

# AMERICAN PSYCHOSOMATIC SOCIETY

VOL. 10, NO. 2

NEWSLETTER FOR APS MEMBERS

Fall 1999

## *President's Letter*

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**Dr. Oliver G. Cameron**

It's hard to believe that almost half of my year as APS President is over. In my first President's Column for the Newsletter I wrote about our 1999 meeting and the accomplishments of many of our Committees. In this column, I would like to focus on our upcoming 2000 meeting, as well as some issues that are related to APS and NIMH.

As President I have had the opportunity to participate ex officio on the Program Committee. The year 2000 is an auspicious year, and our Y2K meeting will definitely measure up. We will be in the "...Garden of Good and Evil" (Savannah, Georgia, the site of this amazingly popular true story)! The program itself promises to be richly rewarding. We plan to have another debate like the one that was so well received at the last meeting. There will be several Award lectures and special presentations. And many old and new friends will be in attendance. I hope to see everyone there.

As APS President, I periodically represent the Society at official functions. One that I believe should be of interest to APS members is the Mental Health Research Roundtable meeting arranged by NIMH. Once a year the NIMH Director, Dr. Hyman, invites interested organizations,

including scientific societies, advocacy groups, and others to become informed about the plans and agenda of NIMH for the coming year. The attendees also have the chance to give feedback. After a morning orientation by Dr. Hyman and his staff, there were a series of twelve luncheon table discussions and three afternoon breakout groups, focused on (1) "the paramount role of ethics in constructing research priorities"; (2) "the role of stakeholders in shaping research priorities"; and (3) "priorities for NIMH education and outreach."

The luncheon roundtables arrived at three general goal areas as well as a recommendation to add the topic of comorbidity to the NIMH mission statement. The three general goal areas were (1) "understanding mental illness"; (2) "understanding how to treat and prevent mental illness"; and (3) "assuring an adequate national capacity for research and dissemination." A few highlights of particular recommendations include increased emphasis on research into normal behavior, dissemination of evidence-based information, improved communication with the lay public, and more vigorous approaches to solving the problem of stigma. Highlights from the afternoon Roundtables include improvement in the functioning and support of IRBs, better communication among the various stakeholders, fostering involvement of other NIH institutes by NIMH in supporting behavioral research, improvement in training initiatives, focusing research on the issue of disease burden, and interaction with the media needs improvement.

Another development that many APS members are undoubtedly already aware

of is the reorganization of Study Sections in the NIH Center for Scientific Review. There is not enough space here to describe the details, but much information can be found at: <http://www.csr.nih.gov/review/bss.htm>. One issue concerning these new groups is that there is a paucity of physician representation. In the last several years, it has fallen by nearly two thirds, from almost 30% to only 11%!

NIH is part of government, your government. As APS President I had an opportunity to speak back to my government on issues I care about, issues APS cares about. But any interested person can do this. Your science and your patients need your input, not only to your Society but also to your government.

## **58th Annual Scientific Meeting**

**March 1-4, 2000  
Savannah, Georgia**

## American Psychosomatic Society

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1999-2000

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Comments and suggestions are invited.

Remember, this is YOUR Newsletter.

The deadline for submission

for our next Newsletter is

**December 1, 1999.**

Please send correspondence to:

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## *From the Editor*

Susan Everson, MPH, PhD, University of Michigan, School of Public Health, Ann Arbor, MI

Dear Colleagues,

We are pleased to bring you an early Fall edition of the APS newsletter. In this issue, APS President, Dr. Ollie Cameron, tells us in his column about some of the interests and goals of NIMH that were highlighted at a recent NIMH roundtable meeting that he had an opportunity to attend. Many of these items will have particular relevance for APS members. Also, in this issue, we introduce you to the current leaders of the APS, including Council members.

Dr. Jessie Gruman from the Center for the Advancement of Health (CAH) summarizes the opposing views on two important types of inquiry relevant to psychosomatic medicine research, namely, research into cost effectiveness and issues surrounding the application and dissemination of results of behavioral interventions related to the degree or extent of empirical support necessary before such application occurs. These are important issues and, as Dr. Gruman notes, can and do trigger strong and often diametrically opposed opinions from persons from various research organizations. Recall that in the last issue of the newsletter, Dr. Gruman talked about ideas on how best to advance biobehavioral research, which had been discussed at a CAH meeting. The topics she notes in this issue and the possible divisiveness they may produce definitely have bearing on how we can advance biobehavioral research and present the relevance of our work to the public. Please give these issues some thought and feel free to contact Dr. Gruman with your ideas. This newsletter may also serve as a forum for this discussion so we too welcome your ideas.

Our next APS annual meeting will be held in historic Savannah, Georgia March

1-4, 2000. Word is that Spring will arrive before we do, so this meeting will be a great trip for the 'winter-weary' among us. We are looking forward to another successful and exciting meeting. The Program Committee, led by Dr. Bill Lovallo, is meeting monthly to discuss ideas and plans for the scientific program, which will include workshops, a debate, special symposia and a Case Studies Grand Rounds, not to mention reports on the latest scientific developments and very interesting and exciting work that you, our members, are conducting. Note that we again will have a substantially reduced meeting registration fee for trainees plus many opportunities for these young scientists to interact and network with APS members, so please encourage your students and post-docs to attend the meeting and find out why APS continues to be an outstanding research organization.

Best wishes to all as another fall semester starts and welcome to all of our new members.

-Sue

### Mission Statement

The essential mission of the American Psychosomatic Society is to promote and advance the scientific understanding of the inter-relationships among biological, psychological, social and behavioral factors in human health and disease, and the integration of the fields of science that separately examine each, and to foster the application of this understanding in education and improved health care.

## *Missionary Positions*

**Jessie Gruman, PhD, Executive Director,  
Center for the Advancement of Health**

Over the past few months, I have listened to members various behavioral research societies take diametrically opposed positions about the value of two types of inquiry:

1. cost effectiveness /  
economic impact research
2. application / dissemination  
research

Proponents of cost/effectiveness research say that the cost effectiveness of behavioral and psychosocial interventions must be measured by the same standards as biomedicine in order to avoid further marginalizing these approaches. Others, however, assert that biomedical interventions are rarely subjected to thorough cost analysis and that this information does not routinely serve as a reason not to offer those services, as it often is in the case of behavioral interventions. More data on the cost of behavior-related services may just fuel arguments against offering such services, since some services may not, in fact, be cost neutral or cost effective.

Proponents of applications / dissemination research advocate for extensive testing of behavioral interventions to ensure that they can be effectively targeted to achieve predictable outcomes across a variety of groups and populations. They believe that the best case for implementing behavioral interventions will be made empirically — by applying stringent scientific criteria not only to the study of mechanisms underlying disease processes but also to the study of interventions themselves, as they are applied to different populations and delivered in various settings by a range of professionals using a multitude of tools.

Others argue that waiting for completion of this type of research prior to broad dissemination of an intervention sets a

far higher standard for psychosocial and behavioral interventions than for biomedical (pharmaceutical, surgical, and procedural) techniques. Further, they remind us that behavioral interventions have no dissemination infrastructure similar to the pharmaceutical and medical device companies who stand to benefit substantially from the use of new technologies. These are interesting and important arguments for our fields: none of these positions can be dismissed out of hand, partially because each one carries a political risk that may hinder progress in making available to patients interventions that can help prevent and ease suffering. On the other hand, the majority of APS members are not engaged in either type of research (i.e., research on economic impact or Phase IV applications research).

It would be simple to take the position that “our science stands on its own merits” and leave it to others to grapple with the vicissitudes of translating science to practice. At this juncture, however, it may be that the health of the basic behavioral research enterprise rests on its ability to demonstrate its relevance — its ability to connect findings to improvements in health outcomes. Whether biomedicine is held to this standard or not is not the point, nor, unfortunately, is the fairness of this judgement.

As we think about building the future of our field, we must recognize all relevant contingencies. The resolution of these two issues are important ones. We would be interested in hearing about what you think that resolution should be. Please drop an e-mail note to me (jgruman@cfah.org) with your ideas.

## **Call For Nominations**

The APS Nominating Committee (Drs. Cameron, Endicott, Dimsdale, Jacobson, Leserman, and Frasure-Smith) request members to submit nominations to the APS national office for the following positions: President-Elect; 3 Council Members; Nominating Committee Member-at-Large.

Nominations should be received by the APS office no later than **October 15, 1999**.

### **President-Elect**

*(Replacing Joel E. Dimsdale, MD who will be rotating off as the Immediate Past President, while Jean Endicott, PhD takes over as President, and Oliver G. Cameron, MD, PhD becomes Immediate Past President)*

### **3 Council Members**

*(Replacing Dana H. Bovbjerg, David S. Krantz, Herbert N. Ochitill, MD, and Brenda B. Toner, PhD)*

### **Nominating Committee Member-at-Large**

*(Replacing Alan M. Jacobson, MD)*

**Jean Endicott, PhD  
President-Elect**

Dr. Endicott attended the University of Texas in Austin for two years and obtained a B.A. in Psychology from the University of Connecticut (Storrs) in 1958. She then worked as a social worker at Long Lane school for girls in Middletown Connecticut for nine months before beginning graduate school at Teacher's College, Columbia University in the fall of 1958. She completed work for a M.A. in Psychology in 1959.

Dr. Endicott then went with her husband, Dr. Noble Endicott, to Eglin Air Force Base in Fort Walton Beach, Florida, where she taught second grade for two years and assisted her husband in several research studies. They then moved to Manhattan and she returned to graduate school and received her Ph.D. in Clinical Psychology from Columbia University in 1965, having completed her Clinical Internship at the New York State Psychiatric Institute (NYSPI) in 1962 and a Research Internship at NYSPI in 1963. Her dissertation was on hostility and neurodermatitis.

Dr. Endicott joined the staff of the Department of Biometrics Research (then under the direction of Dr. Joseph Zubin and later Dr. Robert Spitzer) at NYSPI in 1964 and the faculty of the Department of Psychiatry, Columbia University College of Physicians and Surgeons in 1967. She is now Chief of the Department of Research Assessment and Training at NYSPI, Director of the Premenstrual Evaluation Unit at Columbia Presbyterian Medical Center, and Pro-

fessor of Clinical Psychology, Department of Psychiatry, Columbia University College of Physicians and Surgeons.

Dr. Endicott's research interests have been in the areas of diagnosis, assessment of symptoms and functioning, differential response to treatments, genetics, and pathophysiology of mental disorders. Much of her work in the past few years has focused upon mood and behavior along the menstrual cycle, including severe premenstrual mood problems or Premenstrual Dysphoric Disorder. She has collaborated with many co-investigators and is the coauthor of 24 assessment procedures and over 350 publications. She is currently on the editorial board of Psychosomatic Medicine and Comprehensive Psychiatry and is principal or a co-principal investigator on seven federal projects focused primarily upon the genetics of bipolar and recurrent unipolar mood disorders and comorbidity of mood and substance abuse disorders. In addition, several non-federal projects are focused upon quality of life enjoyment and satisfaction, work productivity, as well as Premenstrual Dysphoric Disorder.

**Sue Everson, MPH, PhD  
Newsletter Editor**

Sue Everson is an Assistant Research Scientist in the Department of Epidemiology at the University of Michigan School of Public Health. She graduated magna cum laude from Moorhead State University in Moorhead, MN in 1985 with a degree in psychology, and then pursued graduate studies in Biological Psychology at the University of Oklahoma Health Sciences Center in Oklahoma City, OK. As a graduate student, Sue's research

focused on risk factors for cardiovascular disease, including Type A behavior, hostility, and cardiovascular reactivity. After obtaining her Ph.D. in 1991, Sue moved to Pittsburgh, PA where she was a Postdoctoral Fellow in Cardiovascular Epidemiology at the University of Pittsburgh from 1991-93. As a post-doc, she earned an MPH in Epidemiology. Her research at Pitt examined sex differences in cardiovascular responses to job stress, hormonal effects on cognitive functioning, and psychological and biological adjustments to surgical menopause. In 1993, Sue became a Californian, much to her delight, and spent 4 years as a Research Scientist in the Human Population Laboratory at the Public Health Institute in Berkeley, CA.

Despite her clear affection for northern California, Sue was "lured" away from Berkeley to Ann Arbor in the fall of 1997 to join the faculty of the University of Michigan. Her primary research interests are in the areas of psychosocial factors and emotions on cardiovascular diseases and stroke; stress psychophysiology; women's health; and sex differences in cardiovascular morbidity and mortality. Sue has received funding from the American Heart Association, the National Cancer Institute, and the University of Michigan, and currently is conducting studies on neuroendocrine and hormonal pathways linking depression, hopelessness, socioeconomic disadvantage and cardiovascular disease. In addition, under the leadership of Dr. George Kaplan in the Department of Epidemiology, Sue and colleagues are building a Ph.D. training program in Social Epidemiology.

Sue is active in APS and the Society of Behavioral Medicine, and is a member of the American Psychological Association's Division 38 (Health Psychology), the Sigma Xi Scientific Research Society, and the American Public Health Association. She enjoys traveling in her free time and stays fit by hiking, bicycling, cardio-boxing, and rock-climbing.

**Nancy Frasure-Smith, PhD  
Nominating Committee Member-  
At-Large**

Nancy Frasure-Smith is an Associate Professor of Psychiatry at McGill University, Senior Research Associate at the Montreal Heart Institute, Associate Professor of Nursing and Associate Member of the Department of Epidemiology and Biostatistics at McGill University, and Associate Professor of Psychiatry at the University of Montreal. However, she is not a psychiatrist, not a cardiologist, not a nurse, not a psychologist, not an epidemiologist and not a statistician. She became a member of APS in 1987, and credits the society for providing a unique home for her multi-disciplinary interests. She served on Council from 1990 to 1993, has been a member of the Program and Membership Committees, and served as Secretary-Treasurer from 1995 to 1998. She was named to the Nominating Committee at last year's annual meeting in Vancouver.

After spending some time in medical school, and deciding that medicine was not for her, Nancy received a PhD from Johns Hopkins University in Social Relations focussing on sociolinguistics. Her interest in bilingualism led her to an NIMH post-doctoral fellowship in psychology at McGill University in Montreal. There she learned that bilingualism research was one of the most popular academic enterprises in Quebec, and she became a gypsy researcher, working on whatever project had funding. One of these projects changed her life. It was called the Ischemic Heart Disease Life Stress Monitoring Project, and she was hired as project director by Dr. Raymond

Prince in the Psychiatry Department of McGill. While working on that project, Nancy first encountered Psychosomatic Medicine. She knew she was hooked when her abstract on the results of the IHD study was selected for an oral presentation at the APS annual meeting in Hilton Head in 1984.

Dr. Frasure-Smith began a research collaboration with psychiatrist Dr. François Lespérance in 1988, and they have continued to work together since that time on a number of studies involving the psychosomatic aspects of cardiovascular disease. The most significant contribution of their research has been to increase awareness among physicians of the importance of psychological and social factors in prognosis in patients recovering from myocardial infarction, and to stimulate research into developing and evaluating appropriate treatments to alter psychosocial risks. They are particularly well known for their work showing that major depression is a significant independent risk factor for 6-month mortality following MI, which appeared in JAMA in 1993. They also completed the Montreal Heart Attack Readjustment Trial (M-HART), one of the largest (n=1376) randomized controlled trials of a psychosocial intervention for cardiac patients. The results, published in Lancet in 1997, showed that there was no evidence that the program of home nursing visits for post-MI patients with high distress levels had a positive impact on prognosis, risk factor modification or psychological distress. Further, there was some evidence that the treatment may have had a harmful impact on women. For them, the treatment was associated with a marginal increase in all cause and cardiac mortality, and a significant increase in arrhythmic deaths. After recovering from these totally unexpected results and their aftermath, the team has refocused their efforts on depression in patients with cardiac disease. Current research is concerned with potential physiological, genetic and behavioral links between depression and prognosis.

**William R. Lovallo, PhD  
Program Committee Chair,  
2000 & 2001**

Bill Lovallo, Program Committee Chair for the APS Annual Meetings for 2000 and 2001 is currently the Director of the Behavioral Sciences Laboratories at the VA Medical Center and Professor of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center, Oklahoma City. He is finishing up a 6-year stint as Associate Director of the MacArthur Foundation's Research Network on Mind-Body Interactions and held appointments as Professor of Psychiatry and Behavioral Sciences and Psychology at Chicago's Rush-Presbyterian-St. Luke's Medical Center.

Lovallo's current work addresses several issues relevant to the psychosomatic approach to health. His main project is concerned with the effects of dietary caffeine on stress reactions in persons at high risk for hypertension. "Caffeine raises blood pressure and increases secretion of cortisol, two major components of the stress response. More interesting, these responses are larger in persons developing hypertension," he notes. "So, I think hypertension development is a fruitful target area to examine the potential health consequences of caffeine intake." His other work addresses stress response alterations in young adults at high risk for substance abuse. "When we look at tasks that induce negative affect and large cortisol responses in normals, we see a disconnect in recovering alcoholics. They do not produce normal cortisol responses to stressful conditions. We suspect this is related to altered affective integration by the central nervous system and want to test this in high risk young persons."

Bill finished his training in Experimental Psychology at UCLA and in 1968 moved to Boulder, Colorado to work on his Ph.D. As he completed his work on his MS at UC, his status as a conscientious objector to the Vietnam War resulted in his leaving graduate school for two years to perform alternative service. As luck — or fate, would have it, Bill found a position as a research assistant for Oscar Parsons at the Medical Center in Oklahoma City. “It was an event that changed my life,” Bill recalls. “I was assigned to work on a project at the VA Hospital working with injured veterans from the Viet Nam War, which was quite emotionally wrenching. But the thrilling part was that for the first time, I was seeing physiological responses to behavioral tasks unfold in front of my eyes on the polygraph paper. Most exciting was how different the responses could look from person to person. Some wonderful postdocs, including Peter Bruhn, now practicing Neuropsychology in Denmark, gave me lots to read, and I became familiar with the psychosomatic notion that physiological responses to emotionally relevant events could determine states of health and disease. I was hooked, and I never left, either the field or the VA in Oklahoma City. Psychosomatic medicine has been a great home for me.”

### **Matthew F. Muldoon, MD, MPH Council**

Dr. Muldoon received his medical degree from the University of Illinois at Chicago, and completed his internship and residency in internal medicine at the University of Pittsburgh. He then received research training by completing a fellowship in clinical pharmacology under the late Alvin Shapiro and an NIH post-doctoral fellowship in cardiovascular behavioral medicine, advised by

Stephen Manuck. Subsequently, he also received a Masters in Public Health from the University of Pittsburgh’s Graduate School of Public Health, studying under Karen Matthews.

Dr. Muldoon is currently Associate Professor of Medicine at the University of Pittsburgh School of Medicine, and medical director of the Behavioral Physiology Laboratory. He just completed two years as Chair of the APS Program Committee, and serves on the Executive Council of the Academy of Behavioral Medicine Research.

Dr. Muldoon maintains an active clinical practice in general internal medicine, hypertension, and preventive cardiology, and contributes to the education of medical students and house staff. His major academic interest is the interplay of behavioral factors and cardiovascular disease. Topics which have captured Dr. Muldoon’s interest include the cardiovascular reactivity hypothesis, health-related quality of life, the neurobehavioral sequelae of antihypertensive medications, the effects of acute stress on serum lipids, hemostasis, and immune function, and the non-cardiovascular health effects of low serum cholesterol.

### **Carolyn Emily Schwartz, ScD Council**

Carolyn Schwartz is an Assistant Clinical Professor of Psychiatry at Harvard Medical School and the Director of the Behavioral Science Research Program (BSRP) at Frontier Science and Technology Research Foundation, Inc. She graduated magna cum laude (B.A. 1982) in psychology at the University of California, Los Angeles and completed an M.A. (1985) in clinical psychology at the

University of Connecticut, Storrs. She then worked as the administrator of the Simonton Cancer Center before returning to graduate school at the Harvard School of Public Health, where she completed her Doctor of Science (ScD 1990) in behavioral science, with concentrations in biostatistics, cancer biology, and immunology. Her doctoral dissertation involved developing a theory and a measure of coping flexibility for use in chronically ill populations. This work was continued in her post-doctoral fellowship at the Center for Neurologic Diseases, Brigham and Women’s Hospital, Harvard Medical School. She implemented a two-year randomized trial comparing two psychosocial interventions for patients with multiple sclerosis, which was recently published as the lead article in *Health Psychology*. The data collected in this study also provided the opportunity to examine a number of other psychosocial and personality factors related to health and quality-of-life (QOL) outcomes.

In 1993, she established the BSRP at Frontier Science, a not-for-profit institute whose mission is the advancement of statistical science. All of the BSRP projects are aimed at elucidating the role that psychosocial factors and interventions can play in enhancing or exacerbating health outcomes. Her research has also focused on developing new measures and new quantitative methods which are patient-centered. She developed the Extended Q-TWiST method, an approach for evaluating treatments which integrates the perspectives of the patient, the provider and social cost in a single analysis. This method is currently being applied by other investigators in randomized trials in the USA, Canada, and Europe for diverse populations, including multiple sclerosis, systemic lupus erythematosus, sleep apnea, gastroesophageal reflux disease, epilepsy, and various cancer sites. She was awarded an RO1 by the Agency for Health Care Policy and Research (1995-1999) to continue the development of this method. She was elected Fellow of the Society

of Behavioral Medicine in 1998.

A major focus of her work in the past four years has been on the theoretical and methodological development of response shift phenomena. This meta-construct refers to the idea that when one experiences changes in health state, one may change one's internal standards, one's values, or one's conceptualization of QOL. These response shift phenomena have significant implications for understanding psychosocial factors in health and for sensitive outcome measurement. Her work on this topic has been published in a special issue of Social Science and Medicine and a book (American Psychological Association, 2000 in press). Dr. Schwartz' current work is focused on developing measures of response shift for clinical research, and in evaluating interventions aimed at improving QOL at the end of life.

Carolyn joined the American Psychosomatic Society in 1988 and has been an active member ever since. She greatly enjoys the Society because its intimate size affords an opportunity to interact with leading scientists who have revolutionized their field(s), and appreciates the high caliber of the annual meeting and journal, and the network of friends it has facilitated over the years. She has served on the Program Committee (1995-1999), and has been on the editorial board for Psychosomatic Medicine since 1997.

Her most recent *oeuvre*, in collaboration with her polymer scientist husband David Waldman, is the creation of a beautiful baby boy. Abraham Joseph Waldman was born on May 20, 1999 and has been growing, smiling, and cooing ever since. The family lives in historic Concord, Massachusetts.

### **Michael Ziegler, MD Council**

Dr. Ziegler is the Program Director of the General Clinical Research Center and Professor of Medicine at the University of California San Diego. He graduated from the Pritzker School of Medicine of the University of Chicago, completed internal medicine training at the University of Kansas and postdoctoral studies at the National Institutes of Mental Health. While at NIMH he carried out basic studies of catecholamine physiology and developed research techniques that facilitate studies of the central nervous system control of cardiovascular systems in man. This research focus has led to 300 publications, about one-half in basic science and one-half in human studies.

His current research studies focus on disorders that cause diminished or exaggerated reflex cardiovascular responses. Dr. Ziegler operates one of the few clinics in the United States that focus on patients with low blood pressure and postural hypotension. His clinical and research interests have led to a 20 year long collaboration with National Aeronautics and Space Administration to study blood pressure control systems in weightlessness and on return to earth. Recent studies focus on why some astronaut's central nervous system "forgets" how to activate their sympathetic nervous system to maintain blood pressure while standing in earth's gravity. Current study of subjects with excess sympathetic nervous system activity include hypertensives, patients with sleep apnea, and care givers for demented family members.

Dr. Ziegler is currently a member of the Editorial Board of Psychosomatic Medicine, the American Society for Clinical Investigation, and serves on the NIH study section to review General Clinical Research Centers.

### *Welcome... New Members!*

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**Gordon J.G. Asmundson, PhD**  
Saskatchewan, Canada

**Matthew M. Burg, PhD**  
West Haven, CT

**Stephen R. Cole, PhD**  
Boston, MA

**Lillian R. Furst, PhD**  
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**Kristy Straits-Troster, PhD**  
Kansas City, MO

**Terrie L. Thomas, PhD**  
Oklahoma City, OK

**Peter Trask, PhD**  
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**Howard J. Wing, MD**  
Bountiful, UT

**Leonard A. Wisneski, MD, FACP**  
Rockville, MD

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# APS

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## *Calendar of Events*

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### 1999

**October 6** - The Library of Congress and NIMH, "Understanding Ourselves, The Science of Cognition." For more information, call 202-707-1616.

**November 18-21** - Academy of Psychosomatic Medicine, 46th Annual Meeting, "Consultation-Liaison Psychiatry: Educators for the 21st Century" - New Orleans, LA. For more information, call 773-784-2025, fax 773-784-1304, Email [apsychmed@aol.com](mailto:apsychmed@aol.com), or visit the website at [www.apm.org](http://www.apm.org).

**November 24-30** - International Association of Chinese Medical Specialists and Psychologists and International Chinese Psychosomatic Medicine Journal, "International Conference on Chinese Mental Health and Counseling Psychology" - Bangkok, Thailand. For more in-

formation tel/fax +86-898-5874777 or +86-898-67095777.  
Email: [iacmsp@public.hk.hi.cn](mailto:iacmsp@public.hk.hi.cn).

**December 13-16** - International Psychoanalytic Association and Sigmund Freud Center of Hebrew University present "Freud at the Threshold of the 21st Century" - Jerusalem, Israel. For more information, call +972-2-652-0574, fax +972-2-652-0558, Email: [isas@netvision.net.il](mailto:isas@netvision.net.il), or visit the website at <http://atar.msc.huji.ac.il/~freud>.

### 2000

**January 10-11** - International Society for Quality of Life Research, "Methods Workshops" - Tysons Corner, VA. For more information, call 703-556-9222, fax 703-556-8729, Email [info@ISOQOL.org](mailto:info@ISOQOL.org), or visit the website at [www.ISOQOL.org](http://www.ISOQOL.org).

**January 24-28** - U.S. Department of Health and Human Services, "Partnerships for Health in the New Millennium." For more information, call 1-800-367-4725 or visit [www.health.gov/partnerships](http://www.health.gov/partnerships).

**March 1-4** - American Psychosomatic Society, 58th Annual Scientific Meeting - Savannah, Georgia. For more information, call 703-556-9222, fax 703-556-8729, Email: [info@psychosomatic.org](mailto:info@psychosomatic.org), or visit the APS web page at [www.psychosomatic.org](http://www.psychosomatic.org).

**November 15-18** - ISBM, Sixth International Congress of Behavioral Medicine - Brisbane, Australia. For more information, call + 07- 3369-0477, fax +07-3369-1512, Email [ICBM2000@im.com.au](mailto:ICBM2000@im.com.au), or visit [www.icbm2000.conf.au](http://www.icbm2000.conf.au).