



AMERICAN
PSYCHOSOMATIC
SOCIETY

The APS Fund

*Psychosomatic—*from the Greek.

Psyche = mind.

Soma = body.

The mind-body relationship.

Psychosomatic Medicine—The science which recognizes that the interrelationships among biological, psychological, and social factors are what determine the nature of disease in the human being, and devotes itself to explaining the detailed nature of these relationships and the ways in which they impact health.

Hippocrates observed, “Patients may recover their health simply because of the goodness of the physician.” Were Hippocrates alive today, perhaps he would not have been surprised to hear, at the 2002 meetings of the American Psychosomatic Society, the report that HIV positive patients had less disease progression when they were in collaborative physician-patient relationships. How can a positive physician-patient relationship impact a patient’s immunity?

Modern psychosomatic research is addressing this and many other similar questions:

- A man has a heart attack after getting into a fight with his boss. How does this happen?
- Two men of the same age have heart attacks resulting in equal damage to their hearts. One is depressed and single, the other married and not depressed. Why is the first man more likely to die of heart disease within the next year than the second man?
- A woman’s rheumatoid arthritis flares up when she has a conflict with her grown child, but her disease is quiescent when her life is more calm. Why?
- Why is social isolation as hazardous to your health as smoking, hypertension, obesity and low physical activity?

- Why do some patients with asthma have better lung functioning after they write about stressful experiences in their lives?
- Why do workers with little decision-making latitude have more heart attacks and gastrointestinal disorders than their supervisors?
- Why do people of low socioeconomic status have a much higher mortality rate than people of high status?
- How can we help those large numbers of people who seek medical care for pain and other symptom problems, when current medical tests can find little that is abnormal?
- How can we improve the current approaches to low back pain, fibromyalgia, chronic fatigue syndrome and other poorly understood illnesses, and return people to health and work sooner?
- How can we design behavioral interventions for a variety of chronic diseases that will enhance patients' natural healing processes, improve well being and prolong their lives?

These are the kinds of questions not addressed by traditional biomedical research. Yet, for over 60 years, a growing group of researchers in the field of psychosomatic medicine has been providing answers to these questions, revealing many of the neurologic, endocrinologic, genetic and immunologic pathways through which the environment and emotions influence health. Many of the scientists who conduct this research find their home in the American Psychosomatic Society (APS).

The APS is a community of almost 1,000 scholars who are working to understand how mind, body and social context interact in health and illness. Its membership comprises a roughly equal mix of physicians and other health scientists, particularly psychologists. This profile, extending from basic scientists to clinical practitioners, reflects the ultimate mission of translating research into practical interventions at the bedside. The APS publishes *Psychosomatic Medicine*, the premier journal in the field. Our annual meetings continue to grow in attendance, international participation and the sophistication of research presentations. Programs of the APS

promote research and education in medical schools throughout the United States and abroad, the research careers of young scholars and collaboration between basic scientists and clinicians in diverse fields. The APS has contributed greatly to making psychosomatic medicine a vibrant, exciting field.

APS is Concerned About Healthcare

Yet, we in the APS are concerned. We are concerned because much of what we have already learned over the years would enhance the understanding of physicians and improve patient care, but that transfer of knowledge has not happened. The predominant approach of current medical practice is biomedical, giving relatively little attention to psychological and social factors in illness. While physicians know much about curing diseases, they tend to know less about healing people—helping to make patients “whole” again. The persistence of the narrow biomedical approach has led, in part, to the crisis in medical care today:

- While other industrialized countries average about 8 percent of their domestic product on health care, the United States spends about 14 percent without achieving a better result.
- The proliferation of high-tech, high-cost diagnostic and therapeutic procedures, untested by randomized controlled trials for efficacy, safety and cost-effectiveness, continues apace.
- The current reimbursement system(s) rewards either overuse or under use of technology.
- About one-third of all Americans use scientifically unfounded folk remedies to treat their ills.
- The number of visits to alternative practitioners in 1997 exceeded the number of all visits to primary care practitioners.
- Satisfaction among American healthcare patients is dead last among industrialized countries

We are concerned because we know:

- Patients undergoing treatment for emotional distress demonstrate a “spontaneous” reduction of outpatient and inpatient medical care use. This finding has been replicated many times in different medical populations over the past 40 years.
- Acute or chronic emotional distress is known to aggravate diseases such as asthma, coronary heart disease, rheumatoid arthritis, hypertension, peptic ulcer, and ulcerative colitis.
- Psychosocial and behavioral factors determine patients’ compliance with effective therapies.
- Behaviors such as overeating, smoking, drinking and drug abuse account for a large proportion of morbidity and mortality in our population.
- Many patients in primary care complain of physical symptoms without detectable diseases, and are suffering from stress-aggravated illnesses such as chronic pain, chronic fatigue, atypical chest pain, headaches, irritable bowel syndrome, and insomnia.
- Many medical schools and residencies devote about 1 percent of their curricula to teaching psychosomatic medicine!

Because of an under-appreciation of spontaneous remission, psychosocial influences on disease, and the positive effects of the physician-patient relationship, neglect of behavioral factors in education/training and excessive faith in biotechnology, mainstream medicine spends enormous amounts of energy and money with insufficient benefit for patient outcomes. Clinical research in psychosomatic medicine would be a premier investment if medical system utilization were its only focus, but even more important is the potential for improved patient outcomes. Chest pain in coronary patients has been shown to respond to stress management, without the cost of invasive, painful and costly procedures. Chronic pain patients have become more functional, and episodic pain patients have

become less symptomatic with a combination of stress management and anti-anxiety/depressant drugs.

With its emphasis on laboratory and technical biological research, the current biomedical enterprise is ill suited to investigate and resolve the key role of emotions, cognition and behavior in increasing costs and death, disability and distress. Basic psychosomatic research is greatly underfunded. Because of the bias of medical education in favor of biomedicine, the key advances in psychosomatic research are not adequately presented to medical students, who often graduate ill-equipped to take a holistic, humanistic approach to patient care. It is *only* in increasing funding for clinical psychosomatic research and education that we can ever hope to achieve true healthcare reform.

Our Vision for the Future

The APS is committed to change this situation. We have established the APS Fund to promote research and education in psychosomatic medicine. This fund will allow us to greatly expand our current successful activities and develop critical new initiatives by promoting the dissemination and application of findings from psychosomatic medical research. We know our efforts will not effect change overnight. Here is our vision for the next 20 years.

The long-term goal of the American Psychosomatic Society is to change how mainstream medicine is practiced so that patient diagnosis and treatment are routinely provided which reflect consideration of the whole person. By 2022 we see the Society growing in stature so that it has a major influence on governmental policy and healthcare practice. To achieve this stature, certain benchmarks must be achieved:

- *Psychosomatic Medicine*, the journal of the Society, now published bimonthly, will become published monthly. Its impact will exceed that of the leading psychiatric journals because it will be read by nonpsychiatric as well as psychiatric physicians and other health professionals, including many psychologists. Electronic publishing will continue to create a host of opportunities for disseminating supplementary

material supporting the latest reported findings and discussion of their practical implications.

- The Society's Annual Meeting will continue to grow in quality, authority and accessibility to anyone who may benefit from its proceedings. APS will also become more visible by having a greater presence at meetings of other medical organizations (*e.g.*, cardiology, gastroenterology, rheumatology, oncology, etc.) The intellectual climate in medicine will shift so that medical organizations will actively seek participation by APS members, who can explain the latest findings in the field and their implications.
- Psychosomatic medicine will be better integrated into medical school curricula nationwide by mandate of the agency that accredits medical schools.

And more broadly:

- There will be widespread dissemination of the growing evidence documenting the impact of emotions on physiology in the development and progression of disease. Major contributions to this evidence will come from brain imaging research showing how the brain generates and regulates emotions and from genomic research showing that genetic variation moderates the effects of stressful environments on emotional and physiological responses.
- Refined clinical trials will demonstrate that interventions which alter psychosocial risk variables decrease morbidity and improve longevity. Equally important, the ability to determine the mechanisms by which psychosocial factors influence health will also reveal those medical disorders in which psychosocial factors play a less significant role in etiology, onset or course.
- Meaningful work will have begun on developing a taxonomy that systematically demonstrates how psychosocial factors differentially influence medical disorders based on the unique characteristics of any given individual.

A major challenge in this new century will be to determine how the unique biological, psychological and social factors of each individual interact to affect their personal health and to develop ways to optimize health for each person based on this new understanding. APS is in a unique position to ensure that these revolutionary advances take place.

Opportunities for APS Growth

There are many ways that external funding can support the development of the field of psychosomatic medicine by enhancing the activities of the APS. These funds may be contributed in general support of the Society's many programs or restricted to a specific use in which a donor is particularly interested. Areas of activity in which gifts are most needed include the following:

- ***Psychosomatic Medicine*** The journal of the Society is its primary vehicle for the dissemination of research findings. In addition to our regular issues, we would like to support symposium issues, periodically, providing overviews of the current state-of-the-art and questions for future research. We would distribute these issues free of charge to behavioral science and physiology course leaders in medical school and residency training programs.
- **Website Development** The APS website can become an increasingly powerful tool for information dissemination for Society members and others interested in its work. We currently receive thousands of "hits" per month at a website that has primarily been designed for our members. We would like to:
 - Expand the educational potential of the website by offering more videos of the best presentations from our annual meetings and by expanding our offers of continuing medical education for physicians and continuing education for psychologists.
 - Provide current educational materials that medical school, residency and psychology internship faculty can download and use for teaching and support of trainee special interest groups.

- Develop a section for the lay public so that people can better understand the science and implications of our field and a section aimed at aiding physicians in integrating advances in biopsychosocial medicine into their everyday practice.

One of our more innovative projects has been to design a system for an “online journal club” in which an author who has published a lead article in *Psychosomatic Medicine* talks about the article via a live webcast from his or her office, while participants from around the world watch and email questions. Another expert on the topic acts as moderator, fielding the questions and interacting with the author. We have pilot-tested this very exciting format and are seeking funds for the logistic support and oversight to make it successful.

- **Visiting Scholars** This program, now in its tenth year, provides six to eight awards annually to medical schools, enabling them to invite a senior APS member for one or two days to lecture and stimulate discussion on topics in psychosomatic medicine. This has been very successful with APS scholars telling us that sometimes they stay in touch with faculty they have visited for years, advising them about their work. Many of the faculty coordinators at the visited institutions tell of the excitement generated, the new collaborations formed, and the new education and research programs started as a result of the visit.

Currently, we can only fund a one-day visit, with institutions supporting a second day if they are able. We would like to expand this program to two- or three-day visits to allow for more intensive presentations and consultations, expand the number of awards and offer international awards. We have a growing number of international members, many from Eastern Europe and other countries, whose psychosomatic programs are just getting started. These could derive great benefit from a visit from an internationally renowned APS scholar.

- **Student Interest Groups** Medical students in their early years are often quite interested in mind-body connections, but the interest flags as they have little opportunity to learn about this in their traditional curricula.

Two years ago, we responded to a grant request from medical students at Pennsylvania State University Medical School. The Society has provided support for a Medical Student Psychosomatic Medicine Interest Group, which has had monthly meetings, journal clubs and outside speakers and has generated considerable interest in the student body. Using this as a model, we are seeking funds to support the start of similar groups at other medical schools.

- **Medical School Curriculum Project** At present a consensus has not been reached on what medical students need to be taught about psychosomatic medicine. Having published a needs assessment survey in a recent issue of *Psychosomatic Medicine*, we then published a white paper outlining the requirements for a longitudinal, comprehensive curriculum in psychosomatic medicine for medical education. We then began to develop a series of slide sets, presenting core information in four subfields of psychosomatic medicine—gastroenterology, cardiovascular disease, psychoneuroimmunology and cancer/HIV.

The gastroenterology slide set is almost complete, but development of the other sets is lagging because of lack of funding for the project. Once these slide sets are complete, faculty from around the world will be able to use them in part or whole as they incorporate the findings of psychosomatic research into their fields. (The gastroenterology set can be previewed at www.psychosomatic.org/powerpoint.)

Development of a suggested psychosomatic medicine curriculum could have a major impact on its incorporation into general medical practice. With appropriate support APS can take a leadership role in working with other societies in the development and dissemination of a comprehensive curriculum for medical education.

- **Awards** Travel stipends to the Annual Meeting are awarded currently to 12 emerging researchers who submit the most meritorious study abstracts. These awards are powerful incentives to young investigators to present their best work at our Annual Meeting, where they typically have exciting and eye-opening experiences and discuss their ideas with established investigators. We have only limited funds for these awards,

however, and as our budget tightens, can offer fewer of them. We would like to continue and expand our capacity to offer these awards.

We also give a Young Investigator Award to an accomplished junior faculty member less than 10 years out from fellowship. This annual award is an important vehicle for defining excellence and identifying future leaders in the field. We can provide only a modest award, however, and would like to increase the amount of the award to both induce more faculty to apply, and so that the amount of the award could support a pilot project in that junior faculty person's laboratory.

- **Guest Speakers at the Annual Meetings** There is a special need to support the participation in the Annual Meeting of scientific experts who are not APS members so that the widest possible array of developments related to the field are presented, and so that these experts return to their colleagues with new ideas generated by their exposure to psychosomatic medicine.
- **Outreach Speakers** There is an interest in building funds to support the appearance of APS members at the meetings of major medical organizations so that they may inform other physicians about important findings in psychosomatic research. Many of our members have limited travel budgets and do not ordinarily go to national medical meetings such as the American College of Physicians, the American Society of Clinical Oncologists, etc. If we could support our Liaison Chair to meet with program chairs of important medical and surgical societies to negotiate guest speakers and send relevant faculty to present their work, practicing physicians would become more acquainted with important psychosomatic findings and concepts that could enhance their practices.

How You Can Help APS

Support of the APS Fund will do much to promote psychosomatic medicine research and education, and help ensure that future physicians will practice humanistic medicine with an understanding of how mind and body interact in health and illness. Future physicians will better understand Sir William Osler's admonition to his students at the beginning of the twentieth century: "It is more important to know what kind of patient has the disease than what kind of disease the patient has." They will be able to use that knowledge in the service of healing people and curing disease.

By 2022 we see the Society growing in stature so that it has a major influence on healthcare practice and policy. To achieve this stature, it will require increased support from our members, from other friends and from philanthropic foundations and corporations. A Fund-Raising Committee with representation from all over the country has been established under the chairmanship of Dr. Richard D. Lane. We hope that you will respond to the committee's articulation of its specific goals.

Thank you for your consideration

Dennis H. Novack, M.D.
President

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