

The Newsletter of THE AMERICAN INSTITUTE OF STRESS

Number 3

1990

PTSD from San Francisco Quake

Post Traumatic Stress Disorder (PTSD) refers to significant psychological or emotional impairment long after experiencing a stressful event. The problem is most commonly associated with Vietnam War veterans, but can be seen after natural disasters such as the recent San Francisco earthquake. Recent reporters' study, which was conducted 10 to 16 days after the incident, confirmed that the psychological impact alone reduced productivity by 20 to 30 percent. The study involved the employees of 40 corporations and one-third of the firms reported that "their workers were incessantly reliving the October 17th experience." In half of the companies, fear was a major problem since some workers did not want to re-enter the workplace and others were afraid of commuting or riding in elevators. A similar percentage reported that employees were jumpier and unable to focus on their work and these problems were observed on all rungs of the corporate ladder. Such reactions are normal given the short period of time after the event that the study was conducted. Most human-resource officials believe that it will take "two to three months for workers to feel safe again," but for some individuals a much longer period of time will be required and in some instances, the disability may be permanent.

The Wall Street Journal, 12-5-89

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"An author is a fool, who, not satisfied with having bored those who have lived with him, insists on boring future generations."

Montesquieu

Is Family Or Job Stress Number 1?

We hear a great deal about job stress and recent surveys such as "The Mitchum Report on Stress in the 90's" concluded that job stress was the major problem for American adults, with family problems relatively low on the list. Not so, according to one sociologist who asked 166 married couples to keep a daily diary for six weeks. His conclusion from the result was that people tend to adapt to the chronic hassles of their jobs, but are much more affected by family fights. Men seem to be more influenced than women and are far more likely to stay angry with their children for more than a day. Middle-aged couples are less vulnerable to this and more often open to compromise. This is particularly true for females who may have more fights with their children, but resolve them more rapidly by some form of compromise. On the other hand, "Men who fight with kids seem to never give in." The lower incidence of family stress in *The Mitchum Report* may be due to the fact that this nationwide telephone survey was conducted during evening hours when complaints about other family members would be less likely to be reported because of their presence.

USA Today, 8-29-89

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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"Sick Building Syndrome" and Collective Stress Attacks

The collective stress syndrome, also referred to in the literature as Epidemic and Psychogenic Illness (EPI), is a dramatic manifestation of stress. Most reported outbreaks seem to occur in schools or occupational settings that involve routine, monotonous jobs. According to one expert, one of 1,000 schools has an EPI episode each year. In a typical EPI outbreak, large numbers of people suddenly become ill for no apparent reason with subjective complaints such as dizziness, nausea, weakness, etc. Recovery tends to be spontaneous within hours or days without any medical explanation. The "sick building syndrome" is a term used to refer to a cluster of illnesses that occur in large office buildings. These are often attributed to indoor air pollutants which may be difficult to identify because of their transient occurrence or lack of susceptibility to detection and monitoring techniques. However, many researchers believe that such outbreaks are really manifestations of EPI or "collective stress syndrome." One of the most dramatic cases was when an entire building of telephone operators had to be evacuated twice within a two-day period. Major complaints were headaches, breathing problems, dizziness, and nausea. Eighty-one sufferers were sent to local hospitals. While the outbreaks were blamed on a "strange odor," a thorough investigation of the buildings or a local weather pattern failed to disclose anything unusual and the situation subsided just as spontaneously as it had begun without any corrective measures being taken.

Palm Beach Post, 7-26-89

"Education is a method whereby one acquires a higher grade of prejudice."

— Laurence J. Peter

Stress Is Number 1 Work Risk for Females

Surveys of National Women Groups such as The League of Women Voters and YWCA reveal that "stress is the most serious of the many work-related risks increasingly faced by women." According to the Bureau of National Affairs report, problems associated with video display terminals were second and third on the list. The major problem reported was the difficulty in balancing work and family demands. The survey included female-dominated jobs with potential health hazards such as nursing, child care, clerical work, teaching, and cosmetology. Secretarial jobs are the number 1 female-dominated occupation and job stress was highest here. The report indicated that there were 51 million working women in 1988 and that 56% of mothers with children under the age of six work outside the home.

USA Today, 2-16-89

\$21G A Year for Widow of Overworked Judge

Workers compensation awards for job stress have been increasing at an alarming rate. In one recent decision, a workers compensation commissioner ruled that a Connecticut Superior Court judge had sustained a fatal heart attack because of stress and overwork, and awarded his widow \$21,000 a year in benefits. The judge, who had served 14 years on the bench, had been described as "the epitome of the work ethic" and had suffered his fatal heart attack while at home. At the time, his duties included being the presiding criminal judge and administrative judge for the New Haven judicial district, administrative judge for state criminal courts, chairman of the panel on Grand Jurys, and chairman of a Commission on alternative sentencing. It was the first time that a Connecticut judge was found entitled to benefits under the Workers Compensation law. The ruling also resulted in a decision that no single judge would "ever again be asked to assume so many jobs for the Department."

Palm Beach Post, 4-15-89

Do Stressed Employees Need to Be Kneaded?

On-site massage therapy may not replace the coffee break, but is apparently increasingly infiltrating corporate America, according to a recent Wall Street Journal article. Top executives have long had private masseurs visit them on a regular basis, but now lower echelons are also getting into the act. Their office rubdowns "usually take place in dimly lighted conference rooms, where stressed-out employees relax in specially designed chairs, fully clothed." The massages last 15 minutes and usually cost about \$10. In some companies, middle managers sneak their massage therapists into the office, for fear that higher-ups will disapprove. However, other companies arrange for regular massages once a week in a relaxing environment, like the director's lounge, and Heinz even pays part of the fee. The Chairman of that Board is a firm believer, claiming that regular massages ease the distress from old football injuries. Other advocates say that "kneading the head, shoulders, and back can go a long way toward easing tension and improving morale." Three years ago, an IRS office in California introduced on-site massage therapy. Even though employees paid for the services, taxpayers coming in for audits complained about the steady streams of "oohs" and "ahs" that were clearly audible from the adjoining room, and the practice has been temporarily discontinued until better sound insulation can be obtained.

There is also an image problem and some masseurs refer to themselves as "bodyworkers" and their sessions as "invigoration breaks" to avoid any link with the lewd activities often associated with massage therapy. One entrepreneur developed a portable massage chair, which sells for \$425 and has since been copied by many others. Clients lean forward, straddling the recliner-like contraption, and bury their face in the padding of the back of the chair, which some have likened to "something out of the Spanish Inquisition." However, some 4000 masseurs now use similar devices not only in the workplace but also malls, airports, conventions, street corners and any other place where stressed-out tired people are apt to be found. Purists tend to insist that naked full-body massage is the only way to go, indicating that "There's nothing like skin to skin." However, they agree that on-site clothed massage is better than nothing. Stressed-out workers claim that it relieves tension around the head and neck and that "when you leave the room after your massage, people say that you're glowing."

Wall St. Journal 10-17-89

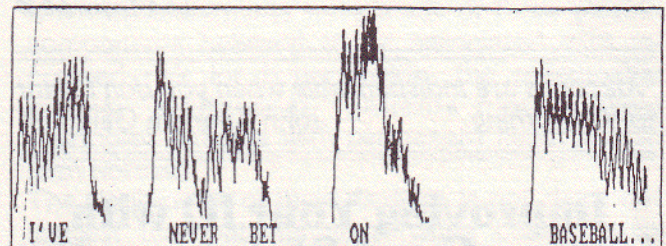
"A little inaccuracy saves a world of explanation."

— C.E. Ayres

Pete Rose and the Stress Lie Detector Test

According to one report, the legendary Pete Rose "lied about gambling on baseball." Tape recorded statements by Rose and his accuser were analyzed using the psychological stress evaluator. This technique can allegedly detect deception by charting vocal stress patterns and apparently, is being increasingly used by law enforcement agencies and accepted by courts in many states. The statement analyzed was "I've never bet on baseball and I've never bet on Cincinnati Reds' baseball." The pictograph of that statement shows "stress in the key words." In contrast, the statements of the voice patterns of his accuser were normal, without any signs of stress and consistent with telling the truth."

The National Enquirer 5-15-89



ROSE IS "CLEARLY LYING," says expert. "You can see the stress in the key words."

Does Being Happy Make You Healthy?

According to one researcher, "For most of us, living a happy life is much more important to our health than all the regimens we could undertake." Studies of especially healthy people reveal that, in general, they show no increased tendency to exercise regularly or follow any particular diet. What they did have most in common was "a sense of optimism and an orientation toward pleasure." That may come from a variety of pleasurable activities such as listening to music, rewarding hobbies, or even going shopping, if that's what you enjoy. It has been suggested that pleasurable activities may favorably affect brain neurotransmitters that are important in maintaining the integrity of the body's immune system, thus increasing our resistance to infection and buffering the harmful effects of stress. Many Americans may have a diminished quality of life and degree of happiness because of inappropriate or exaggerated efforts to slavishly adhere to low cholesterol, low salt, low calorie, no alcohol diets, or strenuous exercise regimens according to the authors of "Healthy Pleasures." They point out that sex, playing with children, shopping, roller skating and (continued on page 4)

Does Being Happy Make You Healthy?

(continued from page 3)

ballroom dancing may be more pleasurable ways to burn up calories. Contrary to public opinion, 80% of us can eat salt liberally without any fear of developing hypertension, being overly involved in work is healthy for some Type A's and people who consume one to three drinks a day live longer than teetotalers. The authors also suggest that too many of us suffer from "medical terrorism" and have come to fear that most of what we like to drink or eat or enjoy is likely to lead to poor health or even the grave. On the other hand, feeling good seems to provide double dividends, because of the immediate pleasure you enjoy, as well as various long-term psychological and physical health benefits down the line.

USA Today, 6-8-89

"Meetings are indispensable when you don't want to do anything." — John Kenneth Galbraith

Improving Your IQ with Good Stress

It seems clear that stress can have adverse physical and emotional health effects. It has also been postulated that there are positive influences or activities that offset this or improve health. Humor, a strong faith, close social support, developing a good self image, and pride of accomplishment fall into this category of good stress. There may be mental as well as physical health benefits. In one recent study, preschool children who had taken an IQ test were separated into high and low scoring groups. Half of each group was randomly assigned to receive tokens redeemable for prizes, for each correct answer on a subsequent, equally difficult test. Four weeks later, the second test was administered and both high and low scorers who had been promised tokens performed better than the control group. In the low scorer group, all eight improved their scores as compared to only three of the non-token children. In the high scoring group, four who were promised rewards improved in contrast to only one in the control group.

Similar results have been reported in older children, and not only rewards but compliments seem to provide analogous benefits. 22 rural eighth graders were divided into randomly matched groups and given two tests of creative ability. The first consisted of mounting a candle using a box and tack so that the wax didn't drip on the floor, and the other required a listing of as many fruits and birds as possible in a given time period. When they arrived for the test, the first group received compliments

about their appearance, hair, clothing, jewelry, etc., and were rewarded with packages of chewing gum. The second group received nothing. Seven out of 11 of the complimented group solved the candle problem compared to only two of the controls. In the word generation test they also produced almost twice as many listings. "Compliments cost nothing, but many pay dear for them," according to an old German proverb. However, it's also true that you get more flies with sugar than a fly swatter, and in many instances, a compliment is apt to be returned with dividends.

Psychological Reports 63:895-898

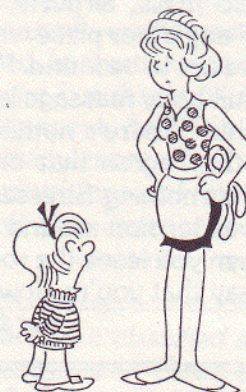
"We don't call it sin today, we call it self-expression."
— Baroness Stocks

Does Being An Only Child Raise Your Blood Pressure?

According to a recent Buffalo study, if you are an only child, then you're more likely to develop hypertension than peers who grew up with brothers and sisters. The study revealed that individuals who had one or more siblings had significantly lower systolic and diastolic blood pressures than those with no siblings. The investigators theorized that the higher readings may be due to the stresses associated with the increased expectations placed on an only child. Another possibility is the likelihood that single children grow up and develop in a more isolated atmosphere and a comparatively limited social environment. A strong social support system has powerful stress buffering effects as noted previously in this Newsletter, and has also been demonstrated to be associated with a lower incidence of hypertension.

AFP, February, 1990

"The art of medicine consists of amusing the patient while nature cures the disease." — Voltaire



"Being a parent is OK, but what kind of career is that?"

Good Stress, Health and Adrenalin

Exercise and relaxation are quite opposite activities, and yet both may be effective stress reduction techniques. Obviously they must achieve such effects through different mechanisms. In the case of exercise, there is usually an associated increase in production of adrenalin, whereas relaxation measures such as meditation are designed to dampen the effects of this stress-related hormone. Which is healthier, more adrenalin or less? Surprisingly, there is good evidence that periodic episodes of modest adrenalin arousal can provide significant benefits by improving the individual's ability to respond to further challenges. Although such "toughening" can be achieved by emotional or mental challenges, physical exercise appears superior in achieving this adaptive ability. In addition to improved physical conditioning, periodic aerobic exercise, such as regular walking or swimming, also appears to enhance mental skills. This is not surprising since adrenalin and similar neurotransmitters have been shown to improve memory and decision-making capabilities. Adrenalin increases heart rate and blood flow to the brain as well as glucose, the brain's main source of fuel. Subjects who participated in periodic exercise training "were found to have more glucose available, enabling the brain to respond energetically to challenges." However, unusually strenuous or prolonged exercise could have an opposite effect, by causing increased secretion of adrenal cortical hormones like cortisone. Intermittent small doses seem to result in "a sound mind in a sound body," which, after all, is still probably the best definition of good health.

Brain-Mind Bulletin, June 1989

"We define genius as constructive reaction against one's training."

— Bernard Berenson

Does Stress-Related Hypertension Cause Permanent Damage?

Most authorities would say no. In most studies, individuals with cardiovascular hyperreactivity induced by stressful situations in laboratory experiments, don't show this type of response to daily stresses, when they are monitored with ambulatory blood pressure devices. In addition, there is no evidence that if you do react to stress with a greater than normal rise in blood pressure, you will be more likely to develop permanent hypertension. An extremely common form of stress-related hypertension is the so-called "white coat" phenomenon, or "office" hypertension. Such patients may have significantly elevated blood pressures when mea-

sured by the physician in the office setting, but are well within normal limits when readings are taken at home by non-medical personnel. However, a recent study suggests that such patients are different from those without this exaggerated reaction that could lead to future problems. Hypertension (blood pressure above 140 and/or 90) was noted in 667 young adults on at least 3 separate office visits. All were instructed on how to take their blood pressure accurately at home and 42 of these were found to have pressures well within the normal range based on an average of 14 measurements. The remaining 34 had sustained hypertension suggesting that the "white coat" or "office hypertension" group comprised 55% of all who would have had a hypertension diagnosis on the basis of office readings alone. The "white coat" group had higher heart rates than non-hypertensive subjects, although their home readings were only slightly higher than those with normal office blood pressures. However, when measurements were made of three plasma components believed to be associated with increased risk for hypertension, the presumably normal "white coat" patients more closely resembled patients with permanent hypertension than normals.

The significance of these findings is not clear, but suggest that patients with "white coat" hypertension probably need to be followed more carefully and that they differ from normotensives in important respects. It is of interest that the authors of this study had previously concluded, after a thorough review of the literature, that the mechanisms influencing blood pressure hyperreactivity were quite likely different from those involved in sustained hypertension, based on responses to various anti-hypertensive drugs.

*Internal Medicine News,
Jan. 1-4, 1990*

Stress and Suicide in AIDS-Infected Patients

The important role of stress in AIDS has been increasingly emphasized. Some reports suggest that it is a major factor in the clinical expression of the disease in asymptomatic carriers of the virus. A major source of stress for AIDS patients is their lack of social support. In one study, 650 U.S. Air Force personnel who tested positive for the virus were evaluated over a 12-month period. Seven of these had attempted suicide, within a year of diagnosis, and one succeeded. Suicidal attempts were most apt to occur in those who were under a great deal of stress, particularly from social isolation, substance abuse, and lack of denial mechanisms. None of the patients had full-blown AIDS although all had some evidence of disease progression and "therefore, faced the possibility of cessation of military duty."

Internal Medicine News, June 15-30, 1988

Making Stress Work for You

The term stress, as currently appreciated, was essentially coined by Hans Selye some 50 years ago. The concept was so novel that problems arose when his research had to be translated into other languages for which there was no counterpart word or phrase. Thus, le, el, il and der stress were born in French, Spanish, Italian and German, with similar neologisms in Russian, Japanese, Arabic, Chinese, etc. In Chinese, the closest thing was the word for crisis, which interestingly enough uses the same symbols to denote both danger and opportunity. Now, five decades later, it appears that the Chinese were on to something since stress seems to be a double-edged sword — one man's meat and another's poison. The trick is in learning how to harness stress so that it becomes more the spice of life than the kiss of death. While excess stress can play a major role in many disorders, it is equally clear that too little stress can also be damaging. Bedridden patients lose muscle tone and strength due to lack of physical stress and lack of mental stimulation can similarly lead to boredom and depression. It's like the tension required in a violin string to produce just the right sound. Too little produces a dull raspy tone, and too much could cause it to be shrill or snap. It is necessary to find the proper degree of tension or stress for each violin string and for each individual to obtain optimum performance. Increased stress produces increased productivity up to a point, but we all have different degrees of sensitivity and tolerance.

Stress is an unavoidable part of life, and there are some stresses we can do something about, and others we have to learn to avoid or accept. The trick is in learning how to distinguish between the two so that you are not continually frustrated because of an inability to change things over which you have no control. There are a variety of strategies that are useful in learning how to cope with unavoidable stress, and time management is particularly important. Setting firm but reasonable deadlines for tasks can be very helpful. Most people find that they function better as a deadline approaches, but delaying the completion of an assignment to the very last minute can be disastrous. Contingency plans should be anticipated so that if things go awry viable alternatives have already been outlined. Getting some form of regular exercise, like jogging, can also provide stress-reduction benefits but simply taking routine brief walks can be just as effective. Don't make commitments if you suspect that they will prove to be stressful or time consuming. Learn to say no. It's not possible to please everyone all of the time. Taking time out on a regular basis for hobbies, reading, sports, or simply "quiet time" is most important and often neglected. Doing something you enjoy that benefits others has powerful stress-reduction benefits. If your work does not

provide this feeling, then it can often be attained through hobbies or group and volunteer activities.

Palm Beach Post 2-28-90

"Too much rest is rust."

— Sir Walter Scott

Did Collective Stress Syndrome Take A Recent Toll?

Toll booth personnel at New York's Triborough Bridge were recently afflicted with a sudden and puzzling malady. In the space of a few days, some thirty toll collectors became disabled with complaints of nausea, weakness, dizziness, headache and other subjective complaints. A variety of potential causes were investigated, and teams of investigators monitored air samples for carbon monoxide, sulfur dioxide and any other possible noxious ambient factor. Possible sources of food contamination, exposure to insecticides used in locker rooms, and almost every other conceivable etiologic agent was systematically searched for and ruled out. Although no changes were made in working conditions, the curious illness vanished in a week, just as strangely and suddenly as it had appeared, with no apparent after effects.

While this mystery may never be solved, it has all the trappings of what has been euphemistically described as "collective stress syndrome." Several instances of this have been reported in schools as well as the workplace. This form of mass hysteria can be distinguished from organic illness by the absence of appropriate physical or laboratory findings, rapid spread of the illness followed by equally prompt recovery despite the absence of definitive treatment, prominent hyperventilation type symptoms, the presence of potential psychological or physical stressors, etc. The spread of the illness is usually mediated or facilitated by audio-visual cues from fellow workers or the media. Females and lower socio-economic employees are particularly apt to be affected. In some instances, the disability may be prolonged but this is usually due to non-work related influences. As pointed out in a recent review, such individuals are often reinforced in their beliefs by their physicians and attorneys. Recovery is usually prompt after litigation is concluded.

State Art Rev Occup Med 1988, Oct-Dec

"Inanimate objects are classified scientifically into three major categories — those that don't work, those that break down and those that get lost."

— Russell Baker

Psychosomatic Pains Aren't Imaginary

That was the title of a recent letter to the New York Times about the recent curious complaints of Triborough Bridge toll workers noted above. The author's concern was that since this was now being considered as a "psychosomatic" illness, there is the insinuation that the symptoms experienced were imagined or faked. It was emphasized that "the pains perceived and felt by the patient are as real and as hurting, if not worse, as when they stem from a gaping wound, a fractured bone or any other organic origin. An ulcer from worry is as open as if it came from a cancer; a rash from anxiety is as much a rash as those from allergy or acne." Other physicians also wrote in objecting to the implication that the symptoms were purely psychological, pointing out that they were consistent with exposure to a transient toxic gas or fume that might not have been detected by testing done a day or two later. It was noted that a similar episode occurred on the same bridge in December of 1988 which was attributed to an ethylene glycol leak in the ventilation system, and that the problem immediately went away when this was corrected. Nevertheless, stress could still play an important role, since "Bridge and tunnel officers must perform repetitive activities under considerable stress, exposed constantly to gaseous and particulate products of combustion." This latest episode may never be explained, and while one should avoid jumping to the conclusion that it was all "psychological," if other causes cannot be identified, that possibility is supported by numerous similar reports.

N.Y. Times, 4-3-90 and 3-26-90

Evaluating Stress In Hostages

Hostage taking is certainly not new. In Greek mythology, the beautiful Persephone was taken hostage by Pluto, King of the Underworld. Her grief-stricken mother, Demeter, Goddess of the fruitful earth, was unable to ransom her return to earth. Furious because none of the other Greek gods could help her, she caused all the crops on earth to die. This put tremendous pressure on Persephone's father, Zeus, who dispatched Eros, the God of Love, as a "hostage negotiator." He worked out a compromise in which Pluto agreed to allow Persephone to return to Earth once a year—in the spring. In return, Demeter allowed the crops to flourish coincident with Persephone's return, but to wither again in the fall when she had to return to Hades. Hostage taking was common for Greek and Roman armies and military leaders in

the 16th and 17th century, routinely capturing high-ranking individuals so they could be traded for their counterparts or ransomed for money.

However, hostage taking today has taken a different twist and is usually designed to attract international attention with little chance of resolution by a cash settlement. While Persephone was so well treated that she eventually came to love and marry her abductor, contemporary captives are often subjected to significant psychological stress because of brain washing, fear of physical harm, and permanent incarceration or death.

An unusual opportunity to study these problems occurred with the taking of American hostages at our Teheran Embassy in November, 1979. The situation was aggravated because many felt it could have been predicted since the Embassy had already been captured twice before in the same year with no subsequent beefing up of security. When the Shah of Iran was allowed to enter the United States for cancer surgery in October, this type of retaliatory response should have been anticipated. After the unsuccessful rescue attempt in April, 1980, hostage stress intensified because of the fear of further reprisals. Negotiations were stepped up and in the anticipation of a successful conclusion, stress researchers were contacted to help plan an evaluation and treatment strategy for the hostages upon their release. This was implemented in January, 1981, when the hostages were returned and flown to Wiesbaden, Germany, where they underwent psychological and physiological stress-assessment evaluations.

Psychological testing indicated that the hostages apparently had endured their ordeal surprisingly well and had developed adequate adaptive emotional defenses. In contrast, physiological stress-related abnormalities were significantly elevated including plasma and saliva cortisol, urinary catecholamines and saliva testosterone. Saliva cortisol was the only measurement that demonstrated a significant correlation with psychiatrists' ratings of severe psychological disturbance. Hormonal measurements correlated with levels of distress, anxiety, and elation. They also revealed that psychological and physiological recovery may take several days despite a seemingly calm and trouble-free outward appearance. The major contribution of this study was the demonstration that physiological, rather than the psychological evaluation, provides a superior measurement of stress levels in hostages, at least after they are released.

Reference: Psychosomatic Medicine, 52:1-14, 1990

"Nothing is impossible for the man who doesn't have to do it himself."

— Niels Bohr

Book Reviews • Meetings and Items of Interest

"Stress Management in Work Settings," Murphy, L.R. and Schoenborn eds. Praeger Publishers, New York, NY 1989, 172 pages, \$39.95.

This is an excellent compendium of articles covering all the multi-faceted aspects of job stress prepared under the auspices of the National Institute for Occupational Safety and Health. It is divided into three sections: Stress in Organizational Settings, Stress Management Programs, and a Resource Guide providing information on where to obtain training materials, products, and equipment. The adverse health and fiscal effects of job stress are staggering. In addition, corporations are being increasingly held liable for job stress and workers' compensation awards are skyrocketing. The dozen contributors are all well known in their respective areas of expertise. They correctly indicate the need to get away from "stress awareness" programs in the workplace to the implementation of strategies that help management and workers to identify sources of stress and how to deal with them effectively. While most programs use techniques such as muscle relaxation, meditation, biofeedback, and exercise programs, more emphasis needs to be placed on cognitive restructuring. In addition, it has become increasingly apparent that worksite stress more often stems not from the job or the individual, but a mismatch between the two. This can often be resolved by job redesign. This is a meaty, compact volume, well referenced, and should be a valuable resource for all those interested in this important subject.

Meetings and Items of Interest

June 1-3, Treating the Co-dependent Emotionally Dysfunctional Patient, Big Sky, MT, David Watkins Associates (615) 672-3027.

June 3-18, Creativity and Madness Psychological Studies of Art and Artists, American Institute of Medical Education, London, Stratford, York (England), Edinburgh (Scotland), (818) 842-8818.

June 8-10, Treating the Co-dependent Emotionally Dysfunctional Patient, Jackson Hole, WY, David Watkins Associates (615) 672-3027.

June 9, Healthy Pleasures: The New Science of Mood Medicine, The Institute for the Study of Human Knowledge, New York, NY (1-800-222-4745).

June 15-16, Cardiac Wellness and Rehabilitation, San Francisco, CA, Medical Education Resources (800) 421-3756.

June 15-17, Treating the Co-dependent Emotionally Dysfunctional Patient, Hilton Head, SC, David Watkins Associates (615) 672-3027.

July 5-8, 9th Annual Role of Exercise and Nutrition in Preventive Medicine, Snowmass, CO, ISC Division of Wellness (813) 686-8934.

July 11-14, 9th Annual Role of Exercise and Nutrition in Preventive Medicine, Orlando, FL (813) 686-8934.

July 15-20, National Wellness Conference, Stevens Point, WI, National Wellness Institute (715) 346-2172.

July 16-20, Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions, Kyoto, Japan (215) 566-1054.

July 16-20, A Holistic Approach to the Immune System: Nutritional, Environmental and Stress-Related Factors, Rhinebeck, NY, Omega Institute, RD2, Box 377, Rhinebeck, NY 12572, (800) 862-8890.

July 22-27, Balancing Commitments to Family and Profession, The Meninger Clinic, Crested Butte, CO. Contact Jayne Roberts (1-800) 288-7377.

July 23-27, Providing Stress Management Training to Individuals and Groups, Atlantic City, Mid-Atlantic Educational Institute, 309 North Franklin Street, West Chester, PA 19380, (215) 692-6886.

August 8-22, Humanism and Caring in Medical Care, Kenya, East Africa, Temple University School of Medicine, (215) 221-4787.

August 13-17, Family and Marital Dynamics; Advances in Treatment of Anxiety/Depressive Disorders, North Falmouth, MA, Massachusetts Mental Health Center, Harvard Medical School, (617) 743-1300.

August 16-19, Workshop on Clinical Hypnosis at Basic, Intermediate and Advanced Levels, Reno, NV, American Society of Clinical Hypnosis, (708) 297-3317.

August 20-24, Hormonal Modulation of Brain and Behavior, Buffalo, NY, International Society of Psychoneuroendocrinology, (716) 877-7965.

August 27-29, Tutorial in the Tetons: Stress and the Heart, Moran, WY, American College of Cardiology, (800) 253-4636.

August 27-31, 7th Annual Cape Cod Summer Symposia: Group Psychotherapy: Healing Through Relationships, Cape Cod, MA, New England Educational Institute, (413) 499-1489.

December 12-14, International Conference on Healthy Lifestyles, Leningrad, USSR, N. Bedrova, Korov Institute of Advanced Medical Studies, Leningrad 193015, (812) 2725206 or University at Penn, Des Moines, IA 50316, (515) 263-5582.

December 29-Jan. 1, 1991, 10th Annual Role of Exercise and Nutrition in Preventive Medicine, Breckenridge, CO, ISC Division of Wellness, (913) 686-8934.

ISSN # 1047-2517

The Newsletter of
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