

HEALTH AND STRESS

The Newsletter of The American Institute of Stress

Number 3

1997

JOB STRESS: AMERICA'S #1 HEALTH PROBLEM?

KEY WORDS: stress and susceptibility to illness, the job stress epidemic, repetitive stress injury, job stress effects on non-workers, children, and the elderly, ISMA 6 Conference, Drs. Eysenck, Spielberger, McGuigan, Wolpe, Levi, Rosch

What determines whether we will become ill, or what kind of diseases we are most likely to develop? For disorders like hemophilia, diabetes, and certain cancers, it is clear that genetic predisposition plays a crucial role. In others, environmental and lifestyle influences seem to be more important, as in radiation related malignancies, and alcoholic cirrhosis of the liver. Not infrequently, it is some combination of heritable and acquired factors. Although emphysema and cancer of the lung are surely associated with smoking, many nonsmokers also succumb to these disorders. Conversely, some 2 and 3 pack a day smokers can lead long, and healthy lives. Why? What mechanisms determine the result of this interplay between our internal and external milieu?

Our current conceptualization of acquired diseases, is that they stem from some physical factor or lack of it in the foods we eat, or the air we breathe, or perhaps excessive exposure to natural and man-made radiation. Infections are caused by microorganisms, a high fat diet

and smoking contribute to heart attacks, scurvy and other vitamin deficiency disorders are due to lack of specific dietary nutrients, melanoma and some skin cancers come from too much sun, etc., etc. But again, this is also subject to a significant degree of individual variation.

However, it has become increasingly evident that this is related more to host factors that determine increased susceptibility and resistance, rather than the magnitude or strength of the offending stimulus.



Drs. Hans Eysenck, University of London, Charles Spielberger, President of ISMA, Paul J. Rosch, President of The American Institute of Stress, and Lennart Levi, Karolinska Institute, at the 6th ISMA Conference in Sydney Australia, October 5-8, 1996.

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HEALTH AND STRESS

*The Newsletter of
The American Institute of Stress*

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The Role Of Stress In Illness

This is particularly true for infectious diseases, ranging from the common cold and herpes, to tuberculosis and AIDS. It's actually pretty difficult to "catch a cold", even when volunteers are inoculated with rhinoviruses, and/or kept in confined quarters with people sneezing and coughing all around them. What such experiments have confirmed, is that both the frequency and severity of upper respiratory infections that do develop, can be directly correlated with the degree of emotional stress to which the individuals were subjected!

Acutely stressful situations can also cause hypertension, heart attacks, and sudden death via the increased production of hormones associated with "fight or flight" responses. More insidious and chronic stress due to loneliness, frustration, and poverty, can depress immune system resistance to infectious and viral linked disorders, ranging from the common cold and herpes, to AIDS and cancer.

Stress has numerous effects on regulatory mechanisms in the body, particularly the endocrine system, since the pituitary and adrenal glands orchestrate our initial responses. Hyperthyroidism may result from stimulation of thyroid hormone secretion, and stress induced disruption of sex gland functioning can cause infertility, menstrual disturbances, lack of libido, and impotence. Increased acid and enzyme secretion in the stomach promote ulcers, and altered motility and secre-

tion patterns elsewhere in the gut can contribute to ileitis, colitis, and irritable bowel syndrome.

Stress has significant influences on the skin, the largest organ in the body. These can be manifested by blushing, pallor, itching, severe neurodermatitis, rashes, hives, blotches, or hair loss. Respiratory responses may result in chronic cough, asthma, or shortness of breath. A host of allergic reactions, and autoimmune disorders, like lupus, are also precipitated or aggravated by stress.

In addition to such physical and biochemical disturbances, stress has profound influences on how we think, how we feel, and how we behave. Depression is a major health problem that affects more than 40 million adults in the U.S., but since it is often not recognized or detected, the figure is probably much higher, and it is also increasing in children and teens. Depression causes unhealthy lifestyles, and has a clear correlation with suicide, sleeping and eating disorders, smoking, alcoholism and drug addiction. In addition to these and other effects which diminish the quality of life, depression has been shown to contribute to the development of cancer, and to accelerate its downhill course. The same is true for coronary heart disease, and survival following a heart attack. While such relationships were formerly considered to be merely anecdotal observations or old wives' tales, they have now been confirmed by scientific studies, which have also delineated the neuroendocrine mechanisms of action involved. Since stress causes depression, and depression causes stress, it is often difficult to distinguish between cause and effect. However, increased cortisol levels, and the inability to reduce these by administering appropriate drugs, as well as disturbances in pituitary-thyroid function are so frequently present, that tests based on this are often used to confirm clinical diagnosis, and support an antecedent role for stress.

Anxiety states, panic and obsessive compulsive disorders are also frequently due to stress. The same is true for hostility, anger, and other emotional disturbances, and these are often associated with altered stress hormone levels and reactive response patterns. Abnormalities in cortisol levels and dynamics similar to those described in depression are also seen in anorexia, which has the highest mortality rate of any psychiatric disorder. Stress plays a major role in this, as well as obesity and other eating disorders. Type A behavior, which is considered to be as significant a risk factor for coronary heart disease as cholesterol, cigarette smoking, and hypertension, is associated with exaggerated or hyperactive responses to stress. In that regard, stress elevates

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blood pressure, and causes much more of a rise in cholesterol than eating fatty foods. It is also often responsible for increased cigarette smoking, alcohol consumption, and other addictions, including drugs. In short, it's hard to think of any physical or emotional disorder in which stress does not play a role, either with respect to its cause, or its course.

The Job Stress Epidemic

The word epidemic implies something that is widespread, as well as infectious, or "catching", and therefore, rapidly increasing. Job stress certainly satisfies all these criteria. I served as a consultant for *Time* magazine's June 6, 1983 cover story on stress, which referred to it as "The Epidemic of the 80s", almost as if it were some sort of new plague. However, the situation has progressively and seriously worsened since then. The vast majority of Americans perceive they are under much more stress now than five or ten years ago. One in three reported feeling under great stress daily, or several days a week in a 1992 survey, up 20% from one conducted less than 10 years previously. In a 1996 poll, almost 75% said they experienced "great stress" on a daily basis, with one third indicating this occurred more than twice a week. This was in sharp contrast to a similar 1983 survey, in which only 55% reported stress on a weekly basis. Mental stress is increasingly a reason for calling in sick, and in 1996, accounted for 11% of workers' absences, representing a 100% increase over the previous year.

It is equally clear from these and other studies, that the leading source of stress for adults is their work. The proportion of workers who reported "feeling highly stressed" more than doubled from 1985 to 1990, and the ratio of those complaining of "multiple stress related illnesses" similarly escalated from 13 to 25 percent. In other surveys, 78% complained that work was their biggest source of stress, only 35% felt their jobs gave them pleasure or satisfaction, and more than half reported that their lives had become more stressful over the past 10 years because of this.

Nor is the problem limited to the U.S. A United Nations International Labor Organization report reveals that "waitresses in Sweden, teachers in Japan, postal workers in the U.S., bus drivers in Europe, and assembly line workers everywhere, are all showing signs of job stress". No occupation and no nation appears to be exempt. The problem of job stress has become so severe and so pervasive, that they have now described it as a "global epidemic". The World Health Organization similarly calls job stress, "THE 20th Century Disease".

Repetitive Stress Injury

The nature of job stress injuries and litigation has also changed dramatically over the past decade, a prime example being repetitive stress injury. A lead article in the December 10, 1996 issue of *USA Today* reported that a New York jury had just awarded \$6 million to three claimants suffering from "repetitive stress injury". The first page story went on to state that "Repetitive stress injury (RSI) is the USA's No. 1 workplace health cost. RSI accounts for about one-third of the \$60 billion in workers' compensation payments paid annually, the Labor Department says."

Repetitive stress injury refers to the development of various stages of carpal tunnel syndrome, a disorder that causes pain and limitation of motion in the wrist due to inflammation of tendons in the area. The seriousness of the problem might have been anticipated by the results of a study reported in 1992, showing that such injuries had quadrupled between 1985 and 1989, affected 50-70 million American workers, and had become the fastest growing segment of job stress workers' compensation claims. One three year study of 500 computer workers in a telephone company found that almost 25% had complaints consistent with repetitive stress injury.

This may be only the tip of the iceberg. Meat packing industry workers have about 12 times more RSI injuries than any other group. Several years ago, the director of the enforcement division of the Occupational Safety and Health Administration (OSHA) commented that in some plants that had been inspected, nearly 80 percent of workers were affected! As a result, OSHA developed and published its *Ergonomics Program Management Guidelines for Meat Packing Plants*. The incidence is also high in workers involved in automobile manufacturing, shipbuilding, frozen bakery products, pen and pencil repairs, metal furniture assembly, etc., but these will require different strategies, such as periodic rest, or rotating certain repetitive tasks. The chief ergonomist for OSHA suggested that "if somebody spends six hours putting cakes into wrappers, the company should find something else for that person to do for two hours".

The *USA Today* article also indicated that Digital Equipment Company should be held responsible because of its faulty keyboard design. This is the first time a computer manufacturer has been held liable in any court, since similar suits against IBM in Minnesota and Missouri in 1995, and others in previous years, had

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always found for the defense. If upheld on appeal, this decision will undoubtedly unleash a flood of repetitive stress injury suits that could have phenomenal financial repercussions. As a result, all sorts of enhancements are being introduced. One new keyboard is split in half, to allow each side to be rotated or angled upward to accommodate the typist's hands. Another has four keys for either hand, each of which can be manipulated into one of three positions. One of the largest underwriters of workers' compensation insurance is engaged in a research project to learn how data entry clerks can still work hard without getting a sore hand, by analyzing videotapes of their activities in slow motion, monitoring electrical activity of the affected muscles, and electromyograph recordings. A new monthly publication, *CTDNews*, is devoted entirely to this, and promises that the yearly subscription price of \$173 will more than pay for itself by saving thousands of dollars.

Repetitive motion or stress injuries are hardly new. In his *Treatise on Diseases of Workers* published in 1700, the Italian physician, Ramazzini, referred to the "harvest of diseases" that affect workers because of "certain violent and irregular motions and unnatural postures of the body". More than a century ago, *Gray's Anatomy* described a deformity of the hand, known as "washerwoman's sprain". Today we also have "pricer's palsy" in store clerks, "Nintendonitis" in video game addicts, and "pickle pusher's thumb" in workers at food processing plants, where the last pickle must be placed in the jar manually.

Repetitive stress injury was previously called **cumulative trauma injury**, and subsequently **repetitive motion injury**. The cachet of stress may have contributed to the present terminology, but this designation may be more serendipitous and accurate than is generally appreciated. The three year study referred to previously was done at the request of the Communications Workers of America union and U.S. West, a regional telephone company. It was primarily designed to evaluate the incidence of RSI in some 500 video display terminal operators. However, information was also gathered with respect to quality of workplace life, which revealed that increased job stress and insecurity were significantly higher in the one out of four workers with RSI, compared to controls. This may have important implications. Although RSI is a physical injury and ergonomic improvements may help, companies might still be held liable, if it can be shown that an affected employee was subjected to excessive job pressures that management could have prevented or corrected.

The Effects Of Job Stress On Non-Workers

It is not only workers who are affected. Other demographic groups are also experiencing increased levels of stress, and while there are different reasons for this, work pressures are often a contributing factor. As indicated in previous Newsletters, the marked escalation of stress in children and teenagers, stems from a deterioration in moral values and standards due to declining parental influence, disruption of family life, TV violence, and peer pressure. Even tiny tots are affected, and childhood, as we previously knew it, is becoming extinct. Many working mothers must rely on nurseries or day care centers to supervise their children during the day. However, they often pressure such facilities into teaching their two and three year olds to read, because they don't have the time for this or other parental duties. As a *Wall Street Journal* article noted, they will often warn a prospective facility that "we're not paying \$2000 for play. We want to see product." Because of the highly competitive urban market, a variety of so-called "enrichment programs" have been developed, and nurseries are turning into schools, rather than playgrounds. In many kindergartens, recreational and play time is increasingly being replaced by reading, arithmetic, and computer assignments. In some cities in Minnesota and Georgia, it's even possible to flunk kindergarten. The increasing emphasis on fast paced competition has been blamed for the emergence of Type A behavior in three and four year olds, symptoms of burnout in kids as young as 10 years old, and ulcers in young teenagers is no longer rare.

Peer pressure, competition, and television, are also contributing to the development of violent behaviors at extremely early ages. The average American child is estimated to spend about 25 hours a week glued to the tube. In 1990, a study showed that by age 13, an average of 52,000 murders, rapes, armed robberies and assaults will have been witnessed. For those with cable and VCR's, which have now become routine, the number increases to 72,000, and by age 18, soars to 180,000! Violent solutions to problems are considered routine, and TV violence is believed to be responsible for half the murders currently committed in the U.S. The homicide rate among white Americans doubled between the introduction of television in 1950 and 1975, with the biggest surge being seen in 1965, when the first generation of TV watchers reached adolescence. In South Africa, where television was banned, the white homicide rate

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declined 7 percent from 1945 until 1974, when the ban was lifted. It was predicted that this rate might double by 1987 when the first generation of TV kids reached teenage status, but it actually soared 130 percent, and has been climbing ever since.

Excessive TV watching has also been blamed for the sharp increase in childhood obesity, and is closely correlated with higher cholesterol. This may be due to disturbed eating patterns and more reliance on high calorie snacks and fast foods like pizza and cheeseburgers with fries, that can be eaten without utensils or the need to miss your favorite program. This is further encouraged by appropriate advertising which is targeted to these time slots. Kids get most of their information from TV ads and programs, and tend to believe everything they see, much as we rely on printed material in newspapers and magazines. The Gulf War may have affected children more than any other group, because of confusion as to whether what they were seeing on TV was a real event, or a miniseries. Many were terrified by propaganda footage of abused American prisoners of war, and unable to understand why we didn't treat captured Iraqi soldiers the same way. Others were horrified by scenes of thousands of birds and fish dying because they were coated with oil, but no parent was available to explain any of this, or allay their fears. Post-Traumatic Stress Disorder is usually seen in adults who have been involved in catastrophic events, such as the Vietnam War. Affected individuals may be severely incapacitated because of recurrent nightmares or anxiety attacks when prior stressful incidents are recalled and fear or terror are again experienced. This disorder is now being increasingly seen in children as a consequence of all the violence seen on TV, as well as real life rapes, shootings and other crimes that they personally witness, and such memories could persist throughout life.

Personalities, morals and values are also now being molded by TV and peer pressures, rather than family or religious models. This is largely because working parents don't have the time to spend with their kids, and still take care of other obligations that can't be fulfilled during working hours. Five and six year olds are often familiar with the suggestive lyrics they hear on MTV, as well as the physical abuse and sexual situations graphically portrayed on X-rated films. Even programs specifically designed for them send the wrong message. This can be readily verified by flipping through the channels any Saturday morning, and studying the themes and characters of various cartoon characters. Since 60 percent of the adult occupational roles portrayed are

totally unrealistic, they paint a very warped picture of adult life that busy parents rarely have an opportunity to correct. Unfortunately, many kids strive to become these, rather than doctors, lawyers or teachers, but how do you train or learn how to be a Ghostbuster, Ninja Turtle, Terminator, Star Trek Commander, Superman, Batman, Beavis or Butthead? Kids are pressured to have sex at 12, get high at 13, and get even at 14. In addition to TV, the Internet has now become an additional intrusion on their leisure time, with growing reports of resultant sexual abuse and other crimes. Here again, such problems are more apt to surface in children who have less supervision because one or both parents work.

Children of single working parents, or who live in households where both parents work, are also subject to other stresses. Not infrequently, they have to assume additional child rearing or supervisory responsibilities that interfere with their ability to spend time with friends or sports activities. They may take their resentment, irritation and frustration out on younger siblings, or others. The time they do spend with their parents is limited, and often further curtailed by having to listen to a laundry list of problems encountered during the day because of difficulties with co-workers, customers, or unreasonable bosses.

Stress levels are also rising in senior citizens, because we are living longer, and are subject to more chronic illnesses and infirmities. However, much of the stress seen in the elderly stems from loneliness and social isolation. This is often due to a similar deterioration of family life and social standards, compared to a century ago. Old age and nursing homes were relatively uncommon in those days, and it was not unusual for two or three generations to live under the same roof. Older relatives were respected, and they also felt wanted and needed - because they were. Today, busy workers do not have the time or often the space to house their parents or grandparents, nor would they be likely to get along because of the marked changes in values and moral standards that have taken place over the past six decades. In Japan, where one's ancestors were traditionally revered, and parents, and especially grandparents, were given the utmost respect and care, this has also now become a serious problem because of the increasing adoption of Western practices and lifestyles portrayed by popular American TV programs. Numerous other examples could be cited to illustrate that contemporary occupational pressures and demands not only affect workers, but have repercussions on others, particularly because of increased disruption and deterioration of family relationships.

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ISMA 6 Conference

The Sixth International Stress Management Association Conference on Stress and Health was held in Manly Beach, Australia, last October. It was a cooperative meeting that included a joint Conference on Biobehavioural Self-Regulation and Health, and the Australian Behavioural Medicine Conference. There were numerous papers dealing with novel applications of stress management techniques, and state-of-the-art reviews dealing with job stress. Keynote presentations were delivered by outstanding world authorities, and summaries of these follow.

Professor Hans Eysenck was referred to in the local press as "THE grandfather of modern clinical psychology." Now in his eighties, he introduced clinical psychology as a profession in England by creating the Department of Psychology at the newly established Institute of Psychiatry over 50 years ago. He was instrumental in founding behavioural therapy, and also started and edited two new journals in the field, *Behaviour Research and Therapy*, and *Personality and Individual Differences*. Eysenck had sparked demonstrations on Australian campuses and elsewhere in the 70's, when he argued that intelligence was, to a significant extent, an inherited trait. However, this and many other of the ideas expressed in his more than 70 books and 1000 articles which were once considered heretical, have now become widely accepted.

He provided an update on his research dealing with "cancer prone personalities", which was originally presented at our own Montreux Congress in 1991. These studies show that the personalities of people particularly prone to cancer, as well as coronary heart disease, can be predicted with at least 70 percent accuracy, by means of a questionnaire that evaluates their ability to cope with stress, as well as certain personality traits. Individuals likely to develop cancer tend to be more introverted and inhibited, and different types of unhealthy personalities are also apt to develop different tumors. On the other hand, those prone to heart attacks and sudden death are more likely to be hostile, angry, and aggressive.

Eysenck believes that within the next two decades, mass personality and genetic testing in schools will be able to identify individuals at particular risk for cancer and heart disease. He is convinced that early intervention designed to develop coping and cognitive skills, and modify inappropriate behaviors, can markedly reduce the likelihood of developing both disorders. As he noted, "You can take people who are cancer or heart disease prone and prevent these from developing in the

majority of cases", and he has demonstrated this in one long term landmark study with Grossarth-Maticek. Cancer and heart disease are not only the two most common diseases in contemporary society, they are also the most expensive. In addition to promoting health and longevity, billions of dollars could easily be saved by group therapy targeted to a specific high risk population. Eysenck feels that these radically simple, non-drug solutions to major health problems have largely been ignored because of vested interests, and the manner in which research funds are allocated. In keeping with his dissident views, he points out that "despite the billions of dollars spent on anti-cancer programs, the rate of cancer has gone up in the past 20 years". Appropriately enough, his recent autobiography is entitled *Rebel With A Cause*, and is highly recommended for those interested in the psychosocial roots of *Diseases of Civilization*.

His views were echoed in the keynote speech of Dr. Charles Spielberger, who noted that the 1979 Surgeon General's Report stated that only 10 percent of the determinants of health were medical, and 90 percent had to do with lifestyles. President of ISMA, and Distinguished University Research Professor and Director of the Center for Research and Behavioral Medicine in Health Psychology at the University of South Florida, Dr. Spielberger is one of the world's leading experts on the relationship between anxiety and stress. His State-Trait-Anxiety Inventory has become the international standard for the measurement of anxiety, and the State-Trait-Anger Expression Inventory is rapidly achieving a similar status. More recently, he has developed the Job Stress Survey, which assesses the perceived severity of 30 work related stressors, and the frequency of their occurrence in different occupational settings. This instrument is based on a recognition of the importance of individual personality differences, the need to consider the person-environment fit, and the crucial roles of job pressure and social support in the workplace.

Professor J. F. McGuigan, Director of the Institute of Stress Management at the U.S. International University in San Diego, Chairman of the ISMA Board, and Editor-in-Chief of the *International Journal for Stress Management*, was the recipient of the Edmund Jacobson Award. A licensed clinician as well as a distinguished researcher, he is regarded by many as the world's leading practitioner and teacher of Progressive Relaxation, the highly effective, scientific stress reduction technique developed by Dr. Jacobson at Harvard nine decades ago. A strong supporter and associate of Dr. Jacobson, Dr. McGuigan emphasized that stress reduction therapists should concentrate on utilizing only those

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methods which have been proven to be effective, and discussed the mechanisms that may be involved in mediating the beneficial effects of progressive muscular relaxation exercises.

Professor Joseph Wolpe has been the recipient of numerous honors, including the American Psychological Association's Distinguished Scientific Award in 1979. Formerly Professor of Psychiatry at Temple University, he is currently Distinguished Professor of Psychiatry and Psychology at Pepperdine University. He became interested in psychology in World War II, when as a physician located at an Army base hospital, he realized that current approaches were ineffective for the treatment of battle related neuroses. This led him to a thorough investigation of Pavlov's research and theories, from which he developed his own technique of behavioral therapy. Dr. Wolpe was largely responsible for the popularization of Progressive Relaxation, which had been available for forty years, but was not widely used because it took hours of daily practice, and often required three to six months to master the technique. In 1958, he demonstrated how his new shortened six session version could be extremely effective in producing systematic stress reduction. His disciples made further abbreviations, and the most popular current method, referred to as "abbreviated progressive relaxation" takes only 20 minutes. In his keynote address, Dr. Wolpe explained how progressive relaxation approaches are used to counteract anxieties regardless of their source, whereas in behavior therapy, self-calming techniques are tailored to specific "families" of stimuli.

Professor Lennart Levi, who founded and directed the Institute of Stress Research at Karolinska Institute for many years, discussed the changing nature of job stress in the European workforce. This is largely due to its rapid transformation from industry to the service sector, and he outlined the steps being taken to reduce occupational and stress related mental and psychosomatic complaints. My own address on "Stress and Aging", pointed out that Selye's definition of stress as "the rate of wear and tear on the body", was also a good description of biologic aging. The role of stress in accelerating the production of free radicals that are responsible for the stigmata of old age was examined, and other links between stress and aging were reviewed. Details about obtaining a copy of the Proceedings, which include some 200 abstracts in a paperback publication, are available from ISMA UK, c/o The Old Courthouse, Bottisham, Cambridge CB5 9BA.

The setting of this event was superb, with the golden beach and sparkling ocean a stone's throw away,

and the well known hospitality of the Australians was evident everywhere we went. This may explain why, despite the need for lengthy travel, at least two of the next major stress conferences will be held "Down Under", including the 2nd World Congress on Stress in Melbourne, in October, 1998, and the 14th World Congress on Psychosomatic Medicine later this year, as noted in the following announcement.

Paul J. Rosch, M.D., F.A.C.P.
Editor

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**Book Review: *The Market For Stress Management Products & Services*, Marketdata Enterprises, Inc., Tampa
158 pages, September 1996, \$1,495**

Scant information is available on stress management programs and products currently available, or their ability to meet current and projected needs for the public and private sector. This sorely needed publication provides answers to these and other questions, such as:

- What products and services fall under the category of stress management?
- How large is the U.S. stress management products and services market in retail dollars spent, and reimbursement to health care professionals?
- What are the largest product/service segments or categories?
- How fast is each segment growing, and what are their key characteristics?
- Who are the main competitors? What are their strengths and weaknesses, and what marketing strategies do they utilize?
- What are the emerging customer demographic trends that affect the market now and will influence its future development?

Such information requires obtaining accurate data from Employee Assistance Programs of numerous corporations, "wellness" organizations, group and individual counseling services, sales of books, audio and videotapes, CD's, multimedia products, interactive computer software programs, seminars, workshops, retreats, stress management and bio-feedback centers and clinics, prescription and non-prescription products, reimbursement to physicians, psychologists, nutritionists, acupuncturists, homeopaths, naturopaths, massage therapists, and other health care providers. All of these may offer some sort of stress reduction service, many overlap, and reliable information is difficult to obtain. As a result, the researchers developed a custom designed mail survey for stress management provider companies and individuals, conducted telephone interviews with leading consultants, trade groups, and organizations, carefully reviewed relevant programs in numerous organizations, and searched pertinent health care and trade publication databases, etc. The

net result of this intensive investigation demonstrated the wide array of services and products currently available, the difficulties in evaluating their efficacy, and the relative lack of regulation and standards in the field. Nevertheless, these researchers have provided us with a pretty good picture of the present status of this multifaceted industry, as well as future trends and prospects for many components.

The marked rise in demand is illustrated by the increase in the number of National Yellow Pages listings for "stress management services from 853 in 1991 to 1,163 by 1996, representing a 36% rise. One reason for this has been the phenomenal increase in workers' compensation and other litigation rewards for occupational stress claims, and a growing tendency to view stress as a handicap that falls under the Americans with Disabilities Act of 1990. Companies are increasingly being held responsible, especially if they do not offer employees stress management training.

Eighty percent of vendors surveyed said that demands for such services had progressively increased over the past few years, and the thorny issue of who pays for these is also addressed. In most cases, it is the employer, a managed care provider, or insurance company. However, the diagnosis is not listed as stress, since fiscal intermediaries will not reimburse for this diagnosis, as opposed to anxiety, muscle spasm, depression, or some acceptable psychological condition. The need to identify authentic products and services, and those which are primarily entrepreneurial, is emphasized, particularly in emerging areas such as subtle energy medicine approaches using aromatherapy, music, and feeble electromagnetic stimulation. In this regard, *Stress Medicine* was cited as "the field's leading journal", and The American Institute of Stress as an important resource.

This large monograph is full of useful graphs, tables, and statistics, as well as a national directory of stress management services and resources. For those with a particular interest in the marketplace for stress related services, it is well worth its hefty price, since the information is not available elsewhere. A reduced rate of \$895, has been arranged for Newsletter subscribers, and individual sections can be ordered at even more attractive prices.

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