japanese and American studies reveal that children who grew up and/or attended school in areas where surrounding noise levels were higher than usual, had more difficulty learning to read, poorer concentrating abilities, worked much more slowly, and became fatigued more rapidly.

However, it is not just the level of noise itself, but the nature of the sound that is important, and the reason for this is not clear. The physical characteristics of the noise may determine how it is perceived by the individual, and "what gets on one person's nerves, puts someone else in a good mood, or has a soothing effect". The meaning of the sound is significant. A nightingale singing early in the morning usually does not disturb anyone, although the sound of screeching tires at any level is apt to be irritating. Researchers suggest that input from sensory organs has to go through a restricted channel in order to be processed in the brain. If too many signals try to get in at once the message becomes blocked or distorted. On the other hand, some individuals enjoy doing their work, including intellectual tasks, while listening to music. For them, it is not just a matter of the noise level or quantity of the information entering, but the acoustic attributes and quality of the sound. Thus, in addition to the physical characteristics, the ultimate effect may depend upon whether the individual elements are perceived as combining to form a melodious whole. So called "white noise" may help to diminish and mask the irritation of annoying sounds. Many individuals who have problems sleeping actually benefit from devices that continually deliver the repetitive sounds of waves breaking on the shore, or the patter of falling raindrops, despite high levels of volume.

The German Tribune-November 27, 1992

Noise is the most impertinent of all forms of interruption. It is not only an interruption, but also a disruption of thought.

Arthur Schopenhauer

He who sleeps in continual noise is wakened by silence.

William Dean Howells

Stress And Schizophrenia

Schizophrenia is commonly thought of as a severe and usually progressive mental illness. It often becomes evident during adolescence or early childhood as individuals exhibit difficulty in relating to others or thinking in a coherent orderly fashion. On occasion, symptoms or behavior such as hallucination, delusions, or paranoia, can be striking and disruptive. In other instances, "deficit" symptoms supervene and there is an emotional flatness or withdrawal.

There is evidence to support a genetic influence. Identical twins are much more silimar in their susceptibility to the disorder than fraternal twins, and children of schizophrenic mothers who are adopted into normal families, also have higher rates of schizophrenia than children of non schzophrenic mothers, although it is clear that environmental factors also play a role. As previously reported, a study of five thousand young adults born in Israel revealed a correlation between schizophrenia and poor socio-economic status, although this appeared to be much more prominent in females than males.

Emotional stress has long been considered to be another factor, but like the chicken and the egg, it is often difficult to tell which came first. In an attempt to examine this, a London researcher studied the relationship between "life events", and their temporal relationship between schizophrenic episodes. These were defined as discrete events which held strong significance for the individual, such as

(Continued on page 5)

(Continued from page 4)

losing a job, moving, or the illness or death of a close relative. It was postulated that such events could tip the scale for individuals genetically predisposed towards schizophrenia, and the study was designed to distinguish between events which might be due to the onset of schizophrenia, such as losing a job because of habitual lateness, from those which were not related to the illness. It was found that clusters of such stressful independent events indeed seemed to appear a few weeks immediately preceding the onset of signs and symptoms of schizophrenia.

Another influence which appeared to be particularly important was the emotional atmosphere of home life. This was evaluated by conducting interviews with a close relative of the patient, in proximity to the time of onset of recurrent episodes. Interviews were taped and later rated by others with respect to important aspects of the relatives' attitude and apparent emotions when discussing the patient with respect to: 1) critical comments, 2) hostility, 3) over involvement and warmth. Both the content of the response, and the way it was conveyed, were rated and assigned a score which was labeled EE, for Expressed Emotion. Patients were significantly more apt to suffer a relapse within 9 months after being institutionalized if relatives evidenced high levels of criticism, over involvement, or some degree of hostility toward the patient at the time of the episode. In contrast, those patients whose relatives were warm, or were rated low in negative emotions, were much more likely to remain well. This is an important issue since obviously living with someone who is mentally ill can be a highly stressful experience. The resentment some family members may exhibit over the antisocial behavior of people in their family is quite understandable. On the other hand, it seems likely that this can precipitate or aggravate the problem, and that changing, or at least suppressing such attitudes, can have very positive results.

To test this premise, an experimental, educational program was undertaken to teach relatives about the cause of symptoms and prognosis treatment in management of schizophrenia. This was conducted in two initial sessions with the family at home with subsequent sessions including the patient as well. Discussion focused on the kind of everyday problems that were often faced, such as getting the individual out of bed, encouraging proper hygiene, and performing specific tasks. A particular effort was also made to instruct all involved in better communication skills, particularly with respect to listening and paying attention to the complaints of others. Expressed Emotion (EE) rating scores from family members were obtained before and nine months after the start of the program. In three out of four of the families, the EE score was significantly improved, and the schizophrenia relapse rate in this group was only eight percent. In a matched control group who had not received this intervention, the relapse rate was fifty percent. More importantly, for those families who changed strongly in the desired direction, there were no relapses. This research offers great promise for the improved prognosis of schizophrenia. It suggests that affected patients can get better, and can be significantly helped by social support interventions which lower stress in their environment.

New Scientist-January 4, 1992
Noetic Sciences Review-Spring 1993

Schizophrenia is the name for a condition that most psychiatrists ascribe to patients they call schizophrenic... Schizophrenic behaviour is a special strategy that a person invents in order to live in an unlivable situation.

R.D. Laing

Treating Disease Versus Promoting Health

What is the distinction between looking at illness from the perspective of treating pathology, as opposed to a salutogenic approach that focuses on promoting health? This relationship between treatment and prevention can best be appreciated

(Continued on page 6)

(Continued from page 5)

within the framework of concepts developed by the Advisory Board of the Swedish Government on Public Health issues, with special reference to psychosocial factors relevant to health and/or disease.

At any given moment, the health status of an individual is the product of both the presence of disease, and various health attributes. The model utilized by traditional Western medicine concentrates on disease processes, and an attempt to identify mechanisms and phenomena which contribute to illness. Cures are sought by attempting to eliminate or decrease such "risk factors". In this fashion, it is hoped that disease promoting agencies can be minimized, and a state of health will ensue and dominate.

An alternative approach would be to directly augment health promotion processes by augmenting existing mechanisms or introducing new health "protective" factors. If these can be made to predominate, then individuals will not become ill. In such a preventive paradigm, there is, by definition, no disease present, and therefore no "patients". As a consequence, focusing on mechanisms of disease thus becomes inappropriate. Fertile soil to foster the strength and growth of such an approach must derive its nourishment from strong, psychosocial, protective factors that will promote physical and emotional well being. Instead of succumbing to disease, high risk individuals may then be enabled not only to promote health, but also enjoy an overall improved quality of life. Such efforts must address ethical and other problems, and will require a re-evaluation of existing public policies and practices which have more of a focus on treatment, rather than health promotion and enhancement.

Abstracted from: ***A Fertile Ground For A Good Life***
Kristofer Konnarski Karolinska Institute, Stockholm.
Fifth International Montreux Congress on Stress

Hygeia Versus Asclepius?

Editor's Commentary

The above discussion is reminiscent of the distinction between the schools of Hygeia and Asclepius. The worshipers of Hygeia believed that the function of the physician was to promote health by preventing illness. This concept of health included both physical and emotional well being, or "a sound mind in a sound body. For the followers of Asclepius, the role of the "doktor" (teacher) was rather to treat disease and restore health by correcting any disturbances or defects caused by accidents or illness. This attitude has prevailed over the past few hundred years in Western medicine, due largely to the influence of Descartes, who viewed the body as a complex machine, completely separated from emotional or mental influences. Our "health care" system is really a "sickness cure" system, whereas Chinese physicians were often paid to keep patients well. What we call "health insurance" is really "sickness insurance". However, these differing approaches should not be viewed as mutually exclusive or incompatible. There is a growing recognition of the inseparability of mind/body interactions, both with respect to the prevention and treatment of disease as well as in attaining optimal health enhancement.

Job Stress Due To Sexual Harassment

The Anita Hill controversy and the Navy's "Tailhook" incident have heightened the awareness of sexual harassment problems in the workplace. The number of workers' compensation and other litigation procedures for job stress due to sexual harassment has skyrocketed to the extent that it has been described as "the nation's most explosive workplace issue". However, deciding what constitutes sexual harassment can be a very tricky issue. Are sexist jokes or vulgar comments meant to be humorous rather than embarrassing sufficient grounds to demand compensation? The answer would appear to be no, unless it can be demonstrated that the victim suffered "severe psychological injury".

In a Tennessee case, a female employee's boss made sexual remarks about her clothing, asked her to retrieve coins from his pants pockets, and joked about "going to a Holiday Inn to negotiate your raise" in the presence of other employees. He also made comments such as "You're a woman - what do you know?" and "We need a man as the rental manager." After more than two years on the job, she confronted him

(Continued on page 7)

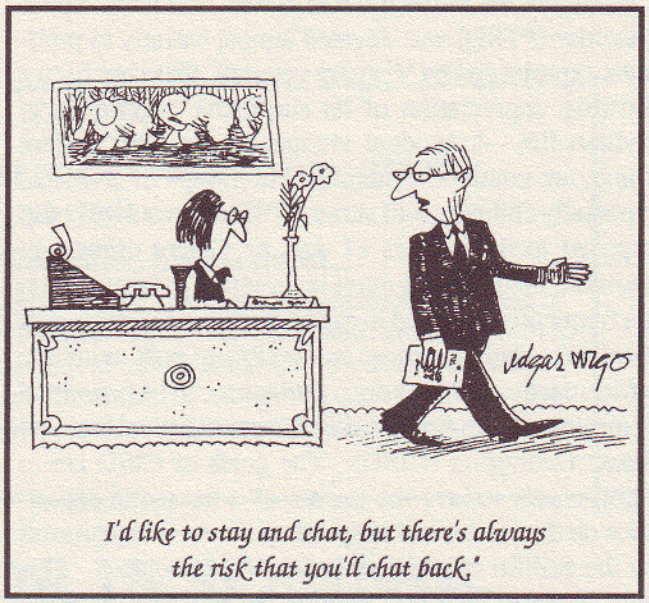
(Continued from page 6)

and he said he had been joking and promised to change his ways. However, a few months later, she resigned after he said in front of other employees that she had promised sexual favors to obtain a certain account. The judge who heard the case described him as a "vulgar man who demeans female employees at his workplace", and that any "reasonable woman" would be offended at such behavior. However, he was bound by legal precedent to dismiss the suit because the remarks, "while inane and adolescent," were not so outrageous as to "seriously affect psychological well being." This opinion was upheld on appeal, and the case is now before the Supreme Court, which has agreed to establish guidelines as to what constitutes the bounds of sexual harassment. Women's rights groups complain that it is sufficient if a reasonable person is offended by the harassment, and that "you shouldn't have to suffer a nervous breakdown before you can make a claim". On the other hand corporations say that they shouldn't have to be sued every time a hypersensitive employee hears a tasteless comment, and that "it would be ridiculous to have all types of personal conflict and taste aired in the courtroom".

Sexual harassment is more common than is generally appreciated, and can occur at all levels. A recent poll of 439 female executives revealed that 60% had experienced such problems during their career. Law suits are not limited to overt or covert sexual advances, but can be based on any action that is simply considered discriminatory because of sex. An Executive Vice President and Director of a multibillion dollar corporation recently claimed that she was passed over for the top job simply because she is a woman, and is now suing for $15 million in damages.

At issue is the interpretation of the Civil Rights Act of 1964 which contains the Federal provisions prohibiting discrimination in the workplace. In 1986, the Supreme Court unanimously ruled that the law not only prohibits seeking sexual favors in exchange for promotion or job security, but also behavior that creates a "hostile or abusive work environment." It is now necessary to further define those terms, and to determine if, under the statute, claimants must prove not only that they were offended, but also suffered psychological injury. In still another sexual harassment case now under consideration, the Supreme Court is attempting to decide whether the 1991 Civil Rights Act is retroactive. If they rule in favor of this, individuals will not only be entitled to reinstatement and back pay, but may also be awarded substantial damages.

USA Today, New York Times, March 2, 1993
Time-August 30, 1993



I'd like to stay and chat, but there's always the risk that you'll chat back.'

Get FREE StressRelief-And Become FAMOUS

USA Weekend wants to know whether its reader are among the "90 percent of adults who experience `high levels of stress' at least once a week". According to the publication, more than two-thirds of visits to primary care physicians are linked to stress related problems such as headache, insomnia, and backache, and that stress can even increase your waistline. In addition, Americans report that they are under much more stress than five years ago. The publication is requesting your photograph, and a letter of 100 words or less that describes a stressful situation in your life stemming from problems related to family, work, money, or health.

Other suggested topics included:

- how your relationships or work suffer because of stress
- Is there a food, medicine, or habit you think is particularly stressful
- whether your strategies to beat stress have proven effective

Responses will be referred to experts, and as many answers as possible, accompanied by a photograph of each lucky contestant will be featured in the publication's Fifth Special Health Issue, December 31- January 2, 1994. Correspondence should be sent to USA Weekend Stress, 1000 Wilson Blvd, Arlington, VA 22229.

USA Weekend, July 30 - August 1, 1993

Book Reviews • Meetings and Items of Interest

Book Review

CRITICAL INCIDENT STRESS DEBRIEFING: An Operations Manual For The Prevention Of Traumatic Stress Among Emergency Services And Disaster Workers. Mitchell, J.T., and Everly, Jr., G.S. Chevron Publishing Corporation, Ellicott City, 1993, 223 pages. $25.00

While the initial interest in Post Traumatic Stress Disorder (PTSD) was devoted almost entirely to problems experienced by Vietnam veterans, there has been a growing appreciation of its surprising prevalence in civilian life. Individual victims of rape and violent crime, are common examples, but groups of civilians, especially children, will suffer PTSD as a result of being exposed to the horrors of war, or violent crimes. In addition, medical and other emergency personnel who are frequently involved in caring for trauma victims may themselves become more susceptible to post traumatic stress reactions. Many such problems can be prevented or minimized through the skillful use of Critical Incident Stress Debriefing (CISD). The goals of CISD are to significantly reduce the impact of a traumatic experience on the victim and to speed up the recovery process by the skillful employment of tested techniques. This may be facilitated by allowing sufferers to verbalize their distress and to identify false interpretations about the significance of the event before they can become firmly entrenched. CISD requires a coordinated team effort, with various members having specific responsibilities, assignments and goals. Teams may include not only specially trained health professionals, but other "first response" individuals such as law enforcement, fire, emergency medical services, and peer support personnel as appropriate.

This volume is the first to outline every phase of CISD in detail. It explains how to organize an effective team and delegate specific responsibilities to each member to insure maximum effectiveness. Every conceivable aspect of the subject is reviewed, including training and qualifications, ethical, legal, financial considerations, record keeping, how to use and integrate existing resources, how to evaluate the efficacy of the intervention, etc. CISD requires individuals experienced in this technique in order to be effective. Well meaning volunteers, including health professionals, with no previous training might actually do more harm than good. This book should be required reading for emergency service, rescue, and treatment personnel who are apt to be involved in disaster relief efforts. It will significantly improve their ability to care for affected victims and to prevent PTSD. Equally important, they will gain valuable insights on how to reduce their own personal risk and that of co-workers from developing post traumatic problems.

Meetings and Items of Interest

October 1-3 Harvard Medical School, Massachusetts General Hospital, Department of Psychiatry - Psychopharmacology, Westin Hotel, Boston (617) 432-1525

October 2-4 Psycho-oncology V: Psychosocial Factors In Cancer -Risk and Survival, Rockefeller Research Laboratory Auditorium, Memorial Sloan-Kettering Cancer Center, New York, NY (212) 639-6754

October 6-10 American Association of Electrodiagnosti Medicine, New Orleans, LA (507) 288-0100 or (507 288-1225

October 21-24 Energy Medicine and Body/Mind/Spirit Integration, A National Association of Holistic Healing Conference, San Diego, CA (804) 422-9033

ISSN # 1047-2517

The Newsletter of
THE AMERICAN INSTITUTE OF STRESS
124 Park Ave., Yonkers, New York 10703

Non-Profit Organization
U.S. Postage
PAID
Yonkers, NY
Permit No. 400