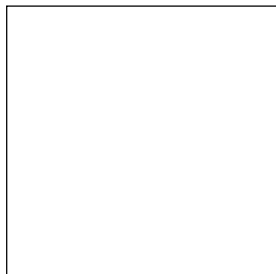


President's Letter



Dr. Joel E. Dimsdale

The summer is racing ahead, but although our children may be on vacation, the APS is not. In the past few months, the APS has developed a number of exciting new programs.

For the first time, we will be accepting annual meeting abstracts via the internet. The electronic submission is advantageous both for processing abstracts and for publishing the accepted abstracts. For those of us who grew up using glue sticks to center our abstracts between the blue lines, this change will be heartily welcomed. Information regarding the mechanism for submitting abstracts were recently mailed, but may also be found on page 7.

The Society is passionately committed to mentoring. There are at least three mentoring projects underway. David Shapiro has developed a program to help international scholars shape their manuscripts for submission to *Psychosomatic Medicine*. Details are in this issue of the Newsletter, as well as in the next issue of the Journal. Paul Mills on the Program Committee is arranging a special pre-meeting writing workshop in Vancouver to give attendees an opportunity to discuss publishing issues in small groups with a number of journal editors. Frank Keefe and the Membership Committee are arranging for personal career mentoring, primarily for our younger members, again to be offered at the Vancouver meeting next March.

Speaking of Vancouver, the Program Committee is planning a wonderful meeting, and

the fact that Vancouver is only one hour away from Whistler Ski Resort has not escaped many people's attention. The program is taking shape and promises to include a broad scope of topics from asthma to heart failure, and genetics to sex (not that disparate after all, come to think of it!).

I hope the rest of your summer is an enjoyable one, and I send you my warmest greetings from San Diego.

Psychosomatic Medicine

Mentoring Program

David Shapiro, Ph.D., Los Angeles, CA

The goal of this program is to provide assistance to young investigators and students wishing to submit articles for publication in *Psychosomatic Medicine*, journal of the American Psychosomatic Society, and to encourage scholarly activities in psychosomatic medicine and related fields. The participating mentors are experienced scholars who are volunteering their services. The assistance may take the form of advice on the substance of the work such as design, concepts and methods, or on language, style, format, and overall suitability of presentation. Mentors may also be willing to offer comments or advice on future research plans, work in progress, career issues, or general questions about psychosomatic medicine. Each mentor will decide whether or not to assist on a particular request and on the manner of providing assistance.

With a further goal of fostering international scholarly communication, the program is intended for scholars outside the United States, but anyone needing assistance for any reason is invited to participate. It is assumed that the person seeking assistance will be writing in English. Mentors will not assist in translation from another language, but may make suggestions on grammar, syntax, and clarity of writing.

For ease of correspondence, the program is limited to those who can communicate by electronic mail. The name, areas of interest, and email address of each participating mentor will be sent on request by email.

(You may reach David Shapiro via email at: dshapiro@ucla.edu)

Book Notes

J. Rick Turner, Ph.D., Chapel Hill, NC

Successful Aging. John W. Rowe, MD and Robert L. Kahn, PhD. New York: Pantheon Books, 1998.

This book presents evidence from the MacArthur Foundation Research Network on Successful Aging, explaining to the general readership how people can play an active and successful role in improving and maintaining their health into older age. The authors discuss 3 important components of successful aging: avoiding disease and disability, maintaining mental and physical function, and continuing to be engaged in life. They show, in a convincing and uplifting manner, that a steady decline towards an inactive retirement spent in the porch rocking chair is not an immutable law of nature!

We are all aware of the changing demographics in America. It is estimated that by the middle of the next century there will be 600,000 people over the age of 100. From both professional and personal viewpoints, therefore, APS members will likely find this book a fascinating testament to the power of health-related behavioral interventions.

Do you have a colleague who may be interested in membership in the American Psychosomatic Society? Contact the APS National Office for an application and additional information
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From The Editor

J. Rick Turner, Ph.D., Chapel Hill, NC

This "extra" issue of the newsletter has two purposes. First, we should like to communicate information about new Officers of APS and a new mentoring program. Second, we are considering moving from two to three regular issues a year. Any feedback about this potential change would be appreciated.

On pages 4-6 there are biographies and photographs of members who hold new APS Offices. Thanks are expressed to these, and all, officers for their work on behalf of APS. Also, on the cover page, there is an announcement of a new *Psychosomatic Medicine* Mentoring Program. Under the guidance of David Shapiro, this program will provide mentors for students and young investigators who would like assistance in preparing submissions for our journal. Dave is a great choice for this position. He has served on the Editorial Board of our journal for a total of 15 years, and he was Editor of *Psychophysiology* for 9 years. To take advantage of this program, contact Dave directly.

This issue also contains one new column called "Book Notes." It provides a forum for sharing news about new books that will be of interest to APS members. We would welcome articles about books you have found interesting.

Our 1999 meeting is in Vancouver. At the end of a recent family trip, I was fortunate to spend a few days in Vancouver for the first time. Those of you who have been there will probably understand my enthusiasm when I say what a wonderful city it is. For those of you who have not been, may I suggest that you start planning to attend APS 1999 now!

Our conference will be held at the Westin Bayshore, which has a superb location on the inner harbor right next to Stanley Park, North America's largest municipal gardens. The gardens are still owned by the government and leased to the city of Vancouver for the tidy sum of \$1 a year on the condition that the city keeps them looking beautiful. Not surprisingly, they are magnificent. From the hotel's swimming pool, you can also look over the harbor and see snow on the mountains that sit behind the North Shore and West Vancouver.

Since sharing meals with colleagues is such an integral part of the scientific exchange and camaraderie of our meetings, you'll be glad to know that the Westin Bayshore is ideally located within very easy walking distance of several streets well known for their restaurants and coffee shops. Head west on Denman Street towards English Bay and you'll find a truly international collection of ethnic restaurants, from Thai and Vietnamese to both west and east European. "Ciao Bella" at 703 Denman was a personal favorite. For desert lovers, a visit to "Death By Chocolate" is a must (101 Denman).

Head south on Robson Street, in Vancouver's fanciest shopping area, and you'll find the "Cloud 9" revolving restaurant on top of the Empire Landmark Hotel & Conference Centre (1400 Robson). A little further along, check out "Cin Cin," a superb Italian ristorante (the name derives from a Mediterranean toast to health, friends, and the pleasures of fine wine and food) with a great wine selection and a lovely balcony overlooking the street (1154 Robson).

Just a few minutes further, the Wedgewood Hotel, near the corner of Robson and Hornby streets, serves Afternoon Tea with scones and Devonshire cream, and has a very nice intimate restaurant called "Bacchus" for dinner. And finally, when walking around Gas Town, eat lunch or dinner at the Water Street Café (300 Water Street) and watch the famous steam clock tell the gathered crowds the time.

March 17-20...put it in your diary!

Wishing US members some relief from the heat and European members a swift recovery from the stress of watching four weeks of World Cup soccer,

- Editor

Russell Gardner, Jr., M.D., Galveston, TX

Rolf Adler's column "Why has high quality psychosomatic research so little effect?" caught my attention (1). I perceived in it familiar ideas from my own psychosomatic medicine education, but wish to extend his response to Margaret Chesney's statement, "Our scientific and clinical research is generating important discoveries. . . . yet the widespread recognition these findings deserve escapes them (the public)." Adler refers to Engel's biopsychosocial formulation now dutifully mentioned in many psychiatric settings, although this similarly escapes medical practitioners generally. I argue in the following that the specialty and subspecialty are not formally parallel to the rest of medicine. We need to relabel psychiatry, including its psychosomatic subset, as sociophysiological medicine and to reorient our training programs accordingly (2). Psychosomatic work and biopsychosocial model have in common that their very labels fragment and disconnect. Moreover, psyche in Greek means soul and butterfly, communicating disembodiment and ephemerality. These connotations have persisted. Even friendly critics easily discard the ephemeral and disembodied and need not proceed further in their thinking, able to reject early and with clear conscience the good hard data to which Chesney refers, before even looking at it.

Katherine Montgomery Hunter noted that "The reception of Engel's potentially revolutionary position in medicine has been distinctly odd; no one disagrees, yet little changes" (3). She credits this indifference to the academic physician's wish to be scientific and selectively responsive to 'hard' data while viewing skeptically any "soft" data and formulations. She notes an inherent bind that fosters these biases: physicians wish to practice (1) scientific medicine (which would mean ultimately entering every patient in a study), but also (2) ethical medicine (what the doctor thinks best for the particular patient should be what happens). So academic physicians (who set the standards for all medicine) practice ethically but naggingly feel themselves unscientific. They handle this, she supposes persuasively, by rejecting "softness." Hunter noted from watching doctors practice and educate that social, emotional, and "psycho-" facets of the patient's narrative fail the hardness test for

them. I add that practitioners safely ignore the soft materials of psychosomatic medicine despite the hard science stemming from it because the domain of psychiatry and its subset of psychosomatic medicine does not parallel general medicine. In non-psychiatric illness, mechanisms stem from alterations in normal physiology as this is studied in the various foundation sciences. General psychiatry focuses on illnesses as though they exist independently from normal functions, not as variations thereof. Psychiatry has no easily labeled foundation science that describes normal functions. For models from internal medicine, think of digestive and circulatory physiologies.

How can this be changed? Consider starting first with the name. A name prominently labels domains of study and practice. Despite integrative aims, the very term psychosomatic represents a banner statement separating the empathic, emotional and imaginary from the body whereas in fact these are brain productions. Despite Engel's powerfully stated need for medicine to integrate the biopsychosocial, his term also separates areas of study except that his dysfunctional banner adds social as a still second potential disconnection whereas in fact the biology of the human is most distinguished from that of other animals from new social functions made possible by an enlarged human cerebrum.

What function parallel to digestion and circulation labels a foundation science for psychiatry? I nominate broadly defined social function. Our brain, the specialty's central organ, handles enormous communicational data about our conspecifics (fellow humans). It has no special new features that make it contrast with other animals of related species; indeed its genome shares at least 98% of its identity with the chimpanzee, gorilla, and bonobo, the last of which even have a left-right cerebral asymmetry similar to that of humans. Yet the human brain has expanded to three-times greater mass than the brains of the anthropoid apes. These animals too are very social, of course, but people have expanded such functions even more. Robin Dunbar points out that core social group size correlates with brain size, and moreover, that gossip efficiently bonds an individual to more conspecifics than the one-to-one grooming favored by other large primates. He suggests that social advantage outweighed the cephalopelvic disproportion that endangers both mother and child (4).

People are story-using animals more capable than other animals in eliciting and maintaining allies.

Moreover, psychiatric symptoms entail communicational maladaptations. Manics overly command other people (5). Depressed people overly submit and self-abuse to others (6). Schizophrenics relate poorly (negative symptoms) and hear others that aren't there or delusionally fear persecutors. Patients with personality disorders relate aberrantly. So-called psychosomatic symptoms often stem from interpersonally derived stress; supportive other people may alleviate stress-produced symptoms.

So we need to relabel Psychiatry as Sociophysiological Medicine. Some argue for Socioneurophysiological, feeling neuro cannot be omitted in this decade of the brain (of course, digestive and circulatory modifiers imply the gut and heart without embedded organ labels). But this is detail only; my major point holds this term to differ markedly from the fragmented biopsychosocial and the bipartite psychosomatic. Sociophysiological indicates there is nothing unphysiological about any part of the specialty's activities (akin to Daniel X. Freedman's well known point that "biological psychiatry is a redundancy"). Psychiatrist-neuroscientist Eric Kandel pointed out in a recent American Journal of Psychiatry that all learning is a function of changed deployment of neuronal DNA, RNA and protein (7). When something happens in a therapy, one can refer to it as biological change even if the patient takes no drugs whatsoever. Currently contrast-comparisons between the brains of humans and other animals, including their social/communicational functions, are not part of core knowledge. Yet data sets are accumulating on this and need systematic inclusion in teaching programs.

Not that we need expect recognition miracles immediately after a name change and educational reorganization, although a well orchestrated and agreed-on transition might help. Medicine's conservatism has been well illustrated by the idea of acid-loving *heliobacter pylori* causing duodenal ulcer. After decades of surgery and antacids, an extraordinary lag period ensued before this simple, well confirmed hypothesis entered mainstream medical practice. Authorities held

(Continued on page 6)

Member Focus

This issue's member focus highlights those members of the Society who have been selected by their colleagues for the offices of President-Elect, Secretary-Treasurer, Nominating Committee, and Council. Elections were held during the Annual Business Meeting, March 14, 1998 at the Doubletree Hotel in Clearwater Beach, FL.



DR. OLIVER G. CAMERON, *President-Elect*

Dr. Cameron attended the University of Notre Dame, obtaining a B.A. cum laude in Psychology in 1968. He then attended the University of Chicago School of Medicine and Division of Biological Sciences where he received a Ph.D. in Biopsychology in 1972 and an M.D. in 1974. He completed an internship in Internal Medicine, a residency in Psychiatry, and a fellowship in Consultation/Liaison Psychiatry between 1974 and 1979, all at the University of Michigan Medical Center. He joined the faculty at Michigan in 1979 and is now professor of psychiatry.

Dr. Cameron has broad experience in clinical psychiatry, having done consultation/liaison psychiatry, all with adults. Educationally, he teaches psychiatric residents, medical students during their clinical rotation, and college undergraduates, all in the areas of clinical psychobiology, including residents. He also does supervision of residents' clinical work. Dr. Cameron's research interests have been in clinical psychopharmacology and psychoendocrinology, focusing especially on adrenergic function. He is also actively involved in functional imaging research. He has published two edited books and almost 60 peer-reviewed scientific studies, has made numerous presentations at professional meetings, and has been the recipient of several federal research grants.

Dr. Cameron is a past president of the Michigan Psychiatric Society. He is a former member of an NIH Study Section (Behavioral Medicine), and he served previously as associate chair of the Department of Psychiatry at Michigan. He is now on the board of directors of the Mental Health Association in Michigan, he is on the editorial board of Psychosomatic Medicine, and he is a mem-

ber of the Behavioral Committee for Step 1 of the USMLE (National Board of Medical Examiners).



DR. ANN MAXWELL EDWARD, *Secretary-Treasurer*

In the late 1970's, as a graduate student at Michigan State University, my research focused on issues related to health and the social environment, and resulted in a paper, entitled, *Psychophysiological Impact of the Man-Environment Relationship: Implications for Housing and Relocation*, and later, a doctoral dissertation, entitled, *Anticipated Relocation of the Aged: Life Changes and Urinary Free Cortisol*. Dr. George Curtis, a professor at the University of Michigan Neuropsychiatric Institute was my research advisor. Coursework included two semesters of a psychosomatic research seminar with presentations by Bill Greene, Oliver Cameron, Monica Starkman, and others, including George Curtis. In March, 1980, I attended the APS annual meeting in New York City and was thrilled to meet *in person* the authors of much of the work underpinning my research, including John Mason, Richard Rahe, Stan Kasl, David Jenkins, and Robert Rose.

In 1981-82, as a post-doctoral fellow under the mentorship of Stan Kasl at the Yale University School of Medicine, Department of Epidemiology and Public Health, I completed coursework in epidemiology and biostatistics, and wrote a grant proposal to study the long-term health effects of unemployment on older workers (age >44) from the auto industry in Michigan. Unfortunately, the Office of Management and Business under the Reagan Administration was less enthusiastic than I about investigating policy impact.

Returning to the University of Michigan as a Research Investigator, I joined a group of scholars (Ernie Harburg, Pat Moll Peyser, Anthony Schork) analyzing data from the Family Health Project of the Tecumseh Study. Following a two-year position as a Visiting Assistant Professor, 1985-87, I continued a faculty appointment through 1993 in the Department of Epidemiology.

For the past twelve years, I have been the

Director of the Office of Clinical Practice Studies at the Butterworth Regional Health Network, now Spectrum Health, and currently am developing methods for evaluating health care delivery to high risk populations under managed care, e.g., frail elderly, high risk OB, Medicaid, in West Michigan.

The APS activities in which I have been involved include the following: Council Member 1988-91; 1995-97; Long-Range Planning and Membership Committees; Publication Committee Chair 1989-95; and currently, Secretary-Treasurer and Chair of the Finance/Operations Committee.



DR. JANE LESERMAN, *Nominating Committee*

Jane Leserman, Ph.D. is a Research Associate Professor in the Department of Psychiatry, at the University of North Carolina, Chapel Hill. She received her doctorate in sociology from Duke University and did post-doctoral training at the University of North Carolina, Chapel Hill. Dr. Leserman's research has focused on the social and psychological aspects of health and illness, and on issues related to gender and health. To this end, she has published extensively on the long-term health effects of sexual and physical abuse history among women with gastrointestinal disorders. Currently, she is studying how past sexual and physical abuse history may impact on the health and health behaviors of women postpartum.

In addition, Dr. Leserman has published in the field of psychoneuroimmunology, particularly on the role of stress and depression in HIV infection. She has served as the research coordinator of the Coping in Health and Illness Project, a large NIMH funded study to examine the effects of psychiatric, psychosocial, and neuroendocrine correlates of immune change and disease progression in HIV infected men.

Dr. Leserman's interest in women's health led to the publishing of a report entitled, "In Sickness and in Health: The Status of Women's Health in North Carolina," which was sponsored by North Carolina Equity and funded by the North Carolina general assembly. The report is a comprehensive assessment of major areas affecting women's health such as heart disease, cancer, sexu-

ally transmitted diseases, violence against women, reproductive health, and access to health care.

Dr. Leserman has been a member of APS for eight years, and has been on the APS program committee since 1997. She is also a consulting editor for Behavioral Medicine, and reviews manuscripts for many other journals. On a lighter note, Dr. Leserman is better known for her wild dancing, and winning the 1997 song contest with Dr. Susan Levenstein at the APS annual meeting.

**DR. ARTHUR
J. BARSKY,**
Council

Doctor Barsky is the Director of Psychosomatic Research in the Division of Psychiatry at the Brigham and Women's Hospital, and a Professor of Psychiatry at Harvard Medical School. He graduated from Williams College and the Columbia University College of Physicians and Surgeons. He interned at the Beth Israel Medical Center in New York City and completed a residency in psychiatry at the Massachusetts General Hospital in Boston, where he remained on the full-time faculty until 1993 when he moved to the Brigham and Women's Hospital. His major interests are hypochondriasis and somatization, the psychological factors that affect symptom reporting in the medically ill, and the psychiatric aspects of primary care medicine. Doctor Barsky has been the principal investigator of seven NIMH and NIH research grants in these areas. He has authored over 90 articles, 12 book chapters, and the popular book *Worried Sick: Our Troubled Quest for Wellness*. He is a Faculty Fellow of the Mind/Brain/Behavior Interfaculty Initiative of Harvard University, and chairs one of its interdisciplinary work groups on the experience of illness. He has been a Visiting Professor of Psychiatry at the Georgetown University School of Medicine, the University of Wisconsin Medical School, and the University of Illinois College of Medicine. He is a Fellow of the American Psychiatric Association and the American College of Psychiatrists, and is a Member of the American Psychopathological Association and the American Psychosomatic Society.

**DR. RICHARD
D. LANE,**
Council

Richard D. Lane, M.D. is Associate Professor of Psychiatry at the University of Arizona. He received his M.D. at the University of Illinois in 1978 and completed his psychiatric residency at Yale in 1982. He then completed a post-doctoral research fellowship at Yale where he began working with Dr. Gary Schwartz. Dr. Lane has been at the University of Arizona in Tucson since 1990, where he served as Director of the Consultation-Liaison Service at the University Medical Center until 1994. Dr. Lane then received a 5-year Research Scientist Development Award from NIMH entitled "PET scanning of the Brain During Induced Emotion," which included a year as a visiting researcher at the Functional Imaging Laboratory of the Wellcome Department of Cognitive Neurology in London, England in 1996-97.

The theme of his research has been the central and peripheral physiological substrates of individual differences in the experience and expression of emotion and their relationship to the mechanisms of physical disease. With Dr. Schwartz he created a cognitive-developmental theory of emotional awareness and an accompanying measure, the Levels of Emotional Awareness Scale, which has yielded psychometric, behavioral and neuroanatomical findings that have extended the conceptual and empirical foundation of the alexithymia construct. He has conducted a series of positron emission tomography (PET) studies of normal human emotion, examining the neural correlates of fundamental dimensions (e.g. valence and arousal) and components (e.g. emotional experience) of emotion. He has also investigated the mechanisms underlying emotional triggers of ventricular fibrillation and sudden cardiac death, examining the association between lateralized central and autonomic processes.

Dr. Lane has been active in the APS for a number of years, serving on the Membership, Publication and Program committees. In the latter capacity he has helped to ensure the relevance of the annual meeting program to consultation-liaison psychiatrists, e.g. introducing the Disease-A-Year symposium in which a medical disorder is reviewed each year from an integrated medical and psychosocial perspective. He has also actively pro-

moted functional neuroimaging as an important new tool in psychosomatic research. Dr. Lane is a Fellow of the Academy of Psychosomatic Medicine and the American Psychiatric Association and is listed among the Best Doctors in America. His avocations include golf and tennis.

**DR. SUSAN
LEVENSTEIN,**
Council

Dr. Levenstein was born in Manhattan, and lived in and around New York City most of her life. She attended Radcliffe College and the Mount Sinai School of Medicine, and prepared for her internal medicine boards at the Montefiore Hospital Internship and Residency Program in Social Medicine; she has had additional training in gastroenterology, epidemiology, and psychiatry. In 1978, however, she moved to Rome, Italy, and has been based there ever since.

In Rome, Dr. Levenstein has an enjoyable private practice of general internal medicine, with a highly varied and multinational clientele, but her professional passion is research in the effect of psychosocial factors on the onset and course of organic gastrointestinal diseases. Her major past projects have been a 6-year follow-up study of the influence of mood, personality, and life stress on the healing and relapse of endoscopically-diagnosed peptic ulcers; a study of the association between perceived stress and inflammation in ulcerative colitis (findings from the longitudinal phase were reported at the last APS meeting); and studies of the influence of psychological and socioeconomic factors on the incidence of peptic ulcer among respondents to the Alameda County Study. Soon to begin will be, she hopes, studies of the interactions between stress and *Helicobacter pylori* and of possible stress mechanisms in ulcerative colitis.

To keep her own stress levels down, Dr. Levenstein watches the Tiber River flow by from the windows of her apartment in the center of the city, watches the Mediterranean Sea from a terrace in the hills outside Rome, or listens to assorted contemporary and ethnic music. In more active moments, she plays Schumann or Beethoven on the piano, takes belly dancing lessons, and cooks up a mean clam sauce for spaghetti.

(Member focus is continued on Page 6)

DR. LYNDA H.
POWELL,
Council

Lynda Powell is an Associate Professor of Preventive Medicine and Psychology, and the Director of the Section of Epidemiology in the Department of Preventive Medicine, at Rush-Presbyterian-St. Luke's Medical Center. She was an undergraduate major in sociology at the University of Massachusetts, studied humanistic counseling psychology at the University of Colorado, and studied behavioral self-management applied to the problems of stress and obesity at Stanford University. After graduate school, she worked as a biostatistician for the Recurrent Coronary Prevention Project, a large-scale clinical trial testing the effects of Type A counseling on cardiovascular recurrence after myocardial infarction. During this time, she developed an interest in clinical trial methodology and pursued post-doctoral training at UC Berkeley and UCSF in epidemiology. Her first academic position was in the Division of Chronic Disease Epidemiology at the Yale School of Medicine. It was here that she learned classical epidemiologic methods and how to apply them to the problems of studying mind-body connections.

Currently, Dr. Powell combines interests in psychosocial cardiovascular epidemiology and psychosocial interventions that aim to improve cardiac endpoints. She is the Principal Investigator of a multisite study of the natural history of the menopausal transition in women, the Principal Investigator of a multisite clinical trial to test the impact of behavioral counseling to improve depression and low social support on post-MI recurrence, the Co-Principal Investigator of the Chicago site of the Women's Health Initiative, and the Principal Investigator of the Chicago site of a multisite study of the impact of hormone therapy on cognitive function.

Lynda is a long-standing member of the American Psychosomatic Society. She became "hooked" by the Society when, as a graduate student, she realized that the meetings were a place where a small, intimate group of top researchers met to exchange science and socialize. She was recently honored by the Society by being asked to serve as Program Chair, a position in which she

worked to add "spirit" to the "mind-body" themes of the meetings.

Lynda's intellectual and personal interests converge on the psychosocial, spiritual, and behavioral concomitants of a healthy lifestyle. Being true to her work, she enjoys wine with meals, runs regularly, maintains connections with old friends, stays out of the sun, loves animals, and laughs as often as she can.

(News and Views continued from pg. 3)

out against the idea of a pathogenic bacterium that could be treated permanently in two weeks with conventional antibiotics. Yet, once accepted, the transition happened quite quickly.

We should align with the successful traditions of conventional medicine while abolishing fragmentations in our self-concept and abandoning historic false schisms. Psyche should remain as a quaint 20th century anachronism only. Something like what I propose must happen eventually. Our subject matter and our patients are too important to allow their concerns to be considered disembodied and ephemeral any longer. Those who wish to ignore research fostered by the APS should not have this excuse. Changing the name and educational programs to Sociophysiological Medicine will foster more recognized research as well as more effective education and practice.

1. Adler RH: *Why has high quality psychosomatic research so little effect? The American Psychosomatic Society Newsletter* 1998;9:(1)7

2. Gardner R: *Sociophysiology as the basic science of psychiatry. Theoretical Medicine.* 1997;18:335-356

3. Hunter KM: *Doctor's Stories: The Narrative Structure of Medical Knowledge.* Princeton, N.J.: Princeton U Press, 1991

4. Dunbar R: *Grooming, Gossip, and the Evolution of Language.* Cambridge, MA: Harvard University Press, 1996

5. Gardner R: *Mechanisms in manic-depressive disorder: an evolutionary model. Arch. Gen. Psychiatry* 39: 1436-1441, 1982

6. Price J, Sloman L, Gardner R, Gilbert P, Rohde P: *The social competition hypothesis of depression. British Journal of Psychiatry.* 1994;164:309-31

7. Kandel E: *A new intellectual framework for psychiatry. Amer J Psychiat* 1998;155:457-469

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1998

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November 19-22 - Academy of Psychosomatic Medicine Annual Meeting, Buena Vista Palace, Lake Buena Vista, Florida. For more information call 773-784-2025; fax: 773-784-1304; or email: apsychmed@aol.com

1999

March 17-20 - 57th Annual Scientific Meeting of the American Psychosomatic Society, Vancouver, B.C. at the Westin Bayshore Hotel. For more information call 703-556-9222; fax: 703-556-8729; or email: info@psychosomatic.org

June 9-11 - 'The (non)Expression of Emotions in Health and Disease' For more information contact Mrs. T. Aarts, Dept. Psychology, P.O. Box 90.153, 5000 LE Tilburg, The Netherlands; Fax: +31-13-466.2370; Tel: +31-13-466.2175; E-mail: Emotions@kub.nl

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Comments and suggestions are invited. Remember, this is YOUR Newsletter. The deadline for submission for our next Newsletter is **September 1, 1998**.

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**AMERICAN PSYCHOSOMATIC
SOCIETY ANNUAL MEETING**

MARCH 17-20, 1999

VANCOUVER, CANADA

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