

AMERICAN PSYCHOSOMATIC SOCIETY

Dedicated to the Integration of Biological, Psychological and Social Factors in Medicine

VOL. 11, NO. 2

NEWSLETTER FOR APS MEMBERS

Summer 2000

President's Letter



Dr. Jean Endicott

The past four months have gone by quickly. I have continued to be impressed with the work of the various committee members and the Degons and their staff. As President I have the opportunity to participate in many of the committee conference calls and I can testify that people take their "assignments" quite seriously. I have also been impressed and pleased to find that our very busy colleagues are willing to be "drafted" when they are needed to perform special tasks for the Society. For example, a group, chaired by Don Oken, has been formed to begin the process of seeking and selecting a new Editor for the Journal. You will be seeing announcements and I hope some of you will be candidates. As you know from the letter you recently received, we have polled the membership with questions about the "value" of our current special activities, possible new directions, and possible new funding sources. If you have not responded to the poll, please do so—we need your ideas and opinions. In the meantime we have had some success in raising funds from outside sources, but much more needs to be done. In these days of "national budget surplus" (which is rapidly being spent) it is more important than ever for all of us to be very aware of what is happening in our field, about events that should be of concern, about opportunities to work to raise the priority of and resources devoted to health and behavior research. During the past year I have found the free-of-charge biweekly electronic newsletter Health and Behavior Information Transfer (HABIT) to be an extremely good

source of information. It is produced by the Center for the Advancement of Health and can be subscribed to by sending an e-mail to newsletter@cfah.org. Back issues of HABIT are on the internet at www.cfah.org/alliance/main.htm. It is the "brainchild" of the Health and Behavior Alliance (APS is among the members) and is supported by funds from the John D. and Catherine T. MacArthur Foundation and the Nathan Cummings Foundation. It is always interesting reading and worth passing on to your colleagues. Please communicate your ideas and concerns directly with me (je10@columbia.edu) and with committee Chairs (noted in this newsletter). Also remember the APS when speaking with your colleagues, we welcome new members, including international members.

Advances in Genetics Require Infusion of Behavioral Science Research

Jessie Gruman, PhD
Center for the Advancement of Health

The mapping of the human genome is a truly monumental step in understanding a critical aspect of health and illness. However, this step, as well as the many successive steps that will lead to genetic "fixes" will be muted without a serious, concerted investment in the behavioral sciences related to genetic discoveries.

Behavior Genetics: Population studies find that single gene diseases are relatively rare – around 3 percent. The vast majority of illnesses in humans are due to the interaction among an individual and aspects of the environment. Early nurturing, dietary habits, occupation, socioeconomic status, smoking, physical activity, environmental toxins powerfully influence the expression of genetic characteristics.

What is it about the lives of genetically identical twins, for example, that causes them to develop cancers at such radically different rates? A recent *New England Journal of Medicine* article looking at cancer among twins found that "(I)nherited genetic factors make a minor contribution to susceptibility to most types" of cancer, and that "the overwhelming contributor to the causation of cancer ... was the environment." Lead author Paul Lichtenstein confirms what behavioral scientists have been saying for decades: What we do and who we are inextricably connected in producing health and illness.

Without a significant investment in behavioral and social science to quantify the external world and determine how it gets "under the skin" to influence genetic susceptibility, we will be necessarily left with partial explanations of genetic contributions to illness, and worse, with partial interventions to prevent their expression.

Risk Communication: For individuals, the language of genetic disease is probability expressed as "risk," since the merely possessing a specific gene or genetic profile is in itself insufficient to cause a disease. Such information is communicated to individuals who have chosen to be tested with the idea that knowing one's risk will change the way one behaves in order to reduce that risk, whether by modifying exposures or making use of therapeutic agents.

There is clearly work to do in figuring out how to communicate risk in such a way that it is a meaningful basis for action in a country where about 135 million people spend \$10 billion on lotteries — which typically have odds of 14 million-to-one — and where more than 65 percent of adult heavy smokers don't believe that their smoking increases their chances of getting heart disease or lung cancer.

Without a significant investment in behavioral and social science to understand how risk is perceived and how it can best be com-

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2000-2001**

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municated to motivate rational action, new genetic information will be communicated largely to those who are unable to use it to make wise decisions.

Adherence: Once a decision to act on information about genetic risk is made, reaping the benefits of advances in genetic risk assessment, risk reduction, and cure requires great advances in the abilities of physicians and patients to adhere to evidence-based protocols and treatments. The difficulties patient face in adhering to medication and medical recommendations is fairly well known: twenty percent of prescriptions are never filled, and of those that are, at least half are not taken as directed.

But patients are not alone in their struggles to adhere to evidence-based recommendations: in a study of elderly heart attack patients, only 35 percent of doctors prescribed beta-blockers despite well-documented evidence that doing so results in better outcomes. Seventy percent of smokers visit a doctor every year but fewer than half are advised to quit. These numbers raise cautions about the accurate use of genetic information and interventions by physicians.

Without a significant investment in the behavioral and social sciences to develop effective systems and interventions to support physician and patient adherence, advances in genetics will not make a significant difference in health outcomes of individuals or populations.

The biomedical sciences are spending millions of dollars re-tooling and re-training researchers to accommodate and accelerate genetic discoveries. Meanwhile, the chronic underfunding of health-related behavioral and social sciences has resulted in a research workforce with sparse capacity to absorb newly available resources or to provide the scientific leadership required to produce the kinds of advances needed to make full use of new genetic knowledge. Indeed, most behavioral and social scientists working in health fields don't really see the relevance of genetics to their work.

It is a perilous course for leaders in biomedicine to continue to treat their behavioral and social science colleagues as producers of "soft" and irrelevant science. This part of the scientific universe provides the only bridge possible between what is known about disease and the tools that are available to prevent and cure it. And we in the behavioral and social sciences must do our part as well – by learning about genomic science and collaborating with molecular and genetic scientists.

Without a strong, long-term investment in developing the capacity of the health-related behavioral and social sciences to translate scientific advances into improved health outcomes, the mapping of the human genome and, indeed all of biomedicine, are empty promises.

**See Page 5 for information on
the 59th Annual Scientific Meeting
in March 2001**

From the Editor

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

Dear APS colleagues,

Another summer is drawing to a close ~ even more quickly than most it seems to me ~ and that signals two things: another newsletter in your mailbox, and a fast-approaching abstract deadline for our next annual meeting. By now, you should have received your preliminary program mailing and call for abstracts for the meeting in Monterey, CA March 7-10, 2001. Many thanks to Naomi Lithgow-Foidl, Executive Assistant at Degnon Associates, for putting together a great call for abstracts and advertising for the next meeting. As in the past 2 years, we are able to offer on-line abstract submission and registration at <http://www.psychosomatic.org>. Don't forget to mark September 22 on your calendars as our abstract deadline. More information can be found on page 9 of this newsletter. And please share information about our meeting with your non-member colleagues whose work and interests may fit with ours. It is always great to welcome new faces to the meeting.

In this issue, we introduce to you our new Council members, Dr. Dick Jennings, President-Elect of the Society, and Drs. Michael Irwin, Julian Thayer, and Shari Waldstein, all of whom started their 3-year terms on the Council this spring. Of course, none of these members is truly "new" as they all have been active participants and leaders in APS for a number of years. We welcome them to the Council and look forward to their contributions.

Julian Thayer has written a great column for this issue of the newsletter, entitled "*The Challenge of Research on Ethnically Diverse Populations: Are We Up to the Task?*" I draw your attention to Julian's thoughtful comments on this topic. This column stems in part from discussions at the last meeting in Savannah, GA in which the role of religion and spirituality in health-related research was fairly hotly debated. Later conversations broadened this notion to ask what psychosocial factors might be important to one population under study versus another? Julian agreed to write a column for the newsletter and has

quite elegantly framed many of the critical points to consider as we work to expand our research and our clinical work to include more ethnically diverse populations.

We also are pleased to have another informative and insightful column by Dr. Jessie Gruman in this issue. Jessie addresses the important roles that behavioral and social scientists have to play in our “Human Genome Project-dominated” world. This is a critical time as genetic advances are announced seemingly every week and heralded as breakthroughs that will surely lead to cures, or as Jessie terms it – “fixes” for diseases and disabilities that plague us. I urge you to reflect on the points that Jessie makes in her column and to consider the relevance of your work to the exploding field of genetics research. I also believe it is important for each of us to consider actions that we may take to build the bridge between the social and behavioral sciences and the biomedical sciences.

In the President’s Column, Dr. Jean Endicott applauds the electronic newsletter called HABIL produced by the Center for the Advancement of Health or CFAH. In addition to this valuable service, CFAH now has available a series of reports on behavior change in clinical settings that many of you will likely find useful to your work. Please check out the “News and Events” column on this page for more information about these reports.

We also have an open letter to the membership of APS (on page 7) by Mr. Mike Jawer, who is interested in identifying individuals with heightened environmental sensitivities for a survey that he is conducting. Members who have contact with such individuals or groups of individuals are encouraged to contact Mr. Jawer.

We are pleased to bring you this late summer issue of the newsletter and hope that you find it informative. As always, if you have comments, questions, or contributions to make to the newsletter please feel free to contact me at the address listed on the back page. In closing, I want to welcome our 39 new members to APS, whose names are listed on page 7. I think it is a sign of the strength, growth, and visibility of our Society to have so many new members, one-third of whom are international. I strongly encourage these new members to attend our next meeting and become involved in our

great organization. And if you are a trainee, be sure to sign up for the mentoring program, which has become one of the highlights of our meeting. It is a great way to meet future colleagues and new friends.

Best wishes,
Sue

News and Events

New Reports on the Scientific Evidence for Behavior Change in Clinical Settings.

The Center for the Advancement of Health has just released a series of reports from its Health Behavior Change in Managed Care Initiative. Funded by the Robert Wood Johnson Foundation, the initiative assessed the availability, access, and integration of health behavior change strategies in managed care in 1999. As part of this initiative, the Center critically reviewed the scientific literature on behavior change interventions in clinical settings. Detailed descriptions of several hundred scientific papers on behavioral approaches to chronic disease management and risk reduction in clinical settings are available on the following topics: back pain, asthma, depression, diabetes, cardiovascular disease, smoking, physical inactivity, dietary practices, and alcohol and other drug misuse. To obtain these resources free of charge, visit the Center's website (<http://www.cfah.org>) or send an email request to cfah@cfah.org. You can also access PDF files of all the reports from the website <http://www.cfah.org>.

In Memoriam

Samuel B. Guze, MD
Clayton, MO

Martin T. Orne, MD, PhD
Philadelphia, PA

The Challenge of Research on Ethnically Diverse Populations: Are We Up to the Task?

Julian Thayer, PhD, National Institute on Aging

Large disparities exist in the health of individuals and nations. A number of factors have been identified that may contribute to such disparities — among them ethnicity. If we are to make progress in redressing these disparities it is imperative that we do research that includes ethnically diverse populations. However, as is so often the case, this is easier said than done. We are faced with a number of barriers to the inclusion of ethnic minorities in our research—and not all of the burden can be placed on the participants. As researchers, we too, are the source of difficulties. In this article I would like to highlight a few of the issues that we face and try to raise our cultural competence as we endeavor to increase the health of all the citizens of the world.

Participant Skepticism

In many instances, researchers will find that they are not the first to make contact with a group for the purposes of doing research. As researchers we have to be careful not to fall victim to what might be called ‘the Columbus syndrome’. This is the mistaken belief that we have somehow ‘discovered’ a group of people and that they should be grateful to us for having ‘discovered’ them. Many researchers may be surprised to find that certain groups have been the subject of numerous research studies and that they may feel violated by such contact. Researchers may be faced with the question, ‘But what’s in it for us?’ from such groups that have seen researchers come and pillage their communities for data and then leave without giving anything back. This giving back may be in the form of feedback about study outcomes and/or remuneration of some kind. The sincere gratitude of the researcher may not be sufficient in the context of the lost wages or other sacrifices the participants may be asked to make. Moreover, to assume that these individuals have nothing better to do than to be in your study is a form of cultural elitism that places the researchers value

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system above the participants’.

You will also find that these groups may have horror stories associated with previous experiments in their communities. One of the most famous of these is the Tuskegee Syphilis Experiment in which African American males that were exposed to syphilis were left untreated over a forty year period so that researchers could assess whether the African American response differed from the Caucasian response. This tragic experiment did not come to an end until 1972—long after effective treatments for syphilis had been developed and long after many of the study participants had died. Thus a certain degree of cultural sensitivity is called for if one wants to successfully recruit and retain ethnically diverse research participants.

Spirituality

Spirituality plays an important role in the lives of many people. In ethnically diverse populations spiritual concerns play an important role in health related behavior including the willingness to participate in research. A recent study of cancer patients indicated that spiritual needs were more prominent in Hispanic and African American patients than in White patients (Moadel, Morgan, Fatone, Grennan, Carter, Laruffa, Skummy, & Dutcher, 1999). It is widely acknowledged that the Black Church is the cultural center of the black community in the United States (Lincoln & Mamiya, 1990). Its influence can be seen in many aspects of the research enterprise. For example, enlisting the help of the local clergy can greatly enhance successful recruitment of African American participants where a charge from the pulpit to participate may be the only way to engender the cooperation of the gathered masses. The church can also provide a point of contact for continued exchange with the community. The role of spirituality may also manifest itself when participants ask the researcher to pray with them before the start of the study protocol. Again other cultures have their own spiritual practices and it behooves the researcher to become acquainted with these practices lest they inadvertently offend the participants. It should be added that this involvement should be viewed from the perspective of respect and mutual benefit. Sincerity is a must and a half-hearted or disingenu-

ous efforts can be readily perceived. It is important to remember that these participants may have more experience with research in their communities than we do.

Accessibility

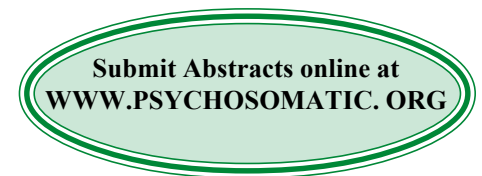
The identification and recruitment of under-represented study populations is just one of the challenges researchers face as they attempt to diversify their samples. Once found getting these participants to the lab can be a daunting task. These populations may be located far from our research laboratories and thus a lack of access to the site of the research can be a major barrier to the participation of ethnically diverse groups. When one cannot get research participants to the lab it may be necessary to bring the lab to the research participants. One approach that we have taken at the National Institute on Aging’s Gerontology Research Center has been the design and development of a mobile research vehicle. This 53-foot tractor-trailer is equipped with a treadmill, DEXA bone scanner, echocardiography and other non-invasive psychophysiological equipment. A private medical examination room, toilet, and wheel-chair accessibility all serve to make the participant feel comfortable and safe. Whereas it may not be possible for every research group to have their own mobile laboratory issues of accessibility must be addressed. Having shuttles available or payment for transportation over and above remuneration for participation may be necessary. Related issues include childcare and/or elder care.

Cultural Competence

The difficulty in conducting research on ethnically diverse populations has been highlighted recently by several government-sponsored initiatives. For example, a recent National Institute on Aging sponsored preconference workshop entitled ‘Involving Older Ethnic Minorities in Health Related Research’ was held at the 1999 Gerontological Society of America meeting in San Francisco. This workshop brought together a large group of researchers working in many diverse populations to discuss issues of participant recruitment and retention. More recently the Office of Behavioral and Social Science Research sponsored a conference entitled ‘Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health’. This meeting brought together

scientists to examine the social and cultural contributions to health and disease. All of these efforts should, as a by-product, increase our cultural sensitivity and our awareness of the need to increase our cultural competence in order to do good research—not just good minority research.

I have touched on just a few of the challenges that researchers face as they attempt to address health disparities and do research on ethnically diverse populations. Many of these are based upon my own personal experience. There are no manuals for how to do this. The most important factors are a genuine interest in the people that we are investigating, and an acknowledgement of and respect for basic human dignity.



Research Faculty Position

The University of Massachusetts Medical School Department of Family Medicine & Community Health is recruiting an experienced social sciences or health services researcher at the Assistant/Associate Professor level to join a growing research division focused on psychosocial factors in health, quality of life research in primary care, and community-based health services research on underserved populations. Individual will play an important role in collaborating with Departmental leadership to develop and establish a practice-based research network. Ideal candidate will have demonstrated success in obtaining extramural funding and track record of peer-reviewed publications. Candidate will be expected to conduct a program of independently-funded research and collaborate with other faculty. Start-up funding available. Contact: Carolyn Schwartz, Sc.D., carolyn.schwartz@umassmed.edu for full description.

J. Richard Jennings, PhD **President-Elect**



President-Elect Dick Jennings is a Professor of Psychiatry and Psychology at the University of Pittsburgh. A native of Boise, Idaho Dick was temporarily the child of a single parent (plus grandparents) household while his father was invading Normandy. He then attended public schools in Berkeley, California, Walla Walla, Washington, and Lewiston, Idaho before receiving his Bachelors of Science in Psychology at the University of Idaho (Moscow, Idaho). Returning to Berkeley, he received his PhD from the University of California—an institution that has trained more Pittsburgh psychosomaticists than any other. During the Viet Nam years he performed ‘Research for the Soldier’ at Walter Reed Army Institute of Research. He left there in 1978 and since then has been at Western Psychiatric Institute and Clinic in Pittsburgh. In the early ‘70’s he had attended meetings of our Society at the urging of John Lacey, a pioneer in psychophysiology and an early member of the Society. The Society became more relevant to him as his interests in cardiovascular behavioral medicine grew and supplemented his basic interest in the relation between the central and autonomic nervous systems. Early work on the Type A Behavior Pattern grew into work on the measurement of cardiovascular reactivity and its relation to atherosclerosis. Current work on cognition and cerebral blood flow in hypertensive patients brings together his interests in attention and memory with his interest in cardiovascular disease. Dick is currently Associate Editor of our Journal, Psychosomatic Medicine, has been a board member, and has served on a number of the Society’s committees. He also is the Editor of Biological Psychology and a past-president of the Society for Psychophysiological Research. His wife, Kay, is a clinical and developmental psychologist also at the Uni-

versity of Pittsburgh. Their offspring are an attorney in Cleveland, an archeologist in Santa Barbara (or Peru), and a recent college graduate about to enter the Peace Corps.

Michael R. Irwin, MD **Council**



Michael Irwin, M.D. is a Professor of Psychiatry at the University of California, San Diego. As a native of Wyoming who was raised in an isolated, rural community, he sought the educational breadth and experience that comes with attending a large urban university. Hence, he travelled across the country to attend the University of Pennsylvania where he received his Bachelors of Arts in the newly defined area of biophysics. Following graduation from Penn in 1975, he again crossed the country and enrolled as a medical student at the University of California, San Diego. During his medical training, he became increasingly aware of the interface between psychological factors and progression of chronic disease; he turned to psychiatry as a field to support these interests. Following his internship in medicine at UCSD, he entered psychiatry training at UCLA, where he met Herbert Weiner who fostered his clinical and research interests in the psychobiology of medical disease. Indeed, he became intrigued with findings that were beginning to emerge in field of psychoneuroimmunology and embarked on studies dealing with interactions between the brain, behavior and the immune systems. The American Psychosomatic Society recognized this research linking the autonomic nervous system, HPA axis, and immune system to stress, depression and substance abuse and awarded him the Early Career Award in 1991. His current work is focused on understanding the role of neuroimmune mechanisms in the progression of human diseases such as herpes zoster and rheumatoid arthritis. In addition, he has retained his long-standing interest in substance abuse which has grown into work evaluating the bi-directional interaction

between disordered sleep and abnormal cytokine expression in alcoholism. He is also deeply committed to fostering the development of new research scientists and is Director of the Psychobiology Research Fellowship at UCSD. Michael is currently Associate Editor of our Journal, Psychosomatic Medicine, and has been a board member for nearly ten years. He is President of the Psychoneuroimmunology Research Society and is on the editorial board of Brain Behavior and Immunity. His wife, Jennifer Pike, is a clinical psychologist who is an active collaborator and co-author on joint research projects. Their one son, Zachariah, attends kindergarten in La Jolla, and reminds his father of all the riches that life has to offer.

Julian F. Thayer, PhD **Council**



Dr. Thayer received a B.A. in Psychology from Indiana University, and Master’s and Ph.D. degrees from New York University. He has received numerous academic honors including a Fulbright Fellowship and the APS Early Career Award for Contributions to Psychosomatic Medicine. After academic positions at Penn State University and the University of Missouri, he joined the National Institute on Aging to initiate a program on Emotions and Quantitative Psychophysiology. His research interests concern biological and psychological adaptation and flexibility in the context of dynamical systems models with applications to psychopathology, pathophysiology, and health. This work utilizes indices of autonomic nervous system function derived from cardiac variability measures to probe whole organism systems.

**Shari R. Waldstein, PhD
Council**



Shari Waldstein is an Associate Professor of Psychology and Director of the Behavioral medicine graduate program at the University of Maryland, Baltimore County (UMBC). She is also a Research Assistant Professor of Medicine at the University of Maryland School of Medicine, and a Research Core Scientist for the Geriatrics Research Education and Clinical Center at the Baltimore Veterans Affairs Medical Center (VAMC). Dr. Waldstein completed an A.B. in psychology from Duke University, an M.S. and Ph.D. in clinical psychology from the University of Pittsburgh with specialty training in cardiovascular behavioral medicine, and a clinical psychology internship (neuropsychology/behavioral medicine) at Brown University. She is an Associate Editor for the journal **Health Psychology**, and is on the Board of Directors of the Society of Behavioral Medicine, serving as Chair of the Education and Training Council.

Dr. Waldstein's research program in cardiovascular behavioral medicine combines conceptual and methodological approaches from behavioral medicine, biomedicine, neuropsychology, and psychophysiology. Her first area of collaborative investigation examines the impact of cardiovascular risk factors and cardiovascular disease (e.g., hypertension, peripheral arterial disease, stroke) on neurocognitive function and quality of life among older adults. This research also examines central nervous system mechanisms linking hypertension and other cardiovascular risk factors (as a function of select genotypes) to neurocognitive dysfunction using magnetic resonance imaging, magnetic resonance angiography, and single-photon emission computed tomography.

Dr. Waldstein's second area of investigation involves the study of individual differences in the magnitude and patterning of acute cardiovascular responses to psychological stressors. In her laboratory at UMBC

and at the Baltimore VAMC, the research team examines psychosocial and biomedical predictors of cardiovascular response patterning; evaluates the relation of cardiovascular reactivity to silent myocardial ischemia, the metabolic syndrome, and cerebrovascular disease; and examines concomitant cerebral and cardiovascular activation during mental stress. This collaborative work also evaluates the impact of aerobic exercise training on psychosocial, psychophysiological, and biomedical outcomes in patients with silent myocardial ischemia and in hypertensives.

Dr. Waldstein has been an active member of the APS since 1991, serving on the Program and Professional Education Committees. As part of the latter committee, she recently helped to coordinate the APS's medical school survey project in which United States medical schools were surveyed regarding the incorporation of psychosomatic medicine into their curriculum.

**Abstract Submission Deadline
is September 22, 2000**

The APS Newsletter is published semi-annually by the American Psychosomatic Society with the cooperation of Degnon Associates.

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

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An Open Letter to APS Membership

Through my work in the field of indoor air quality, I have become interested in cases where people have evidently become severely sensitized to their environment — through exposure to chemicals, biological contaminants, or electromagnetic fields. I suspect that people who develop such a heightened sensitivity may be more likely to report ‘psychic’ experiences. Migraine sufferers and people with allergies may also fit the profile. Conversations with environmental physicians and others lend credence to this hypothesis. However, much more systematic inquiry is needed. In order to identify the particular factors that might be at work in these cases, I have developed a survey. If members of the American Psychosomatic Society have ideas for distributing the survey to persons who consider themselves ‘sensitive,’ please contact me. Complete confidentiality for all respondents will be assured, and any noteworthy findings would be shared with the Society. Thanks for your interest and assistance. I can be reached at the address below.

Sincerely,

Michael A. Jawer
8624 McHenry Street
Vienna, VA 22180
Email: mjawan@aol.com
Ph: 703-849-9838

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Los Angeles, CA |

American Psychosomatic Society Call for Nominations Early Career Award

The Council of the American Psychosomatic Society announces the call for nominations for the *Early Career Award for Contributions to Psychosomatic Medicine*. This award is intended to identify individuals who, early in their career, have contributed significantly to the field of psychosomatic medicine and show substantial promise of continued meritorious academic accomplishments in the field of psychosomatic medicine. The nominees must be fewer than ten years past their final academic degree and must be members of the American Psychosomatic Society.

The award consists of \$1,000, a plaque signifying the award and the opportunity to briefly present the research, for which the award was given, during the annual meeting of the Society.

Nominations must include a 500-1000 word justification for the nomination, an updated curriculum vitae and reprints of 2-6 publications of the work for which the nomination is being made. Any person may self-nominate or nominate another individual. **The application deadline is December 31st of each year.**

The selection committee consists of the chair of the Award Committee, the immediate past president, the current president and the president-elect of the Society, as well as the Editor-in-Chief of *Psychosomatic Medicine*. One award will be presented each year; the Award Committee and Society reserve the right to make no award if none of the nominees is judged to fulfill the criteria.

For further information and to apply, contact:

American Psychosomatic Society
Award Committee
6728 Old McLean Village Drive
McLean, VA 22101-3906
(703) 556-9222
info@psychosomatic.org

CALL FOR ABSTRACTS

The Scientific Program promises to include exciting, new findings across the many disciplines and topics which comprise Psychosomatic Medicine. The Program Committee invites abstract submissions in the areas of but not limited to:

Clinical Conditions

***Cardiovascular Disease *Cancer *Diabetes *Gastrointestinal Disorders
*General Health/Symptoms *HIV/AIDS *Hypertension *Mental Disorders
*Pain *Reproductive Health *Respiratory Disorders *Stroke**

Processes

*** Education/Training *Emotions/Cognitions *Endocrinology *Health Behaviors
*Immune System *Intervention *Lifespan/Development *Neuroscience
*Psychophysiology *Social Process *Special Populations *Stress/Trauma**

Guidelines for Submission of Abstracts

You are invited to submit an abstract to the American Psychosomatic Society for presentation at our 59th Annual Scientific Meeting, March 7 - 10, 2001.

You may submit your abstract electronically online at WWW.PSYCHOSOMATIC.ORG. Please go to the APS web page or directly to the abstract program (www.psychosomatic.org/abstractprogram). You will find step by step instructions on how to submit your abstract. If you are unable to submit online or for information on submitting a symposium, please contact our office at: American Psychosomatic Society, 6728 Old McLean Village Drive, McLean, Virginia 22101-3906, phone: 703-556-9222, fax: 703-556-8729 or email: info@psychosomatic.org.

Deadline for Abstracts is September 22, 2000.

Acceptance: Notification will be sent in November 2000.

*Register for the
Master Workshop and
Annual Meeting and
Save!*

A Master Workshop on the *Neurobiology of Emotion in Psychosomatic Medicine*

March 6 - 7, 2001 ~ Embassy Suites Hotel, Monterey, California

In conjunction with the March 7-10,2001 Annual Meeting of the American Psychosomatic Society

Sponsored by the American Psychosomatic Society and the Office of Behavioral and Social Science Research at NIH

Presenters:

**David Amaral, PhD, University of California at Davis, Wayne Drevets, MD, University of Pittsburgh,
Larry Swanson, PhD, University of Southern California, Daniel Tranel, PhD University of Iowa.**

American Psychosomatic Society's 59th Annual Scientific Meeting

March 7-10, 2001 ~ Monterey, California

Disease of the Year: Autoimmune Conditions

Presenters: **Esther M. Sternberg, MD**, Director, Integrative Neural-Immune Program,
National Institute of Mental Health

also **Kurt Ackerman, MD, David Mohr, PhD, Carolyn Schwartz, ScD**
&

Grand Rounds: Chronic Pain & Vascular Depression

Presenters: **Stephen T. Chen, MD Francis Keefe, PhD, Mark Lumley, PhD, David Sultzer, MD
and Much More!**

APS

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<http://www.psychosomatic.org>

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Calendar of Events

2000

October 4-7 - Association For Academic Psychiatry Annual Meeting, Westin Bayshore Hotel, Vancouver, B.C. Contact AAP Executive Office, Clark Building, 110, Mount Auburn Hospital, Cambridge, MA 02238, Phone (617) 499-5660; Email: mta.psy.yrk@mahhosp.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, or request more information via the Congress Home Page at www.icbm2000.conf.au

November 16-19 - Academy of Psychosomatic Medicine, 47th Annual Meeting, Palm Springs Riviera Resort, Palm Springs, California. Phone (773) 784-2025, Email: apsychmed@aol.com

November 19-21 - A trans-NIH workshop, "The Science of the Placebo: Toward an Interdisciplinary Research Agenda,"

co-chaired by Drs. Arthur Kleinman and Harry Guess, at the National Institutes of Health, Bethesda, MD. For information/registration see <http://placebo.nih.gov> or contact Un Lee at TASCAN, Inc. 301-315-9000 or placebo@tascon.com.

December 7-10 American Academy of Addiction Psychiatry, 11th Annual Meeting and Symposium, Phoenix, Arizona. Phone (913)-262-6161, fax 913-262-4311, email: addicpsych@aol.com, website: www.aaap.org.

2001

June 1-3 - 5th International Conference on Memory, Awareness and Consciousness: Pharmacology and Its Impact on Surgical and Critically Ill Patients, New York, New York. For info: Ruth Reinsel, PhD, Memorial Sloan-Kettering Cancer Center, phone (212)-639-6038, fax (212) 772-8646, website: <http://www.maacc.org>, email: mac@mskcc.org

Mark Your Calendars! American Psychosomatic Society Dates/Location of future meetings

March 6-7, 2001

A Master Workshop on the *Neurobiology of Emotion in Psychosomatic Medicine*. To be held prior to the Annual Meeting:

March 7-10, 2001

Monterey, California

The call for abstracts is out and submissions are due by September 22 2000.

March 13-16, 2002

Barcelona, SPAIN

The call for abstracts will be available the summer of 2001, with a due date of mid-September, 2001.