

President's Letter



Steven E. Locke, MD

Well, I don't know about you, but I've had enough of winter.

Here I am writing this, my last column as your president, from Vail, Colorado, where I came to escape the relentless, record-breaking arctic cold of New England this winter. Here in Vail, it has been sunny and warm and the skiing has been fantastic (good news, psychosomaticians: we are coming to Denver for the 2006 annual meeting. But, I am definitely looking forward to this year's annual meeting in Florida – dreaming of stone crab and dancing the night away to the music of Mike Antoni's band.

TRANSITIONS

This is my last column as your president. It has been a privilege and a pleasure to serve the APS membership this past year. I have had wonderful assistance and outstanding teammates in this leadership effort. I have especially enjoyed the opportunity to work closely and regularly with Laura and George Degnon of Degnon Associates, our exceptionally competent management group. I wish to also thank Daglyn Carr who has tried her very best to keep me from missing my various APS deadlines.

In addition, working as the chair of the Executive Committee has been a unique opportunity to learn about management by consensus. The Executive Committee consists of the President, the President-Elect, the Immediate Past-President, and the Secretary-Treasurer, with the Degnons joining the

monthly teleconferences in an administrative, ex-officio capacity. From time to time, we have invited specific officers and committee chairs to join a particular Executive Committee "meeting" to assist us in reviewing matters such as membership issues, the Journal, or the annual meeting. These discussions have generally led to agreement by consensus, rarely requiring termination of discussion by a formal vote. For this reason, it makes this transition for me leaving the role of President and assuming that of Past-President, especially bittersweet. I have so very much enjoyed working with this leadership team, that even though the changes are good for the Society, it is sad for us to lose Dennis Novack who rotates off the Executive Committee as Immediate Past-President.

I want to thank Dennis for his many contributions to the Society, not only for these past three years while serving on the Executive Committee, but before that for his many years of service as committee chair (membership, professional education), and service on other committees as well (e.g., web committee). Dennis, during his presidency of APS, has also enhanced the professional stature of APS by representing us while serving on the Institute of Medicine's project "Behavioral and Social Sciences in Medical School Curricula." We wish Dennis the very best in his leadership in medical student education and look forward to his future service on the newly formed Committee of Past Officers, Program Committee Chairs and Council Members currently chaired by another APS past-President (1981-1982), Robert Rose. While on the subject of honoring those transitioning out of leadership roles in APS, I would like also to express my appreciation for the contributions of Susan Everson-Rose, William R. Lovallo, Kristina Orth-Gomer, and Peter A. Shapiro, all of whom will rotate off Council this March. Each of them has made multiple contributions to the Society, not only through serving on

Council, but for serving on and even chairing or co-chairing committees during the past several years, or editing the newsletter (Sue Everson-Rose). Sue-Everson Rose and Kristina Orth-Gomer will be sorely missed at the Council meetings and hope that they will find opportunities to continue to be involved in leadership roles in APS in future years. Bill Lovallo will continue as co-chair of the Fundraising Committee and Peter Shapiro has agreed to serve as the Chair of the Membership Committee.

At APS we like to recycle our leadership while also offering opportunities to welcome younger members into the Society as well. For example, my first tour on Council was 1979-82, just after residency while completing a psychosomatic medicine fellowship at Boston University where I worked with Bob Rose, Peter Knapp, Michael Hurst, and Louis Vachon. (I have always believed that I was elected to Council because as a young member I was outspoken about the domination of APS by its Elders.) The culture of APS in recent years has been quite different than during those earlier years, and I hope that our current young members have many role models who have served through committee membership, become committee chairs, been elected to Council and who have gone on, or will go on, to other leadership roles in this dynamic, evolving society. Nevertheless, as those of us on Council and on the Executive Committee are working to find ways to bring back some of our past leaders so that we can benefit from their experience and wisdom, I am nevertheless reminded of cartoonist Walt Kelly's famous admonition: "We have found the enemy and he is us." – Pogo.

In our efforts to bring new leadership into the Society, the Nominating Committee has selected Michael Antoni, (as much for his musical ability as for his pioneering research in behavioral aspects of HIV/

From the Editor

Christine A. Marco, PhD
Rhode Island College
Providence, RI

Ah...March is almost here...! The weather is turning warmer, my daffodils are poking up from underground (precocious little things, aren't they?), and lately, people seem to be a little more chipper and to have a livelier spring in their steps. Spring is a time of renewal and transition, and this is reflected in changes within our society.

First, in the President's column, Steven Locke identifies people who have served in various capacities at APS and who either are moving into other roles within the society or are taking a break from leadership at APS. I, too, look forward to working with those who are remaining and honor those who are taking a well-deserved break (although I know that they will be infinitely busy with other matters!).

Second, Margaret Chesney discusses the 5th anniversary of the National Center for Complementary and Alternative Medicine (NCCAM) and lays out its future plans. In both columns, there is a general call to members to participate – specifically as APS leaders and/or in advancing CAM. I echo that request and urge everybody to consider contributing in any way that you can to our society – in leadership roles, as committee members, or as contributors of feedback or ideas regarding our society's accomplishments.

Third, Jessie Gruman has written about recent trends in our health care needs and delivery. I could not help but link her comment about the lack of health insurance to Redford Williams' later comment about the expense of traditional psychoanalysis. I was simultaneously amused and dismayed at the thought of trying to get insurance companies to reimburse for psychoanalytic therapy when we barely can get reimbursement for much shorter-term cognitive-behavioral interventions. Baby steps, right? Baby steps!

Fourth, I introduce a new feature simply titled "*Perspectives on...*". For this issue, I have asked two of our past-presidents, Redford Williams and Oliver Cameron, to discuss their experiences and perspectives on the evolution of psychosomatic medicine. I

hope to make this a regular feature, with different topics discussed in each newsletter. Feel free to provide feedback on this feature, including any topics that you would like to see discussed in the future.

In closing, let me say that this year has been particularly brutal in New England (although my plumber is laughing all the way to the bank, thanks to my frozen heating pipes!). Like Steven Locke, I am eagerly awaiting my brief escape to warm, sunny Orlando and our Annual Meeting. I hope to see you all there and I hope that any fellow swing dancers will ask me to dance at the banquet!

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President's Letter

(Continued from front page)

AIDS and cancer), Paul Mills (a world-renowned PNI researcher who has chaired the APS Awards Committee for several years and secured conference grants for young investigators on behalf of APS), Bruce Rollman, (a general internist interested in depression in primary care, who co-chairs our Liaison Committee and is building our relationship with SGIM), and Jane Leserman (who has served on the program committee, pioneered research into the impact of trauma and sexual abuse on susceptibility to functional GI disorders, and studied the impact of stress and psychosocial factors on progression of HIV to AIDS). Welcome new Council members. Bring your energy and creativity to the March Council meeting on Saturday, March 6th. Don't believe what you hear about the initiation rite. It's not so bad, really.

Another member who has served the Society in several capacities, on Council, as a committee chair, and most recently as a member of the Nominating Committee, Brenda Toner will be rotating off that committee as Member-at-Large this March. She will be replaced (as part of the recycling effort mentioned above) by former President Joel Dimsdale, whose behavioral medicine society presidency "hat trick" and editorial leadership provides valuable experience for service on the Nominating Committee.

Other leadership transitions include the nomination and pending election of Richard Lane, who has served as Secretary-Treasurer and co-Chair of the APS Fund, to President-Elect. Richard will become President-Elect in March when the slate of candidates is approved by the membership at the business meeting. He will continue to serve on the Executive Committee in his new role, and so we will benefit from his energetic and creative leadership for another three years. I want to thank Richard for his meticulous and zealous protection of APS's financial resources during his tenure as Secretary-Treasurer (along with the able assistance of George Degnon). Not merely a frugal guardian of our assets, Richard, with the help of Bill Lovallo and others, has been resolute in his efforts to develop and build the APS Fund to create a resource and legacy for funding innovation in Society programmatic initiatives. Bill Lovallo will continue on as Chair of the APS Fund, and I extend my

thanks to him as well for his continuation of this important project. Bill has contributed to the Society in many ways, including a stint as Program Chair a few years back.

Replacing Richard Lane as Secretary-Treasurer will be Matthew Muldoon, who has been co-chair of the Membership Committee and also is a past Program Chair, among other leadership roles in APS. We are thrilled that Matt will be joining the Executive Committee in March in his new role. Get out your abacus, Matt. You're going to need it since accounting is a lot tougher than keeping a golf score. (Well, maybe not in your case).

Well, this rambling tribute to those who are coming or going is coming to an end. This has been a terrific year for me. I have learned how to exploit the name of the Society by leveraging the title of President, hopefully, mostly in the Society's interests. Of course, the Society already enjoys a world-wide reputation for excellence in research and education at the mind/brain/body interface. Building on the work of APS member Bob Ursano and others who have been pioneers in the area of the biopsychosocial impact of stress, disasters, and terrorism, APS members are even more than ever now seen by federal and state public health authorities as critically important players in public health preparedness planning efforts. I will elaborate on this theme in my Presidential Address and there will be three other program elements in the annual meeting on this theme as well, including a paper session on Friday.

If you receive this newsletter in time for the annual meeting, I hope that you will attend the Saturday afternoon workshop on the biopsychosocial impact of terrorism and disasters, organized by the Dori Reissman (CDC) and Charles Engel (Walter Reed, USUHS) and will include as presenters Col. Ann Norwood (DHHS, USUHS), Stephen Prior (Potomac Institute), and me. This workshop will cover the emotional, behavioral and somatic consequences of terrorism and disasters. Workshop presenters will review what is known about the range of individual and community responses to these events, outline an early framework for emergency public mental health response, and demonstrate the critical national need to contend with and attend to psychosocial sequelae of terrorism and disaster. The organizers and presenters are nationally-

known experts currently in major leadership roles in these areas. These experts will also be attending a Roundtable Lunch on this topic organized for Friday by Joan Broderick and sponsored by the APS Task Force on the Biopsychosocial Impact of Disasters and Terrorism.

If my presidency leaves a legacy, I hope that it will be a continuation of my esteemed predecessors' efforts to integrate psychosomatic science and clinical knowledge into the practice of medicine, including, in today's context, behavioral dimensions of public health preparedness when societies are under the threat of terrorism or the outbreak of emerging illnesses.

Committee News

Advancing the Physician Scientist Committee (APS)

The APS has served its function. We have been working for almost five years to make sure that virtually all activities of the Society take into account the current difficulty of initiating and maintaining a career as a physician scientist. We need to recruit potential physician scientists and nurture their career. Our goal is to maintain an active cohort of physician scientists so we don't lose our unique role of strengths in both clinical and research medicine. The leadership of the Society has responded to this message and virtually every committee has special programs ongoing in support of the physician scientist. As a result we no longer need an ad hoc committee to nag, cajole, and lead. This is the last year for the committee, but not the function. Keep recruiting and helping the physician scientists that you know (or could get to know).

Do you have colleagues who
might be interested in
APS activities?
Have them visit our website at
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Why Study Health Behavior?

By Jessie C. Gruman, Ph.D.

President, Center for the Advancement of Health

Converging trends in the United States mean more people are having to assume more responsibilities for more aspects of their health — and with fewer protections.

- *The increase in health problems that result from behavior.* The rising rates of childhood and adult obesity have finally captured the attention of the media, the government and private industry. People who until recently thought they were just a little heavy are beginning to see themselves and their kids as having serious and intractable health problems that, unless they take action, threaten their lives and prospects.
- *The rising number of people with chronic conditions.* This number will continue to grow as the Baby Boom generation approaches 65. Most people with chronic conditions spend most of their days far from the oversight of health professionals and thus serve as their own primary care physicians or depend on a family member to serve in that role. Learning how to manage symptoms, prevent decline and avoid complications is a lifelong learning — and behavioral — challenge.
- *The lack of health insurance.* Currently 43.6 million people do not have health insurance in this country, meaning that they rely heavily on their own judgment, abilities and good luck to protect themselves and their families from harm — to care for themselves for as long as they can without professional help. Of these, 7.8 million are children and 30 percent of them are immigrant children. That's a lot of parents making a lot of health decisions for a lot of kids without access to professional counsel.
- *A broken health care delivery system.* For all of the innovation of the past decade, the delivery system remains fragmented and uncoordinated. The high cost of care pushes individuals and their employers to switch plans frequently. The result is we all wind up acting as our own diagnosticians and

medical historians as we piece together care that works for ourselves, our kids and our parents.

- *The pace of development of new pharmaceuticals.* There is an explosion in prescription and over-the-counter drugs and in food supplements — vitamins, enzymes and so on — giving both individuals and physicians a wealth of alternative substances to choose from in treating illness. Direct-to-consumer advertising fills the airways, the internet and the e-mail inbox, promising everything from growing hair to improving your sex life to curing you from diseases that don't exist.
- *The assault on public health from Washington.* Government protections that have been essential to public health in this country are eroding. In recent months, the Bush administration and the Republican Congress have overturned ergonomics regulations in the workplace, refused to raise taxes on cigarettes, ignored the rising urban asthma rates when considering revisions to the Clean Air Act and continue to insist, all evidence to the contrary, that condom distribution promotes promiscuity. The administration has stood by silently as the Republican Congress has gone after research on sexual behavior — as if their constituents don't have any. And it has weakened the regulations so that producers of food supplements — vitamins, herbs, enzymes and other products — can make health claims identical to those of over-the-counter drugs without conducting any tests for safety, efficacy or purity.

In short, the risk of preventable illness in the population is increasing while simultaneously people have more choices, less recourse to advice and public health protections are eroding. That is why we need to be studying health behavior.

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New Members!*

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Editor's Note

The idea for this feature was hatched at the fall Council meeting. Somebody (I forget who, but thank you!) mentioned that it would be fascinating to hear a history of psychosomatic medicine from the perspectives of our past-presidents. Voila! I began to imagine a new feature for our newsletter that would identify a single topic and ask 2-3 people to offer their perspectives for each of us to contemplate. For today's feature, I have asked two past-presidents to offer their insight into the history and future of psychosomatic medicine. I am pleased with the articles that Redford Williams and Oliver Cameron provided, and I hope that you enjoy them as much as I did.

Psychosomatic Medicine: Past, Present, and Future

Redford B. Williams, M.D.
Duke University Medical Center
Past-President (1992-1993)

Past

I attended my first APS meeting around 1967. Pat McKegney, my mentor at Yale, was a graduate of the liaison program at Rochester that was led by George Engel, so I had already been steeped in both the history and lore of psychosomatic research as conducted by the leaders in our field. Even earlier, however, as an undergraduate at Harvard, I had majored in Social Relations – an amalgam of clinical psychology, social psychology, sociology, anthropology and other assorted areas of study – and had learned about the leading theories of the day, especially psychoanalysis – the title of my undergraduate thesis was, “The Influence of Superego Content upon Ego Functioning.” In my freshman year at college, I took a seminar on Behavioral Sciences in the new Freshman Seminar program. We had to write one paper per week, and the first assignment handed out by seminar leader George Goethals was to write paper on the “mind-body problem.” I’m still working on that assignment and will probably never finish, but it’s been a wonderful journey.

As I recall the zeitgeist when I began to attend APS meetings, we were still interested in the psychoanalytically based study of the “holy seven” psychosomatic disorders –

duodenal ulcer, essential hypertension, rheumatoid arthritis, Grave’s disease, bronchial asthma, ulcerative colitis, and regional enteritis – and the psychological conflicts (e.g., autonomy vs. wish to be fed and cared for in duodenal ulcer) that had been revealed in psychoanalytic studies of patients with those disorders by Franz Alexander and others. The cutting edge work under this paradigm being reported at APS meetings in the 50s and 60’s dealt with the “hopelessness-helplessness,” “giving up-given up” constructs that had been developed by the Rochester group and a small scale prospective study of the prediction of new duodenal ulcer development among recruits undergoing basic army training by Weiner, Thaler, Reiser and Mirsky.

Looking back, I think it’s fair to say that this line of research never did achieve its goals of documenting definitively the role played by psychosocial factors in disease etiology or developing and testing treatments that would ameliorate their adverse health consequences. Part of the reason for this, in my opinion, was the failure of those working under this paradigm to advance beyond case-control types of studies that studied a few patients intensively and then drew unjustified causal inferences that the psychological characteristics they found in those patients were responsible for the disease. Another reason, of course, was that psychoanalysis, even if it proved effective, was too expensive and cumbersome to administer on any sort of a large scale basis.

As I was beginning my faculty career at Duke in the early 70s, I became aware of the research being done by Mike Friedman and Ray Rosenman on the Type A behavior pattern. Unlike the then-current psychosomatic mainstream researchers, they did not focus on underlying psychic conflicts but on the overt, observable behaviors they had found to be present in their CHD patients. Also unlike the psychoanalytically-based research designs, Friedman and Rosenman took the next step and did a prospective, large-scale epidemiological study in which they assessed Type A behavior in a sample of over 3,000 healthy middle-aged men and followed them up over a period of 8-9 years. In a landmark paper published in *JAMA* in 1975, they presented strong evidence that, independently of the established risk factors, which were elevated in the Type A men, Type

A behavior was associated with about a two-fold increase in CHD incidence.

Friedman and Rosenman also performed experimental laboratory studies that showed Type As to exhibit larger sympathetic nervous system responses when they were challenged to perform at a high level, especially in a competitive situation. This work was consistent with another mainstream psychosomatic paradigm – the psychophysiological study of biological responses to various forms of acute stress.

Initially, the old guard psychosomatic research establishment attacked Friedman and Rosenman’s work as being too superficial and simplistic – take a look Roy Grinker’s comments quoted in the Timberline Conference monograph that was published as a 1964 supplement to *Psychosomatic Medicine* sometime, if you want to see just how vehement was some of the initial criticism.

Present

In my view, this pioneering research by Friedman and Rosenman heralded the dawn of what might be considered the current era of psychosomatic medicine research. They applied standard techniques of epidemiological research – the prospective longitudinal study – to document effects of a psychosocial risk factor on subsequent incidence of disease, and they used state of the art biomedical approaches to document the presence of physical characteristics that are biologically plausible mediators of the health damaging effects of the psychosocial factor. We have seen that the original Type A construct may not have been the best indicator of the pathogenic psychological factor, but subsequent research has convincingly demonstrated that it is primarily one aspect of Type A, the hostility/anger component, that confers increased risk of disease.

Subsequently, others have applied similar methodologies to document the adverse health consequences of other psychosocial factors – depression, job stress, social isolation, low socioeconomic status (SES). A further refinement has been to realize that these psychosocial factors do not occur in isolation from one another, but tend to cluster in the same individuals and groups (e.g., low SES).

Psychosomatic researchers continue to pursue the psychophysiological strategy, trying to identify the biological mechanisms whereby psychosocial factors actually lead to disease, but the work going on in this area today is able to take advantage of advances in molecular biology to gain a much more comprehensive view of these underlying mechanisms than was possible previously. In addition to the time-honored study of cardiovascular and neuroendocrine responses to various forms of stress in both the lab and real life, psychosomatic researchers are now studying effects of stress on immune system functions, glucose metabolism, and hemostatic functions in persons with varying levels of the psychosocial risk factors that have been identified in the epidemiological studies.

We are also beginning to apply the tools of neuroscience to get at the neurobiological mechanisms that underlie the clustering of pathogenic biological and behavioral characteristics in persons who exhibit high levels of psychosocial risk factors. Dysregulated central nervous system serotonergic function has gained wide attention as an important driver of this clustering. In another very recent development, we are just beginning to apply the tools of molecular genetics to identify polymorphisms in candidate genes that interact with environmental factors to increase the expression of psychosocial risk factors and their associated biobehavioral mechanisms.

Another trend in the present has been a growing realization of the importance of applying what we are learning about psychosocial risk factors and the biobehavioral mechanisms linking them with the etiology and course of disease to guide efforts to develop and test interventions that will ameliorate the health damaging effects associated with psychosocial risk factors. A pioneering first step in this direction was undertaken by none other than the same Mike Friedman who first called our attention to the pathogenic effects of Type A behavior. In his Recurrent Coronary Prevention Project (RCPP), Mike applied standard randomized clinical trials methodology to produce some very encouraging evidence that it is possible to modify psychosocial risk factors and that this modification can produce an improvement in prognosis among CHD patients.

Future

It is not too hard to discern, based on where we are right now, where psychosomatic medicine is likely to be heading in the future. I see two major trends that are likely to be especially fruitful.

First, I am confident that growing efforts to apply molecular genetics knowledge and techniques to identify polymorphisms of candidate genes – e.g., those involved in regulation of neurotransmitter functions, the renin-angiotensin system, the immune system, hemostatic functions, and metabolic functions – that interact with stressful environments to increase levels and clustering of psychosocial risk factors and biobehavioral mechanisms will make it possible for us to identify with far greater sensitivity and specificity those persons who are truly at increased risk of developing disease or of having a poorer prognosis once disease is present. Being able to genotype people for these candidate genes is like having a microscope for the first time and using it to look at a drop of pond water: we are able to see things that were not visible before and to use this knowledge to understand disease mechanisms at a greater depth.

I will be pursuing this genomic strategy in the remaining years of my research career. Others, including Steve Manuck at Pittsburgh and Frank Treiber at the Medical College of Georgia are devoting major efforts in this area. I am confident that others will join us and that psychosomatic medicine will make even more important contributions as a result of the work that will be done.

A second area that I believe will be of growing importance is application of the growing knowledge and understanding of how psychosocial and biobehavioral factors contribute to the development and course of disease, to translate our research findings into interventions – both behavioral and pharmacologic means – that will prove both efficacious and effective in preventing or ameliorating the health-damaging effects of psychosocial and biobehavioral risk factors. Mike Friedman has already shown us the way in this area with the RCPP, and other small scale phase II studies have shown the efficacy of behavioral interventions in reducing levels of psychosocial risk factors.

Ultimately, we will need to undertake the large scale phase III trials that will be required to

document the effectiveness of these interventions in real world clinical and even public health settings. We will use knowledge gained from the genetic studies to identify persons at very high risk who can be targeted for these trials. Ultimately, a critical part of this effort will be not only the development and testing of these behavioral interventions but also the development of business models (financial disclosure: Virginia Williams and I own a business that is trying to do just this) that will enable us to deliver these interventions on a mass scale, much as the pharmaceutical industry does for pharmaceutical agents.

Looking back, I am grateful to have been able to experience the exciting progress we have seen in psychosomatic medicine. Looking forward, I am excited at the even greater advances that are sure to come. My only regret is that I am not 20 years younger, so that I could experience even more of what is to come.

Oliver G. Cameron, MD
University of Michigan Medical Center
Past-President (1999-2000)

Past

It could be argued that the anlage of the theory or concept of psychosomatic medicine goes all the way back to the first belief by humans that there was a soul or spirit separate from the perishable body, many thousands of years ago. The word psychosomatic itself is based on the Greek, psyche, meaning breath or life or spirit, and soma, meaning body. Perhaps the most familiar source of the idea that mind and body have separate existences is associated with Rene Descartes (Cartesian dualism), who argued that the mind and the body were separate entities, an idea opposed to monism, which argues that only one entity exists.

In addition to the psychosomatic conception which posits the existence of a psyche and a soma, is the idea that the two are in intimate interaction. This is also not a new idea. For centuries various philosophers have pondered the question, “If the mind and the body are of fundamentally different ‘stuff,’ how do they interact with each other, which they clearly do?” In other words, the theory of psychosomatic processes attempts to

(Continued on next page)

separate mind and body, and then attempts to put them back together again. Psychosomatic medicine, further, theorizes that this interaction between mind and body can sometimes become broken. When such misfiring happens, in at least some cases physical illness occurs.

An important idea in the history of psychosomatic theory is the hypothesis that unconscious mental processes exist. Such an idea is often credited to Freud, but in fact it is present in the writings of many philosophers and other scholars long before Freud, and the acceptance of this idea does not depend at all on acceptance of any of Freud's other ideas. The importance of this idea for psychosomatic processes is that many—probably most—functional linkages between body and mind (brain) do not occur within consciousness, making the occurrence of such connections plausible even though there is no awareness of them. A large number of scientists, certainly, have affected the course and development of the field now called psychosomatic medicine. I will briefly mention those early investigators (in addition to Freud) that I think are most important, along with the ideas of theirs that were most relevant. I do not necessarily agree with all of their ideas, but I do believe they have been most influential.

Darwin's two major contributions were his focus on the emotions and his demonstration that his ideas were applicable to humans as well as "lower" animals. The most relevant contribution by James is also about emotions, specifically his linkage of emotional (i.e., mental) states to bodily functions and feedback from the body to the mental apparatus. Pavlov, and particularly, several of his students, demonstrated that psychological environmental stimuli could influence not only so-called voluntary behavior but also various bodily functions. Langley, along with Sherrington, were the most prominent early investigators of the autonomic nervous system. Cannon brought much of this together, describing the "fight or flight reaction" and demonstrating connections between the functional aspects of behavior and emotion with various physiological changes associated with "great emotion." Finally, Selye brought attention to the fact that (and to a rudimentary extent the mechanisms by which) the organism's

response to environmental demands, if excessive, can produce physiological dysfunction.

Present

It is of course arbitrary to decide where history ends and the present begins. So, rather than listing what I believe are the most important more-recent investigators and their findings, I will shift to a discussion of issues that I believe constitute what is important in psychosomatic medicine now—and I can't resist the urge to use the phrase "at the new millennium."

There are two slightly-differently worded mission statements for our Society. In both cases, they highlight the most essential element of psychosomatics, that is, "interrelationships" or "complex relationships" between mind and body, among the factors that contribute to health and disease. In other words, psychosomatics is primarily about connections among systems, about information processing and transfer. It is, thus, not unexpected that psychosomatic medicine has focused on how the body's information transfer systems—primarily nervous, endocrine, and immune—affect mental and physical functioning. It is possible that some bodily systems are more responsive to changes in psychologically-related informational changes or fluctuations than others, for example, the cardiovascular-respiratory and the gastrointestinal. All systems, however, are potentially involved, as demonstrated for example by the innervation of the bone marrow. Psychosomatics is also about the methods most relevant to investigation of these systems, such as functional imaging, physiology, pharmacology, and certain statistical techniques. Finally, medicine is about health and disease, so psychosomatic medicine, as it always has been, is about how these connections and interrelationships malfunction. The more is known about normal information transfer, the more will be understood about which syndromes and diseases are due to abnormalities in such transfer. Such understanding will not just increase knowledge in psychosomatic medicine, it will in fact refine the definition of what psychosomatic medicine is, that is, which illnesses should rightly be considered as psychosomatic and which not.

Future

Considering the history and present status of psychosomatic medicine, where should

the field go from here? It would appear that, very broadly, the proper tasks now for psychosomatic medicine are:

- (1) From either a dualistic or a monistic point of view, agree as much as possible as to what is meant by mind, either as a thing or as a process. This will probably of necessity involve, to at least some extent, a dialogue with neurophilosophy about the material bases of "self" and "consciousness."
- (2) Demonstrate that the mind and the body interact (whatever kind of entity is meant by mind), and do that mainly by demonstrating how, including both how the mind speaks to the body and how the body speaks to the mind, in one complex system.
- (3) Clarify how and under what circumstances these interactions become dysfunctional.
- (4) Explain the mechanisms by which these dysfunctional interactions can lead to both physical and behavioral or mental illnesses. Finally, the question should be asked, "Are there any diseases that are not psychosomatic, at least in the broad sense of being isolated from any effects by the brain/mind?" The answer is probably "No." So, is there any special purview for a separate field called psychosomatic medicine? Does the concept of psychosomatic medicine have any useful specific meaning? The answer is "Yes," as long as it continues to do what others have addressed less specifically, that is, to focus on the nature of the linkages among systems, between body and mind, in health and disease.

NOTE

**A full archive of the APS
Newsletters since 1997
can be viewed under the
"Media Center" section
of our new website:**

www.psychosomatic.org

NCCAM Celebrates 5th Anniversary; Invites Input on Next 5-year Strategic Plan

Margaret A. Chesney, Ph.D., Deputy Director, National Center for Complementary and Alternative Medicine, National Institutes of Health

With a look at the past and an eye to the future, the National Center for Complementary and Alternative Medicine (NCCAM) is marking its fifth anniversary by launching its second 5-year strategic planning effort. This year-long planning effort invites the involvement of members of the American Psychosomatic Society (APS). NCCAM's mission includes research on interactions between the brain, mind, body, and behavior, and APS members can lend expertise in this area.

Since its establishment in 1999, the Center has created a strong foundation for rigorous scientific research on complementary, alternative, and integrative medicine across many fields of research, including mind-body medicine. Although NCCAM defines complementary and alternative medicine (CAM) practices as those that are not presently considered to be part of conventional medicine, there is overlap between what NCCAM and other National Institutes of Health (NIH) institutes and centers fund. Indeed, NCCAM collaborates with other NIH institutes, centers, and offices on studies across a wide array of diseases and conditions. As Stephen E. Straus, M.D., NCCAM's Director, has pointed out, NCCAM has been fully integrated into the NIH community and "changed the dialogue about what's possible and important in CAM research."

I joined NCCAM in February 2003 as Deputy Director for the Center, and the Director of the Center's Division of Extramural Research and Training—the group responsible for awarding grants to the research community. I am committed to expanding NCCAM's efforts to support research regarding the mechanisms by which the central nervous system impacts bodily function and the course of disease. Our hope is to support basic research that will

elucidate these mechanisms, as well as clinical research that will test promising interventions that affect brain, mind, body, and behavioral pathways to enhance health and well-being.

NCCAM's current research portfolio, which now includes over 300 projects, ranges from basic research—including powerful brain imaging techniques to help understand how acupuncture works—to studies of the impact of mindfulness meditation on immune function. In 2003, we launched two important new programs in research on brain, mind, body, and behavior. The first of these was the funding of a dozen grants to support basic and applied research on the placebo response. The second of these was NCCAM's support of three mind-body research initiatives in partnership with several other NIH institutes and centers. The grants submitted in response to these initiatives will be reviewed and funded this year.

NCCAM is interested in hearing from researchers in the coming months about recommendations for the next set of research initiatives that the Center should sponsor in the area of brain, mind, body, and behavioral studies. These recommendations will be given serious consideration as NCCAM develops its strategic plan for the next five years. Specifically, NCCAM seeks guidance in refining its goals and identifying areas in which its investments can have the greatest impact. The Center is committed to providing opportunities for stakeholders to contribute to this planning process and especially invites members of the APS and the scientific community at large to:

Attend or speak at a Strategic Planning Stakeholder Forum.

NCCAM will host two forums to give the public an opportunity to voice opinions regarding future directions for research, training, outreach, and integration in CAM. The forums will be held March 22 at the Natcher Conference Center at NIH and April 19 in Seattle, Washington. To learn more or to register to attend or speak, visit nccam.nih.gov/about/plans/2005/.

Submit written testimony about NCCAM's future directions at nccam.nih.gov/about/plans/2005/.

Comment on the draft strategic plan, which will be posted on the NCCAM Web site in Fall 2004. We will alert APS members when the draft is posted.

NCCAM's strategic planning efforts, especially in the area of mind-body medicine, can benefit greatly from the input of APS members who are "dedicated to the scientific understanding of the interaction of mind, brain, body, and social context in promoting health and contributing to the pathogenesis, course, and treatment of disease."



Announcements

The Psychobiological Determinants of Health Laboratory at the University of British Columbia is seeking applicants for a post-doctoral fellowship. The laboratory's research examines how psychosocial characteristics "get inside the body" to influence the development and progression of medical illnesses. It is run jointly by Dr. Edith Chen and Dr. Gregory Miller. Currently funded projects focus on social status, immune regulation, and disease course in children with asthma; behavioral and biological adaptation over the course of long-term chronic stressors; and depression, inflammation, and early markers of cardiac risk. The trainee will have the chance to develop expertise in the conceptualization and measurement of psychosocial (life stress, cognitive appraisal, social status) and biological (respiratory function, immune regulation, gene expression) processes. Further information regarding the laboratory can be found at www.psych.ubc.ca/~healthpsych. Applicants should submit a CV, a two-page statement of research interests, and three letters of recommendation to Dr. Edith Chen or Dr. Gregory Miller at the UBC Department of Psychology, 2136 West Mall, Vancouver BC, V6T 1Z4, Canada. E-mail can be sent to echen@psych.ubc.ca or gemiller@psych.ubc.ca.

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Calendar of Events

2004

JUNE

23-26

European Conference on Psychosomatic Research (ECPR) Berlin, Germany in conjunction with the 7th Annual Scientific Meeting of the European Association for Consultation Liaison Psychiatry and Psychosomatics (EACLPP).

This joint meeting will highlight to date, European and International research in psychosomatics. Clinical aspects are emphasised at the EACLPP meeting. The large ECPR covers most areas of psychosomatics. Further details of the conference can be found via the web at www.eaclpp.org or www.ecpr2004.de.

AUGUST

25 - 31

Organized by the "Janos Selye" Hungarian Society of Behavioural Sciences and Medicine, and the Institute of Behavioural Sciences at Semmelweis University with

support of the International Society of Behavioural Medicine: (ISBM www.isbm.miami.edu)

International Symposium in Budapest, Hungary, August 29-31. The topic will be: "The Role of Behavioural Medicine in Understanding and Preventing the Mortality and Morbidity Challenges Occurring in Central and Eastern European Countries."

This will be a Satellite Meeting of the Eighth International Congress of Behavioral Medicine (Mainz, Germany, August 25-28.)

***Deadlines for workshop proposals and oral presentation submissions**

- February 1, 2004

***Deadline for poster presentations**

- March 15, 2004

FOR DETAILED INFORMATION please check our website www.selyesociety.org or email Adrienne Stauder at info@selyesociety.org.

The APS Newsletter is published 3 times a year by the American Psychosomatic Society with the cooperation of Degnon Associates.

Comments and Suggestions are invited. Remember, this is YOUR Newsletter.

The deadline for submission for our next Newsletter is June 16, 2004

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