The Newsletter of
THE AMERICAN INSTITUTE OF
STRESS

Number 11 1990

3rd International Congress on Stress
Montreux, Switzerland, February 17-21, 1991

The Third International Congress on Stress will feature state-of-the-art presentations on Stress and Cardiovascular Disease; Stress, Emotions and Health; Mechanisms Mediating the Salubrious Benefits of Social Support Systems and Positive Emotions; Biobehavioral Effects of Electromagnetic Energy: (Clinical Results in Insomnia, Depression, Addictive Disorders, etc.), Stress, Immune System Function and Cancer, Job Stress: (Causes, Health Effects, Medico-legal Implications, Remedies) and much much more. A distinguished and truly international faculty. This meeting has been expanded to provide papers and interactive discussion sessions in the morning, with a variety of interesting workshops in the afternoon. Unbelievably attractive rates for registrants and traveling companions at the elegant Five Star Hotel Excelsior with its spectacular views of the French and Swiss Alps, gourmet dining, swimming pool, beauty salon, massage parlor, sauna and world renowned Biotonus Clinic offering a variety of rejuvenation therapies. Special air fares available. A unique opportunity for shopping, skiing, sightseeing trips to nearby attractions, etc. Attendance is strictly limited and reservations should be made as early as possible to guarantee participation and educational credits. For further information, call (914) 963-1200 or FAX (914) 965-6267 or write to Conference Department, The American Institute of Stress, 124 Park Ave., Yonkers, NY 10703.

Is U.S Child Health Declining?

One out of every hundred babies born in the United States will die before their first birthday. While that is much better than the 10 percent rate in Africa, it's still twice as high as Japan's and appreciably higher than many European countries. Motor vehicle accidents represent the most common cause of death in the 15-24 age group. Only Australia leads the United States in death rates for young men due to this cause. The murder rate for young American males is also more than four times greater than those for any other developed country.

Another problem which may have more insidious long-term consequences, stems from increasing social isolation and disruptive family relationships in the United States. One out of four American families are single parents compared to less than one out of five in Europe and Japan. American children under the age of 18 are twice as likely to be subjected to the trauma of divorce in any given year than those living in Canada, Norway, and Japan. While the United States is generally considered to be an affluent country, nearly 20% of American children live below the poverty level, compared to less than 10% in Canada, West Germany and Sweden. Of the 12 million Americans who are living below half the poverty line, almost 5 million are children. 61% are white and 35% are black.

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ALSO INCLUDED IN THIS ISSUE

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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Is U.S. Child Health Declining?

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The major factor responsible for this is quite likely the higher incidence of single parent families in the United States. According to the 1989 census, more than half of the 9.8 million black children, and nearly a third of the seven million Hispanic children under the age of 18, lived with only one parent, a sharp increase from 1970 figures. In 90 to 95% of cases most lived with their mother. Among the more than 51 million white children, four out of five lived with both parents. The number and percentage of single parent families is probably much higher, since this group would be more apt to be missed or overlooked with routine census procedures, especially in large, inner city, non white ghetto areas.

The Wall Street Journal, 10/2/90, U.S. News and World Report, 10/14/90, The New York Times 10/15/90

"Children need models more than they need critics."
— Joseph Joubert

Concern about Changing Trends in Child Care

The steady increase in numbers of working women and single parent families over the past decade has resulted in a significant shift in child care responsibilities. In 1987, 55% of women with preschoolers worked in the paid labor force compared to only 35% in 1977. That year only 13% of children under the age of five were placed in some organized child care facility, but ten years later this had increased to almost one out of four. During this same period of time, the percentage of preschoolers who were either watched *in their own home or someone else's declined.* Paradoxically, although many employers had increasingly established facilities in the workplace environment for preschooler care, the percent of children in this setting also fell.

Child care centers have come under attack recently because of evidence suggesting higher rates of upper respiratory infections, and increasing reports of sexual abuses. Even when a stable child care arrangement has been made, things don't always go smoothly. In the month before the survey, 7 percent of working women with children under the age of 15 had lost time from work because of some child care facility problem. The figure increased to 10 percent for those whose youngest child was under two years of age.

The Wall Street Journal, 10-2-90

"If a man love the labor of his trade, apart from any question of success or fame, the gods have called him."
Robert Louis Stevenson

Childhood Asthma Deaths Rising

Asthma is the most common chronic childhood disease and recent figures show that it is on the rise. More importantly, there are significantly more children dying from asthma now as compared to twenty years ago. Asthma deaths doubled from 1978 to 1987 *in the five to fifteen age group, and black males had* mortality rates five times greater than white controls. The problem is particularly severe in large metropolitan inner city areas. In Chicago and New York City, deaths are approximately double and triple the average rates for the rest of the United States. The explanation for this is not clear although parental smoking, increased air pollution, diminished access to medical care and the increased stress associated with living in crime-infested inner city black ghetto communities may be factors. Paradoxically, this increase coincided with a period during which doctors began to use inhalant steroids to reduce inflammation of the airways, which most authorities believe should have reduced the number and severity of asthma attacks. Nevertheless, "both asthma mortality and hospitalization continue to affect non-whites, urban areas, and the poor disproportionately" acccording to a recent report. All of these factors are associated with increased stress, which has been demonstrated to precipitate and also aggravate acute asthmatic attacks.

USA Today, 10-3-90; The Wall Street Journal, 10-3-90

"The best way of answering a bad argument is to let it go on."
Sydney Smith

Brittle Ballerina Bones

Fractures tend to occur more frequently as we grow older due to osteoporosis and diminished calcium content, which causes a decrease in bone density. Fractures rarely occur in healthy young individuals unless there is a history of severe trauma or some genetic disorder. A notable exception to this, however, can be seen in ballerinas who go on strict diets to maintain a slim, attractive figure. Ballet dancers who practice long hours may sustain repeated trauma and minute injuries to the bones in their feet. Those who are continually on weight reduction diets appear to be particularly susceptible to stress fractures in their feet, keeping them out of commission for weeks. A recent study compared the diets of ten female dancers who had developed fractures in the preceding year, with an equal number of dancers subjected to similar physical stresses, but had not been dieting. The average age in each group was 20. Eighty percent of the fracture group had allowed their weight to remain at least twenty-five percent below the recommended level for their height, compared to only forty percent in the uninjured group. Dancers in the fracture group were also about twice as likely to consume less than eighty-five percent of the recommended daily allowance of calories, were more apt to avoid calcium-rich dairy foods, and had a higher incidence of eating disorders. Differences in calcium intake did not appear to be the critical factor, and seemed less of an influence than diminished protein intake, which hampers bone strength and reparative capabilities. These findings may have important implications for runners and other young athletes who make a fetish of dieting to stay thin. Most of our bone mass is developed during young adulthood, and if bones are weak during these formative years, it may lead to a greater incidence of osteoporosis in later life. Despite such warnings, it is doubtful that ballerinas will pay any attention. As one ballet mistress noted, "as a dancer, you are under pressure to conform to what the art form is asking for — and it requries that you be ultra-thin. That will always be a stronger pull than any health finding."

Hippocrates, September-October 1990

"Dancing is wonderful training for girls; it's the first way you learn to guess what a man is going to do before he does it."
Christopher Morley

More on Cardiovascular Disease in the Clergy

The traditional view is that the clergy represent a low risk population for premature health problems, including cardiovascular disease. University of Tennessee researchers studied 84 white ministers of the Assemblies of God Clergy, none of whom smoked or had elevated cholesterols. Despite this, there was a significant increase in the prevalance of cardiovascular disease when compared to the general population in the same age group. A variety of physiologic measurements supported ministers' contention that their vocation placed them under significant stress. Interestingly enough, while admitting this, they felt they were able to manage stress effectively, despite the contrary conclusions of the study. "The traditional view of the clergy as a low risk health profession needs further study," the researchers concluded. To some extent these findings corroborate other research which suggests that the major problems of occupational stress stem from the person-environment fit, the degree of control the individual feels over occupational demands, and the ability to voice complaints and express true feelings.

Cardiology Today, July, 1988

"Practical prayer is harder on the soles of your shoes than on the knees of your trousers."
Austin O'Malley

Athletes, Steroids and Stress

A decade ago, the term steroid was essentially synonymous with cortisone-like drugs. When it first became available for clinical use, cortisone was associated with a variety of emotional disturbances and was even implicated in the precipitation of severe psychotic states. Now the term steroid usually refers to a variety of anabolic agents taken by athletes to improve physical performance, or increase muscle size and strength. A recent study which interviewed 41 bodybuilders and football players who used steroids, revealed that at least one-third had developed severe psychiatric complications while these drugs were being taken. In most instances the dosages of steroids were ten to one hundred times greater than those normally used. Some athletes reported using as many as five or six steroids simultaneously, in cycles lasting from one to three months, a practice known as "stacking." This appears to improve muscle strength but is also associated with more adverse psychiatric problems.

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Athletes, Steroids and Stress

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The nature of psychiatric symptoms varied. Nine of the athletes experienced episodes of severe depression or mania while taking steroids. Some indicated that during the period when the drugs were taken, they felt invincible and "one man deliberately drove into a tree at 40 mph while a friend videotaped him." Others reported psychotic symptoms including auditory hallucinations. The significance of this study is not clear in terms of its extrapolation to all steroid users, since dosages, frequency of administration, time intervals in between drug free periods, etc., all play a role. However, it is believed that the emotional and mental problems associated with anabolic steroid use are probably far greater than previously suspected.

Science News, April, 1988

"The time has come to stop the sale of slavery to the young."
— Lyndon Baines Johnson

"Under a Lot of Stress? OK, Take Two Bowls and Call Me In the Morning"

This was the title of a *Wall Street Journal* article which began "Add to the list of the world's cures for stress: the caressing of Tibetan copper-colored bowls with wooden mallets." It went on to describe a dental hygienist who spends many of her evenings as a self-described" sound healer" conducting "healing concerts" as a cure for stress. The bowls are placed at various points on a reclining client and a wooden mallet is rubbed around their rims eventually producing a high-pitched tone similar to that achieved by rubbing a crystal goblet. Along with this she also plays Tibetan cymbals, gongs, drums, maracas and conches which allegedly "realign the body's natural energy field." One clinical psychologist client was enthusiastic, claiming that "when you put the bowl down on me I can feel the pulling . . . suddenly I got very warm." The importer of the bowls indicates they are made of a very unique alloy composed of at least nine different metals, including iron from meteorites, which allegedly accounts for their mystical properties. Unlike other stress-reduction gimmicks, the therapy is not very expensive, and a three-hour session costs only ten dollars, with a reinforcing cassette tape available for less than that. Satisfied clients claim they feel rejuvenated and that it "really helps in getting over a bad day at work." Some, however, may get too much of a bang for their buck, and as the dental hygienist-healer cautions, "you have to be real careful . . . you can get real spacey with these things."

Wall Street Journal, 4-10-87

Stress and Pilots

In recent years, pilots have been flying in the not so friendly skies of airlines who have suffered severe financial losses or hostile takeovers. Being responsible for the safety of several hundred passengers in a jumbo jet would obviously generate a significant amount of stress. Other factors, such as "irregular work hours, on call duties, unpredictable weather conditions and unfamiliar airports and the need to coordinate the work of continually changing crews," add to the problem, according to a recent article in the Journal of American Medical Association, entitled, *Mental Stress: Occupational Injury of the Eighties That Even Pilots Can't Rise Above.* Airline pilots are ranked second only to police in terms of stressful uniformed occupations. However, job stress in airplane pilots seems to be increasing not because of the above factors, but rather stormy relations with employers, job insecurity because of corporate cutbacks, failure, mergers and takeovers and similar problems that have nothing to do with flying an aircraft. Since deregulation has occurred, there has been increased competition for routes and passengers. In the period from 1985 to 1987 alone, there were 34 acquisitions or takeovers in the airline industry, leading to uncertainty about benefits, pensions, and job security. Those pilots who move to another career after being terminated usually have to begin at the bottom or the ladder.

To examine this, a psychologist did a three-year study of Eastern Airline pilots who had been exposed to a great deal of financial uncertainty and problems with management, comparing them with commercial pilots working for U.S. Air, which had recently taken over Piedmont Airlines in a friendly merger. Pilots from both airlines reported problems related to depression economic pressures, family and work strains, and recurrent physical illness in the preceding six months. However, Eastern pilots reported these problems two or three times more frequently and nearly half of them, compared to only 20% of U.S. Air pilots, reported a feeling of "low psychological well being." Even more significant were responses related to career satisfaction, career optimism, and sense of control. In these three areas only 3.9%, 1.5%, and 24.5% Eastern pilots gave affirmative answers, in contrast to 82.7%, 48.6%, and 45.5% of their U.S. Air counterparts.

During the third year of the study, almost 70% of Eastern pilots reported a state of low psychological well being and increased use of alcohol nearly doubled to 25.3%. Less than 2% felt "satisfied with their career and during the study period, approximately 1,100 Eastern pilots left their jobs and sick time doubled. In contrast, U.S. Air-Piedmont pilots, who had been guaranteed job protection showed improvements in nearly every stress measurement except for the sense of economic pressures. As a result of this study, a toll free number was established to provide advice to pilots and their families about stress-related problems, and the response was enormous.

JAMA, Vol. 259, p. 3097

Type A's Flunk Romance Test

According to some research psychologists, the "get ahead or else" Type A attitude might be the road to success in the business world, but it may ruffle more feathers than bed sheets when it comes to romance. In many instances, that may be because Type A's tend to value their careers over personal relationships, meaning less will marry or creating problems after the knot is tied. Often, a vicious cycle is set up, in which the Type A individual creates a stressful environment at home, and thus, retreats further and further into work duties, causing even further alienation from their spouses and children.

Type A was originally described as a male behavior, but more and more women, especially those in the work place, are developing Type A traits as well as illnesses previously primarily seen in men. This may be especially true in the early stages of a relationship, when aggressive Type A women step on tradition as well as toes, particularly when dealing with Type A males. It's not all bad news, however, since loving and peaceful relationships can develop between Type A and B's, supporting the old adage that opposites attract.

Executive Fitness, November, 1987

"Borrow trouble for yourself, if that's your nature, but don't lend it to your neighbors."

— Rudyard Kipling

Running Addiction and Psychological Problems

Man is by nature an addictive creature, and while there may not be an "addictive gene," there are certain similarities between alcoholism, smoking, and substance abuse in terms of withdrawal effects and behaviors. Many of these may be mediated by similar changes in brain neurotransmitters such as the endorphins, dopamine, and serotonin, which modulate mood, behavior, resistance to pain, etc. Seasoned runners sometimes experience a sense of euphoria, or "high," which appears to be due to increased endorphin secretion providing a sense of total serenity and pleasure, and freedom from pain, even when running on broken bones. Individuals addicted to running often manifest behavioral changes similar to those seen with other addictions, including paying less attention to family and personal relationships, as well as work and other reponsibilities. As their physical tolerance improves, an increased amount of running may be required to elicit a "high" or prevent feeling bad. Those runners who must stop their activities after they have been hooked, often suffer from withdrawal symptoms, including anxiety, restlessness, sleep disturbances, irritability, nervousness, guilt, muscle twitching, and a bloated sensation according to a recent task force on sports medicine.

AFP, Vol. 42, p. 1060

"The average man does not get pleasure out of an idea because he thinks it is true; he thinks it is true because he gets pleasure out of it."

— H.L. Mencken

Loneliness and Death Due to Heart Attack

A Swedish study followed 150 middle-aged men, divided into three age-matched groups, consisting of one with clinical evidence of heart disease, others with no clinical heart disease but increased risk factors and another composed of apparently healthy controls. Psychosocial assessments were made as well as careful medical surveillance including ambulatory ECG monitoring. At the end of the ten-year period of study, 37 had died, 20 of them from coronary heart disease. In those who died, there was no evidence of increased smoking or alcohol consumption, or Type A traits. In general, this group was older and less educated, and had a greater tendency towards increased ventricular irritability and an enlarged heart, or suffered from social isolation. A prior study had also shown that men classified as socially isolated, and more subject to daily life stress, were four times more likely to die within three years after a myocardial infarction than controls who had adequate social support. As in the Swedish study, social isolation was also associated with lower levels of education. The mechanisms linking social isolation to increased mortality are not clear. It has been suggested that this may be a marker of an unhealthy lifestyle, and possibly associated with diminished attention to personal care or access to and use of proper medical services. However, it has been increasingly suspected that psychosocial stress and social isolation may also have neuroendocrine repercussions that adversely affect the atherosclerotic process. Some studies show that increased levels of cortisone-like hormones released during stress can reduce the amount of high density lipoproteins or "good cholesterol."

JAMA, Vol. 260, p. 15

"In cities no one is quiet but many are lonely; in the country, people are quiet but few are lonely."

— Geoffrey Francis Fisher

Stress and Predicting Cardiovascular Disease In Children

Preventing an illness is much more effective than treating it after the damage has been done, particularly when it comes to hypertension and heart disease. Predicting cardiovascular disease can be tricky. While broad-based epidemiological studies suggest that a strong family history and certain biochemical, physiologic and lifestyle factors are important risk factors for large populations, predicting individual susceptibility is much more difficult. A considerable degree of effort over the years has gone into developing various strategies to identify individuals at particular risk for cardiovascular disease including the standard cold pressor test utilizing immersion of an extremity in ice water, as well as a variety of psychophysiological challenges to detect the presence of exaggerated responses in blood pressure and heart rate. It had generally been assumed that individuals who demonstrate hyperactive responsivity to emotional challenges were at greater risk for either hypertension or heart attacks. Despite its popular appeal, there is little solid evidence to support this.

It has been observed that children with a family history of hypertension do demonstrate altered blood flow responses to stress. In one study, increased forearm blood flow was almost three times more common in children with a family history of hypertension, compared to controls. Twelve adolescents with a hypertensive parent and an equal control group with normotensive parents were subjected to a ten minute serial subtraction arithmetic stress task. Blood pressure and heart rate were measured each minute and forearm blood flow was measured before, during and after this stressful stimulus. Those with a family history of hypertension had a much greater increase in forearm bloodflow during mental stress. There was no significant difference between changes in heart rate or blood pressure in response to stress, or in recovery patterns.

It would be extremely helpful to identify children who are destined to develop hypertension so that effective prophylactic and therapeutic strategies can be instituted early. The observation that those with hypertensive parents also show greater changes in blood flow responses to stress is of interest, but only time will tell whether or not this will correlate with the future development of hypertension, or that this reflects the type of alteration that may be responsible. A variety of studies suggest that cardiovascular hyperreactivity to stress involves mechanisms other than those responsible for sustained hypertension. One of the featured sessions in the forthcoming International Congress on Stress will be devoted to an in-depth discussion of the significance of cardiovascular reactivity in the laboratory and clinical setting.

Cardiology Guide, April, 1988

"If a child annoys you, quiet him by brushing his hair. If this doesn't work, use the other side of the brush on the other end of the child."

— Anonymous

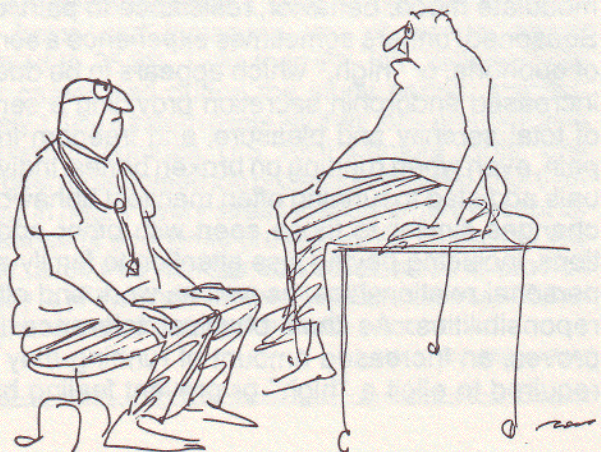
How to Reduce Stress-Related Coronary Artery Disease

Recent reports suggest that coronary atherosclerosis can be retarded or even reversed by a combination of stress-reduction exercise and nutritional approaches. The role of stress reduction is being increasingly emphasized and is supported by solid scientific research. Stress research in pigs shows that animals unfamiliar with their environment are much more apt to drop dead suddenly than those who are gradually accustomed to their surroundings. A Texas researcher has found that there are three ways to save a pig with acute coronary artery occlusion from death — by blocking nerve pathways to the brain, by electrically stimulating these pathways, or by giving high doses of intracerebral beta blockers. Interestingly enough, it has been suggested that beta blockers, which blunt the effects of adrenalin-like hormones on the heart may be even more effective on the brain. Further reports on this research will be presented at the forthcoming Third International Congress on Stress in Montreux by Dr. James Skinner, Professor of Neurology at Baylor College of Medicine in Houston.

Medical World News, June 13, 1989

"Part of the secret of success in life is to eat what you like and let the food fight it out inside."

— Mark Twain



Stress in the ICU

Patients in Intensive Care Units are obviously under a great deal of stress. In prior Newsletters, we have reported on the extraordinarily high incidence of peptic ulcerations and gastrointestinal bleeding in ICU patients, who are often routinely put on an ulcer drug to prevent such complications. It is generally believed that such problems arise because of the increased secretion of stress-related hormones like cortisone, known to cause gastrointestinal ulcerations and bleeding. Studies also suggest that patients admitted to coronary care units may have other stress-related problems that interfere with their recovery. An intervention program designed to "help patients to relax and convince them that effort and activity are significant to their recovery" resulted in lower levels of stress-related hormones known to cause cardiac damage. Researchers studied patients admitted to a Coronary Care Unit with uncomplicated heart attacks and divided them into three matched groups. The first received routine care, a second group did wrist and ankle exercises daily, and the third performed deep breathing and other stress reducing relaxation exercises and were encouraged to identify some of the more positive aspects of the ICU experience. The patients in the latter two groups were told that exercise would lower their hormone levels and allow the heart more rest. The patients in the latter two groups excreted significantly less norepinephrine, dopamine, cortisone, and other stress-related hormones compared to those receiving only routine care, particularly the third group. The researchers felt that exercise alone was not as important as the patient's belief that they could actively participate in and to some degree control the outcome of their stay in the ICU. This study reinforces the conclusion that although stress cannot be defined, the feeling of being out of control is uniformly distressful. It is likely that the ability to foster a sense of some control over their condition and stay in the ICU, was the major factor responsible for their reported lower stress levels, and diminished stress hormone secretion.,

Cardiology World News, June, 1986.

"If a man harbors any sort of fear, it percolates through all his thinking, damages his personality, makes him landlord to a ghost."

Lloyd Douglas

Stress and Work In England

According to a British report, 30 to 40% of all sickness absence from work is due to stress. Furthermore, such costly absences are largely preventable. It was noted that "the workplace can be a stimulating and supportive environment and has had a positive effect on mental health, but adverse situations can have a negative effect." The solution to the problem involves attention to the design of the workplace environment as it impacts on the physical and mental health of workers and improving interpersonal relationships. Some of the factors that were identified were "over-promotion or resentment of failure to be promoted; too much or too little work; relocation, change in work environment, or change of colleagues; changes in the nature of work or style of management; role conflict or ambiguity; irregular or long hours, lack of autonomy; machine-based or monotonous work; or perceived hazards, such as infection by an actual or potential virus." The researchers pointed out that many work stress problems are carry-overs from difficulties at home having to do with illness, bereavement, marital problems, financial difficulties and age- or injury-related changes that severely impair the quality of life. A special booklet has been prepared containing guidelines to help organizations form their own stress-reduction and mental health policies and alert individuals to recognize early warning signs of stress in their colleagues, such as, unusual absenteeism, changes in personal appearance or behavior, increasing use of cigarettes, alcohol, or drugs, etc. The importance of the employer's role is emphasized with respect to assuming responsibility for addressing potentially stressful situations in the work environment that are correctible. Particularly useful are techniques that employers can employ "to offer understanding, support and reassurance about return for those suffering from job stress-related disabilities.

Lancet, July 30, 1988

"Work is the greatest thing in the world, so we should always save some of it for tomorrow."

Don Herold

You Are Invited . . .

to participate and contribute to an innovative, international, multidisciplinary symposium on Stress.

Third International Montreux Congress on Stress

February 17-21, 1991
Grand Hotel Excelsior
Biotonus Bon Port Clinic
Montreux, Switzerland

This program, with a world-renowned faculty, is dedicated to the memory of Hans Selye.

Please refer to boxed introduction on page one of this Newsletter.

Book Reviews • Meetings and Items of Interest

Resilience: Discovering a New Strength at Times of Stress, Flach, F., Fawcett Columbine, NY, 1988, 288 pp, $16.95.
The subject of the "stress resistant" or "hardy" personality has attracted increased interest in recent years. Indeed, some individuals do seem to thrive on a hectic life in the fast lane that would overwhelm most others. The author draws on his vast clinical experience to analyze those qualities and characteristics that seem to buffer stress and improve coping capabilities. Among these are a strong social support system, a high but supple sense of self-esteem, a good sense of humor, an open-minded, flexible attitude, intense personal discipline and a strong philosophical or spiritual commitment. Case histories are cited as examples, and the use of physiologic analogies to explain emotional problems is quite effective. Others have similarly observed that a feeling of "being in control," having a strong commitment, pride of accomplishment, creativity, and enjoying challenges help not only in adapting to stress, but in learning how to make it work for you. Selye's definition of stress as "the response of the body to any demand for change" is simply describing it as any disturbance in homeostasis. Conversely, the ability to spring back to this steady state is the hallmark of successful coping, and that's exactly what resilience implies. This book is well written and should prove useful to health professionals as well as the enlightened lay individual because of the insight as well as the practical advice and recommendations it provides.

Inner Fitness, by Victor Dishy, Doubleday, NY, 1990, 179 pp, $18.95.
This is a pithy, self-help program presented in an attractive fashion. The author offers six steps to assist readers in identifying common thinking and perceptual errors which impair the quality of life. Much of this is under our control, and helpful, innovative clues, drills, and strategies are provided. Behavioral and attitudinal problems often stem from semantic and perceptual misconceptions. Attractive analogies and case histories are interspersed with practical suggestions on how to recognize and correct faulty thinking habits which lead to a variety of adverse responses. No specific stress-reduction strategies and techniques are offered. However, the author's presentation basically boils down to developing an appropriate sense of control whenever possible. In the final analysis, that may represent the best advice for stress management.

Meetings and Items of Interest

Dec.5-8, *The Psychology of Health, Immunity, and Disease, Orlando, FL.* NICABM (203) 429-2238.
Dec. 5-9, American Psychoanalytic Association, Miami Beach, FL. (212) 752-0450.
Dec. 5-8, Healing the Heart, Orlando, FL. NICABM (203) 429-2238.
Dec. 6-9, American Society of Psychoanalysis, San Antonio, TX, (212) 679-4105.
Dec. 12-14, International Conference on Healthy Lifestyles, Leningrad, USSR, N. Bederova, Kirov Institute of Advanced Medical Studies, Leningrad 193015, (812) 2725206 or University at Penn, Des Moines, IA 50316, (515) 263-5582.
Dec. 12-16, *The Evolution of Psychotherapy, Anaheim, CA, The Milton* Erikson Foundation, (602) 956-6196.
December 29-Jan 1, 10th Annual Role of Exercise and Nutrition in Preventive Medicine, Breckenridge, CO, ISC Division of Wellness, (813) 686-8934.

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Feb. 25-Mar.1, Physician Heal Thyself, San Diego, CA, University of California School of Medicine. (619) 274-4630.
Feb. 26-Mar. 2, The Art and Science of Health Promotion, Hilton Head, SC, American Journal of Health Promotion, (313) 650-9600.
March 6-9, Association for Academic Psychiatry, Tampa, FL, (617) 499-5198.
March 14-16, American Psychosomatic Society, Santa Fe, New Mexico, (703) 556-9222.
March 17-23, American Holistic Medical Association, Breckenridge, CO, (919) 787-5181.
March 20-23, The Society of Behavioral Medicine Twelfth Annual Scientific Sessions, Washington, D.C., (800) 759-5800 or (615) 297-9200.
April 15-19, American Society of Clinical Hypnosis, St. Louis, MO, (708) 297-3317.
May 11-16, American Psychiatric Association, New Orleans, LA, (202) 682-6100.

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