The Newsletter of
THE AMERICAN INSTITUTE OF STRESS

Number 5 1991

More on Hostility, Type A, And Coronary Heart Disease

"Type A is out, 'coronary prone' is in" for the 1990 coronary heart disease personality risk factor profile, according to one researcher. She points out that global Type A characteristics are not predictive of deaths due to heart attacks, as opposed to components such as hostility and time urgency. In reviewing interviews from the Houston collaborative group study, it was found that Type A individuals had twice the cardiac mortality as Type B's. In reevaluating this, 250 of the original cases were matched with 500 controls, without regard to personality type or cardiac health. When an attempt was made to determine which factors in the interview were most predictive for mortality 8-1/2 years later, hostility, competitiveness, speaking rate, and immediacy exhibited the best correlation. Hostility was judged by excessive complaints about people or situations, depreciating or insulting the interviewer, withholding information, and a hostile tone of voice. It was suggested that increased adrenergic arousal is an important factor, since coronary prone individuals have higher peaks and greater variability in these responses during physical or mental challenges. Catecholamines, such as adrenaline and noradrenaline can increase platelet clumping, blood clotting activities, as well as blood pressure and heart rate. It was suggested that one way to address this problem might be to reduce the time urgency component which often provokes hostile responses.

Internal Medicine News, January 15-31, 1991

Sick Building Syndrome Linked to Job Stress

Sick building syndrome refers to a condition usually caused by a wide range of airborne pollutants trapped inside and recirculated in closed office buildings without outside ventilation. Such pollutants may be in the form of fibers from furniture or insulation in duct work, cigarette smoke, chemicals which are used to clean or install carpets, dust mites, fungus growing in damp places and a variety of other potential contaminants in the air of commercial buildings. Workers who suffer from sick building syndrome usually report that their symptoms are worse when they are inside the building. These include: headache, eye, nose, throat, and skin irritation, nausea, occasional wheezing, running nose and eyes, an altered since of taste, or a sensation of experiencing strange odors.

A recent study suggests that job stress may play an important role in the development of signs and symptoms of sick building syndrome. This might stem from job dissatisfaction, long periods spent using video display terminals, etc. A recent Cornell University study has confirmed a strong correlation between the number of hours a person spends at a computer and the symptoms of job stress syndrome.

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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.

ALSO INCLUDED IN THIS ISSUE

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The Newsletter of
THE AMERICAN INSTITUTE OF
STRESS

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Editor-in-Chief

Sick Building Syndrome Linked to Job Stress

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The ergonomics professor who conducted the study noted, "the effect of job stress is that it can make the body more susceptible to environmental irritants." This type of stress appears to lower the threshold at which workers experience symptoms since "it seems to be a combination of how stressed they are, which sensitizes them to an environment in different ways." Most past studies have focused on the physical causes of sick building syndrome, such as air quality and ventilation systems. It now appears that the problem is more likely to be due to a combination of such factors and job stress, particularly the stress associated with prolonged computer use.

The Palm Beach Post, March 20, 1991

"There is no such thing as a non-working mother."
Hester Mundis

Wellness Wave Swelling

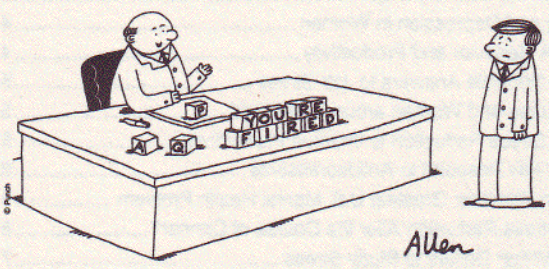
When the *Wellness Letter* was launched six years ago, the concept was viewed as "one of those flaky California ideas" according to its originator. Now, this eight-page newsletter reaches a million people who are "interested in not only living longer, but in staying productive in making those years really golden, not miserable." In a recent interview, the Public Health Professor noted that "when many people feel overwhelmed by all the demands of their daily lives, staying healthy and reducing stress are especially important." He describes wellness as "the optimum state of health and well-being that each individual is capable of achieving." However, this is best attained by learning how to reduce stress, rather than taking pills and blindly relying on orthodox medical recommendations. He feels that "drugs are prescribed too readily, excessive numbers of x-rays and other diagnostic tests are often ordered, and the effectiveness or necessity of many operations is being challenged." He also believes that although many people think of high level executives as being under the most stress, the problem is much greater at the lowest socioeconomic levels because people "are constrained by their environments" and don't have any alternatives in terms of making changes in their lives. Although he did not offer any reasons as to why stress was unhealthy, (obviously not a reader of this publication), he did indicate that "if we examine people under stress, we know they have higher rates of illness and lower life expectancies than people who aren't under stress." The wellness concept emphasizes measures such as exercise, which "take your mind off things and . . . counteracts the effects on the nervous system." It also helps to improve health by developing a better sense of control in our lives, thus enabling us to handle severe pressures better. *USA Today, 3-15-91*

"The entire sum of existence is the magic of being needed by just one person."
Bii Putnam

More on Sense of Control And Productivity

A Swedish manufacturing company decided to see whether giving employees more control could improve productivity as well as quality of life in the workplace. The change process was engineered by the trade union in close cooperation with management, and supervisors were replaced by "contact people elected by and responsible to autonomous groups." All the workers in each group participate in decisions about production, decide on all matters related to performance, and take collective responsibility for productivity. A subsequent evaluation showed that this new work organization resulted in a richer job content, increased dignity for workers, increased solidarity, increased trade union strength, and a more effective use of productive resources in the company.

International Journal of Health Services, Vol. 12, 1982



"Do you like my new executive toy, Simpkins?"

Heart Transplant Patients React To Psychological Stress

Although transplanted hearts have no direct nervous system connection to the rest of the body, they still react to psychological stress. In a study of seven heart transplant patients, there was evidence of an increase in heart rate, blood pressure, and cardiac output in response to emotional stress. In another experiment, six heart transplant patients were shown to have less cardiac reactivity to stress than either normal controls or renal transplant patients. The similarity between the latter two groups suggests that this diminished reactivity is not due to dampening of cardiovascular reactivity or responses due to anti-rejection drugs, which were also taken by the kidney transplant patients. There was no effect from antihypertensive medications, which were also prescribed for most of the heart and renal transplant recipients.

Lynch and Rosch have shown that cardiac transplant patients exhibit an exaggerated immediate hypertensive response to talking, without the usual rise in heart rate. These findings are quite similar to those observed in patients taking beta blockers. This suggests that hypertension in these patients is due to increased peripheral resistance rather than augmented cardiac output. *Psychophysiology, 27:187-94, 1990 Internal Medicine News, 1/15-31-91.*

"Few people are successful unless a lot of other people want them to be." Charles Brower

Preventing Post Traumatic Stress Disorders

"The natural response to a traumatic situation is to tell someone over and over" says one Post Traumatic Stress Disorder (PTSD) specialist, "ultimately, you need to come out saying 'I did the best I could.'" Soldiers need defense mechanisms to ward off feelings because during combat they need to maintain a fighting spirit and keep their morale high. However, being able to subsequently ventilate feelings provides a great sense of relief. This is especially true if such feelings are expressed to others who have had a similar experience and can provide support by admitting that they also felt the same way. Interestingly enough, having a woman to talk to seems to make a big difference in how men handle trauma, based on research with Vietnam Vets. According to the authority, "Men find it easier to broach emotional topics with a woman." These suggestions have recently been put into operation for troops from Operation Just Cause involved in the 1989 Panama invasion. They received preventive treatment for combat stress to prevent PTSD. Although recurrent bad memories don't disappear, early treatment is effective in causing them to be less frequent and troublesome. Soldiers are not the only ones susceptible to PTSD, and the problem is increasingly being recognized in abused children, victims of rape and violence, and police officers and emergency workers who frequently are exposed to extremely stressful or violent situations. Early intervention and group therapy should be encouraged in these individuals as well. *American Health, September, 1990*

Hypertension, diabetes and obesity are often seen together, and may also be stress related. Researchers have now found that patients with poor glucose tolerance are much more likely to subsequently develop hypertension, possibly because of increased insulin levels. Higher insulin levels have also been found in hypertensive patients without diabetes, supporting this link.

Loneliness, Isolation, Major Modern Stresses

Loneliness and the feeling of being unwanted, said Mother Teresa, is the most terrible poverty. In a recent Florida newspaper poll, readers were asked to indicate the areas in their lives where they would most like help. Two-thirds of the more than 200 respondents listed loneliness as their major problem or source of stress. They included "lonely widows sitting in quiet houses, divorced fathers watching T.V. in solitary condos, single mothers struggling with children in poverty, and married couples living together, but feeling alone." Common to all of these was a hunger for companionship, not necessarily someone of the opposite sex, but for a caring friend. A Palm Beach psychologist agreed, indicating "a typical comment I hear in South Florida is 'No one calls me, no one cares whether I am living or dying." Many times the problem is unknowingly self-induced. "What happens is that they radiate neediness and that repels people. When I ask them how many people they've called, it's usually none. Lonely people need to be thinking about what they have to offer and try to give to others, rather than what they need to take, and waiting for others to provide it."

Some of the tips that were suggested for conquering loneliness were: Take one day at a time — reduce stress by joining an exercise class — get involved in a church or religious activities —

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Loneliness, Isolation, Major Modern Stresses

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develop an interest in other peoples' lives — keep busy and stop complaining — accept people for what they are — ride a bike or walk three miles a day — make a conscious effort to look young — try to help someone else less fortunate than you — if you can't overcome it, learn to live with it — work on raising low self-esteem — write lots of letters — consider professional counseling if necessary — and patience, patience, patience.

It's possible for individuals to be in a crowd and still be lonely. But you can also be by yourself and not be lonely. The first person you need to make a friend of is really yourself." The fear of being alone is so enormous that it makes some adults act more like three-year-olds. Learning to become comfortable with being alone and using the time constructively can be very helpful. That might include reading, letter writing, handicrafts or playing a musical instrument. Many lonely people spend most of their time watching television. Often what heppens is that one lives through the characters vicariously, rather than experientially. For many, T.V. becomes an antidote to not feeling the pressure to make friends.

Palm Peach Post 3-24-91

"(Television)" It is a medium of entertainment which permits millions of people to listen to the same joke at the same time, and yet remain lonesome." T.S. Eliot

Stress and Depression In Women

High rates of depression in women are not simply due to biological differences between the sexes. What appears to be more important is the stress of a wide range of social, economic, and emotional factors increasingly being experienced by women in modern society. According to a recent task force composed of psychologists, psychiatrists, and social workers, major factors include a history of victimization, poverty, and "dependent" behavior, greater vulnerability to depression in marriage' and possible biochemical changes during different stages of a woman's life.

A three-year review of the literature revealed that more than one out of three women has had an experience of physical or sexual abuse before the age of 21. Since such incidences are very often not reported, the actual figure may be as much as 50 percent higher. It has been suggested that such problems may be at the root of depression in more than half of the women suffering from this complaint. Unfortunately, in clinical practice, this possibility is rarely investigated. In addition, depression is overlooked or misdiagnosed in more than half of the patients. Many of these patients are treated with tranquilizers which may actually aggravate the problem. The researchers urged therapists and physicians to take a more detailed history of sexual and physical violence, and past and current use of medications. They should also explore in detail how factors such as menstruation, contraception, pregnancy, childbirth, abortion, and menopause might contriubte to the problem. A variety of reproduction-related life events have been observed to precipitate depression in susceptible women. Post partum depression is quite common, and similar complaints are seen so often during menopause or "change of life," that the diagnosis of involutional melancholia was a popular diagnosis in the older literature. Patients need to be made aware of the psychosocial factors which can lead to depression and the specific therapeutic approaches that may be required to prevent or treat them.

Internal Medicine News, Vol. 24, No. 2, January 15-31, 1991

Type A Behavior And Productivity

The Type A behavior pattern has been a controversial construct which has generated a great deal of debate about health effects, productivity and the need for behavioral modification. Many Type A characteristics such as time urgency, a strong orientation toward work responsibility and task completion, and intensive competitive behavior would appear to be desirable characteristics for some workers and executives. On the other hand, such individuals may be more concerned about the quantity of their work than its quality. Type A workers often thrive on challenges, responsibilities, and a hectic pace of life in the fast lane that would overwhelm most people. However, others are more apt to be frustrated by self-imposed unrealistic goals which are pursued in an inflexible manner. The difference between the two is the degree of control they perceive over their work activities.

Stress and productivity in the workplace is most often a function of the person-environment fit. Type A's are more productive and function best when there is little external control, and they have greater authority. Conversely, dull, dead-end assembly line type of work would be stressful for them, but not others who don't want any responsibility and simply wish to perform a task easily within their capabilities.

British Journal of Medical Psychiatry, 3-88

Some Sensible Answers To Job Stress

Job stress is considered by some authorities to be the nation's leading adult health problem, with costs to industry recently pegged at over $200 billion annually. A great deal has been written about the sources and nature of job stress, its adverse health consequences as well as strategies to correct this growing problem. Various lists have also been compiled to rank or rate the "most stressful" occupations, but much of the above is anecdotal or self serving, and does not stand up to scientific scrutiny.

It has become increasingly clear that it is not the job, but the person-environment fit that is crucial. Type A's may thrive in seemingly stressful, high demand jobs that would overwhelm others, provided they are in control. Conversely, Type B's might tend to perform better in positions where there is not a great deal of responsibility or demand. The assembly line worker who simply wants to be told exactly what to do and have no responsibilities other than performing well in a simple task easily within his or her capabilities, may actually enjoy such a dead end job because it provides the feeling of being in control. For the flaming Type A, who suffers in situations with high external control and finds such duties demeaning, this perpetual type of activity with little challenge or decision-making latitude might prove disastrous. It is not the external event or job demands per se that prove stressful, but more often, our perception of such challenges or presumed threats.

These and other relevant considerations are thoroughly discussed in *Healthy Work* by Karasek and Theorell, which is reviewed elsewhere in this Newsletter. As this scholarly work compellingly demonstrates, it is those occupations in which workers perceive a high degree of psychological demand but little opportunity to make meaningful decisions that are the most stressful. More importantly, such individuals clearly have a higher incidence of heart attacks and hypertension, as demonstrated by the statistically significant studies of these two respected scientists. Their practical suggestions to address such problems have important implications for improved worker health and quality of life, as well as increased productivity and bottom line benefits for employers.

Science Book Reviews, Nov./Dec. 1990

"We must accept finite disappointment, but we must never lose infinite hope."

Martin Luther King, Jr.

Job Stress and Women Around the World

In 1960, only 39 percent of women between the ages of 25-44 held paid jobs. Last year that number jumped to 71 percent. Prior issues of the Newsletter have focused on some of the adverse health effects that appear to be associated with the increasing migration of women into the workforce. This may be especially applicable to those who are single and career oriented, and who may be at particular risk for cardiovascular problems, as well as cancer of the ovary and the breast. As noted previously, we are also witnessing an increased incidence of what were previously male type disorders such as Type A behavior, coronary heart disease, peptic ulcers, and gout. Are the problems and/or satisfactions experienced by working women in the U.S. different from those in other countries?

The 1991 McCall's International Job Stress Survey polled some 22,000 working women in Australia, Brazil, Germany, Japan, and the United States in an innovative way to find out. The respondents were readers of the leading women's magazines on these five different continents. Among other things, they were asked whether they would still work even if they didn't have to for financial reasons. 88 percent or more of German, Australians and Brazilian women workers answered yes, compared to only 65 percent of American respondents. Interestingly enough, the Japanese editors decided not to ask that question. While 63 percent of the American women said that they were stimulated by their work activities, that figure dropped to about 45 percent in Germany and Australia and was only 18 percent in Japan.

Women in Australia seem to have more control over their work activities, and half of them made "many or all decisions" at work. Only one out of three Americans, and twelve to twenty-one percent of women in Japan, Germany, and Brazil felt that they had this degree of control over their work activities. One of the major causes of job stress in the United States, which also proved to be a key factor in all of the other countries, was "having a job where you cannot control the pace of your work." *McCall's Magazine, 3-19-91*

"Ignorance doesn't kill you, but it makes you sweat a lot."

A Haitian proverb

Using Stress Reduction To Improve Productivity

As noted previously, increased stress results in increased productivity, up to a point. But what do you do when that limit has been exceeded? Can stress-reduction measures or increasing your coping skills (continued on page 6)

Using Stress Reduction To Improve Productivity

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help? Apparently they can be very effective in some settings, according to a recent report. Nurse anesthesia training programs can be extremely stressful at times, especially for new students. When excessive, it interferes with the normal learning process, prolongs the students' clinical and academic progress, and may even preclude successful completion of the course. However, active faculty intervention through a student support program which emphasizes coping strategies and group activities can be very effective in diminishing the adverse physical and emotional consequences of stress. Other benefits appear to be an increase in the overall productivity of the course and the ability to better prepare nurse anesthesia students for future careers.

AANA Journal, February, 1989

"An egoist is a person of low taste, more interested in himself than in me."

Ambrose Bierce

Stress Fits Respond To Antidepressants

Some people have such unprovoked fits of fury that they have to seek psychiatric help. While it has generally been assumed that such episodes are due to some inner turnoil, psychiatrists in Ottowa believe that they are often a sign of either depression or panic disorder, both of which often respond to antidepressant medications. The patients they interviewed all had a similar story. Life had been pretty normal when they suddenly fell into a fit of uncontrollable rage for no reason, often as frequently as once or twice a week. During these states of fury, "their brows grew wet, their faces got flushed, and their breath came in short gasps." One father, whose outbursts were jeopardizing his relationship with a teen-age daughter, noted a complete cessation of attacks a few weeks after antidepressants were prescribed. Most patients admitted feeling very bad after their attacks, mainly because they had completely lost control for no apparent reason.

As one psychiatrist noted, "their physical symptoms are those experienced by people who lose their grip during a panic attack." It is possible that anger produces the same effect in some people as fear does in others. Such attacks of unprovoked anger could be triggered by changes in brain neuropeptide levels. Some research studies have shown that very aggressive people often have low levels of brain serotonin. This is also commonly seen in patients who are depressed. Unfortunately, most physicians tend to view extreme anger as the result of some personality disorder, such as Type A behavior. However, these patients seem to have a different problem, since most of the time they are quite normal. Consequently, they are not as likely to view intermittent attacks as a manifestation of some chronic, underlying, and treatable disorder.

American Health, April 91

"If you had your life to live over again — you would need more money."

Construction Digest

Broken Families: Greatest U.S. Mental Health Problem

A recent poll of some 1500 members of the American Psychological Association revealed that almost one out of three believe that disruption of family life is responsible for America's major mental health problems. It was pointed out that one of two new marriages today will end in divorce, and that only one out of four families currently fit the "traditional mold of parents and mutual children." As fewer children are reared in traditional family life, stress also increases for single parents. Even when there has been a happy second marriage, there are the added stresses associated with stepchildren. As one psychologist noted, "disruption in relationships is a universal risk factor for a variety of mental health problems, including anxiety and depression." Another emphasized that "we have been dealing with symptoms, not root causes of problems."

These findings support a growing trend to emphasize family therapy rather than divorce in an effort to alleviate such difficulties. Instead of focusing on hurdles such as substance abuse, there must be greater efforts to address "the central issue," which is strengthening the family. *USA Today, 3-19-91*

"Trying to squash a rumor is like trying to unring a bell."

Shana Alexander

Can Stress Reduction Alter The Course of Cancer?

According to Professor Hans Eysenck, one of the world's most quoted psychologists, the answer is decidedly yes. At our annual International Congress, he reported that in individuals with a cancer-prone personality, anticipated deaths due to cancer were reduced by 50 percent by stress-reduction intervention. Similarly, a study in California, originally designed to debunk any stress-cancer link, found that women with breast cancer who became involved in group activities designed to lower their stress levels, had significantly longer survival rates than controls who did not participate. Although there is no question that psychological improvement can occur as a consequence of stress reduction in cancer patients, not everyone buys the fact that it allows patients to live longer. Of the six major studies

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Can Stress Reduction Alter The Course of Cancer?

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which propose this, critics have suggested that there are methodologic flaws and speculative conclusions which are not warranted by the data. In one study of cancer survival in patients with a large percentage of metastatic disease, it was claimed that life expectancy doubled "with imaging" exercises. However, this involved a followup of patients who had been treated at different cancer centers, with varying overall survival rates. Most had traveled to Texas from the East or West coast, which would have excluded those who were too sick to travel. Thus, the treatment group was clearly healthier to begin with, than the population of patients from which they came.

In another study in which hypnosis was claimed to increase survival by 2-1/2 - 4 times, the data was not statistically significant. An Australian study which described a number of spontaneous regressions in patients who received individual stress-reduction counseling, lacked an adequate control group, and detailed information about length of followup and whether the regression was temporary or stable. A German study of patients with metastatic breast cancer reported that psychotherapy had effects comparable to chemotherapy, and that the combination of the two resulted in even greater longevity. However, the unusual congruence in survival time among the control groups was difficult to explain.

The Eysenck study was criticized because of wide discrepancies between the treated and control groups and factors related to diagnosis and entry into the study. In the California study, an extremely careful design was used. This prerandomized 86 metastatic breast cancer patients also included those who had died before treatment began. Those who received "group therapy that fostered catharsis, friendship, and communal feelings, had a mean survival rate twice as long as carefully matched controls." Although critics concede that this is an excellent piece of research, it was noted that the survival of the controls was significantly shorter than would have been predicted by the National Cancer Institute statistics for patients with metastatic breast cancer.

While there is increasing evidence to support the stress-cancer link, there is a great danger that the pendulum may swing too far in this direction. This is especially dangerous with respect to the promotion of unproven and ineffective approaches which may drown out legitimate research in this area." The terms, "stress" and "stress reduction' ' are vague and imprecise. They signify different things to different people, and this should be kept in mind when evaluating research reports in this controversial area.

Eight Million Dollars To Study Stress

At the request of Congress, the United States Department of Health and Human Services is funding an eight million dollar study to determine the mental and physical effects of stress. Researchers at the University of Michigan will interview some twelve thousand Americans "scientifically selected to represent a microcosm of the nation's diverse population." The diverse factors that will be investigated range from possible links between weather and health to wealth and health. Participants in the survey will be asked about "three different types of stress, including acute major stress, resulting from factors such as recent job loss or death of a loved one, ongoing "role-related stress," which could result from such things as chronic difficulties at work and stress caused by "lifetime traumas" such as combat experience, a natural disaster or the death of a parent at an early age.

According to the project leader, "We know that stress plays an important part in most physical and emotional illness. But there has never been a study of this scale to determine how common that relationship is." A variety of stress-linked emotional and physical problems will be investigated, ranging from chronic nightmares to high blood pressure and arthritis. A major focus of the report will be an attempt to put a price tag on the productivity loss resulting from stress-related illness. The researchers hope to be able to report their results to Congress by the end of 1992. Their findings will also be distributed to a dozen universities around the country to be studied and utilized in formulating intelligent health policies through the year 2000.

Ann Arbor News, 3-10-91

"The principal mark of genius is not perfection, but originality, the opening of new frontiers." Arthur Koesteler

International Society for the Study of Subtle Energies and Energy Medicine

The newly formed International Society for the Study of Subtle Energies and Energy Medicine (ISSSEEM) is concerned with the study of informational systems and energies that interact with the human psyche and physiology, either enhancing or perturbing healthy homeostatis.

The Society was organized by clinical psychologist Carol Schneider, biomedical engineer T.M. Srinivasan, anthropologist Stephan Schwartz, and psychophysiologic researcher Elmer Green. It publishes a quarterly newsletter and a journal and over 1500 individuals have joined since its formation in December of 1989. An annual meeting will be held in Colorado from June 21-23 with workshops on June 24 and 25.

Further information concerning ISSSEEM's goals and objectives is available by writing to: C. Penny Hiernu, Executive Director, ISSSEEM, 356 Coldco Circle, CO 80401 or you may call (303) 278-2228.

Book Reviews • Meetings and Items of Interest

"Healthy Work: Stress, Productivity, and the Reconstruction of Working Life," Robert Karasek and Theorell Tores, (illus.) NY: Basic, 1990 xiii+381 pp. $29.95. 89-42514. ISBN 0-465-02896-9. Index; C.I.P.

This volume is a state-of-the-art presentaiton of a very timely subject. Much has been written about the sources, characteristics, and adverse health effects of job stress and the benefits of stress management training. Unfortunately, much of this is anecdotal and self-serving. It is, therefore, refreshing to see such subjects addressed in an objective and scientific fashion by the two authorities who have contributed the most to documenting the relationship between job stress and cardiovascular disease. The presentation is unusually comprehensive in its scope, but detailed in its thorough examination of every facet of this complex problem. The book so vividly illustrates the multidisciplinary approach that is demanded, that it is difficult to single out any particular audience. Certain chapters will have a special attraction for psychologists and those involved in health care delivery; others will appeal to sociologists, and still others will be of particular interest to economists, fiscal intermediaries, and industrial engineers. However, the book delivers an important and compelling message to all workers, employers, unions, and especially, human resource personnel. Despite its highly scientific tenor, it is clearly written, and no review limited to this space could do it justice. This book is a landmark study and is highly recommended.

Meetings and Items of Interest

May 11-12, Alcoholism and Drug Addiction, American Academy of Psychiatry in Alcoholism and Addiction, New Orleans, LA (301) 220-0951.

May 11-16, American Psychiatric Association, New Orleans, LA, (202) 682-6100.

May 19-22, NECAD '91 Conference of Alcoholism and Drug Dependence Edgehill Newport, Newport, RI (401) 849-5700, Ext. 252.

May 23-27, Association for Behavior Analysis, Atlanta, GA (616) 387-4495.

May 30-31, Occupational and Environmental Medicine U. of California School of Medicine, Sacramento, CA (916) 734-5390.

June 7-8, Psychological Trauma, Harvard Medical School, Boston, MA (617) 432-1525.

June 19-21, 2nd International Workshop on New Trends in Cardiovascular Therapy and Technology: Risk Factors, U. of Genoa, Genoa, Italy Fax: (39 010) 818246 or phone (39 010) 873106.

July 1-5, Behavioral Medicine, Albert Einstein College of Medicine, Cape Cod, MA (212) 430-2307.

July 8-12, Psychotherapy and Spirituality, Albert Einstein College of Medicine, Cape Cod, MA (212) 430-2307.

July 22-26, Developmental Psychotherapy, Albert Einstein College of Medicine, Cape Cod, MA (212) 430-2307.

July 25, Panic Disorders Workshop, Univ. of Alabama School of Primary Medical Care, Huntsville, AL (205) 551-4482.

July 27-Aug. 3, Creativity and Madness: Psychological Studies of Art and Artists, Self Psychology and Psychotherapy, American Inst. of Medical Education, Santa Fe, NM (818) 789-1029.

July 29-Aug 2, Clinical Approaches to Intimacy in Couples Therapy, Psychological Trauma Research and Treatment through the Life Cycle, Massachusetts Mental Health Center, Harvard Medical School, North Falmouth, MA (617) 734-1300 ext. 469.

Oct. 24-26, State of the Art in Addictive Medicine, American Society of Addiction Medicine, Orlando, FL (212) 206-6770.

Nov. 8-10, Psychiatric Update for Physicians: Depression, Anxiety Disorders, Psychomatics, Brief Counseling Techniques, University Hospital: Mood Disorders Program; Sehon Buchanon Medical Media, Vancouver, BC, Canada (614) 922-3570.

Aug. 16-20, American Psychological Association, San Francisco, CA (202) 955-7706.

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