

*President's Letter*



**William R. Lovallo, PhD**

As we begin the New Year, I will take this opportunity to thank all of our wonderful support staff at Degnon Associates who make the organization run so well. First and foremost, I thank **Laura Degnon** for her tireless devotion to APS. Laura keeps elected officers, like myself, on track as our year progresses. She makes sure that everything comes together on time and in the right manner. As officers, we come and go in a short time, but Laura is our institutional memory. Next I thank **George Degnon** who manages business for our journal, *Psychosomatic Medicine*, and he provides much-needed philosophical guidance for our society. Many are the times that George has helped us think through a difficult organizational matter with calmness and foresight. More recently, **Sarah Shiffert** has stepped in to aid Laura in her many tasks, and this year she has served as the management support to the Program Committee. As I look forward to the end of my term office in March, I realize how much I have benefitted from the expertise of our management. Thank you!

I also find myself giving thanks to my colleagues on the Executive Committee. Our immediate Past President, **Peter Shapiro**, President-elect, **Matt Muldoon**, and Secretary Treasurer, **Mike Irwin**. The Executive Committee guides the business of the Society between Council meetings and is an essential link in our operational continuity. I therefore must also thank the members of

Council and our committee chairs who collectively carry a large workload through the year. Here I will single out **Christoph Herrmann-Lingen** and his co chair, **Scott Matthews**, who have worked so long and hard this year to develop what looks like a great program to come in Baltimore. Plan on being there.

I also believe it is time to think about expressing our generosity in support of APS. You may know that APS has two primary ways for you to contribute. First is the **APS Fund**. The Fund is used to support developmental projects that are now possible through our reserve funds. Thanks to the success of the Journal and sound financial management, the Fund has grown enough to allow us to begin branching out to new endeavors. Two examples of these are our Psychosomatic Medicine Interest Groups, a program that acquaints medical students with psychosomatic medicine through their school year, and the Medical Trainee Travel Scholarships. These two programs are working to stimulate in young medical students a lifelong identification with psychosomatic medicine, and they are made possible by your contributions to the APS Fund. Did you know that you can make a donation to the APS Fund by simply filling in an amount in the field provided on our website as you renew your membership online? Consider a donation when you renew your dues this year. The other vehicle for supporting the growth of APS is the **APS Heritage Fund**. Unlike the APS Fund, the Heritage Fund is designed around estate giving. We already have several members who have generously included APS in their estate planning, allowing long-term growth that goes beyond providing for annual activities. If you are interested in learning more about ways to contribute, please contact Laura Degnon at the national office and ask for a copy of our Heritage Fund brochure.

Next, I am pleased to be able to provide you with a positive report on our Strategic Planning Initiative. The Strategic Planning Com-

mittee had a successful fall effort in getting the Initiative started. I thank **Margaret Chesney** in particular for walking us all through steps in this process. Margaret ran a very successful meeting when she was president in 1997-1998 and will be a most valuable advisor this year. In its November meeting the Council agreed to retain a facilitator and strategic planning advisor, Jerry McNellis. Jerry is already familiar with APS because he facilitated our earlier retreat, and he will begin working on developing our next retreat this year. We look forward to a highly successful retreat in the summer.

I mentioned the Program Committee earlier, but I also need to say a word or two about our upcoming meeting in Baltimore on March 12 to 15. The Program Committee reported to Council that they received and reviewed a near-record 512 submissions. The quality of the submissions was very high and should lead to an outstanding program. The meeting will continue to feature expanded efforts to meet the needs of trainees and young professionals transitioning to the early phases of their careers. These efforts toward developing professionals include the Mentor-Mentee program, trainee breakfasts, and a comprehensive NIH roundtable event. In addition, the APS Scholar awards recognize outstanding submissions by trainees and postgraduate fellows. Along with these, the Medical Trainee Travel Scholarships will bring in members of our Psychosomatic Medicine Interest Groups and other trainees from medical schools around the country. Also, for the second year in a row, APS will be awarding Minority Initiative awards to trainees from traditionally underrepresented groups. I had the pleasure of handing the first of these award certificates to their recipients at the Budapest meeting. That experience is one of my most lasting memories from that week. Finally, we again will be providing an International Travel Assistance Award to a person who is attending from a developing country and

*President, continued on page 7*

**American Psychosomatic Society  
Leadership**

**March 2007 - March 2008**

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*From the Editor*

**Mary-Frances O'Connor, PhD**

*Communication is the key issue in the modern world and modern communication technologies turn the world into a global village. Information is the cornerstone of modern Science. — Piet J. Lemstra*

When the APS Council met in November, we had a discussion about holding Council and Committee meetings through teleconferencing. As with all forms of technology, there are upsides and downsides to be discussed. We consider the environmental and financial aspect of gathering in one physical place. We consider the crazy camera angles and interruptions, not to mention technological hiccups, of seeing each other on-screen. I recently read an article in a doctor's waiting room about "how to do your make-up if you are going to be on a video conference call". Phew—who knew all the things we have to worry about with modern technology! Yet, through being physically in the same space, we strengthen sentiment ties, including affection and non-verbal understanding.

I am collaborating with another APS member on a book chapter and we are utilizing "Google Docs". This technology allows both of us to edit on the same manuscript at the same time. In this technology, the document resides on a Google server, and we each

*Technology requires a little playfulness—it doesn't always work out, but it presents alternative ways to think about the process of communication.*

have access to the document through a password (I know, when will we come up with another way to handle passwords?). This actually increases our "understanding", while decreasing the amount of time that each of us has to spend on the chapter. This is a case where we would do this task separated in time and space anyway, and technology allows us to bridge that space and time without having to pass a physical document back and forth. Indeed, I don't need to know when

he is going to work on the chapter, and multiple copies of the document that each has different sets of changes are not produced.

I think that the question that we each have to ask as we approach a new technology is how it will help in terms of 1) space, 2) time and 3) true understanding. For technology that does not improve all three, perhaps we should be cautious. Technology requires a little playfulness—it doesn't always work out, but it presents alternative ways to think about the process of communication. Finding ways to use technology in order to make all three aspects of communication work better will indeed make science available for the global village.

The novelty of holding the APS Newsletter in your hand, mailed to you through the postal service, suggests that there is something about communication that can be delivered through the physical medium. There is something unique about the tri-annual publication that aims to hold all aspects of the APS membership together in one place. It is easy to recognize names and faces of your colleagues, engage in stories about the organization, and to pass along to your students. And after all, what else are you going to read while you boot-up, backup, upload, download, and transfer?

*10th International  
Congress of Behavioral  
Medicine*

This conference will be held August 27<sup>th</sup>-30<sup>th</sup> 2008 in Tokyo, Japan. This is the biannual conference of the **International Society of Behavioral Medicine**. The website for information about the congress including abstract submission and registration is <http://www.icbm2008.jp/>

## *Clinical Pearl: Stress and Addiction*

**Mustafa al'Absi, PhD**  
**University of Minnesota Medical School**

Accumulating preclinical and clinical evidence demonstrates that drug use escalates under conditions of high stress and negative affect, especially when there are expectations that drug use will alleviate these discomforting feelings. The repeated associations between stress and drug use subsequently lead to conditioning of various external and internal stimuli associated with the stress response. These stimuli then acquire the power to increase craving for drug use.

On the other hand, abstinence from drug use is usually associated with several aversive affective symptoms, including feelings of anxiety, depression, irritability, physical symptoms, as well as detriment in cognitive performance. Research now demonstrates that these affective symptoms may be intensified under conditions of stress, leading to increased craving. Using drug may therefore reduce these negative affective states providing a negative reinforcement for drug use. This in turn increases the likelihood in the future of experiencing craving for drugs in the presence of stress-related cues and negative affective states.

In addition to stress-related affect regulation, drug use may also be maintained through a complex set of cognitive-affective interactions. Chronic drug use contributes to neuropsychological and physiological changes that may themselves contribute to maintaining drug-taking behavior. Performance deficits in attention, concentration, working memory, and other intellectual impairments have been frequently cited among various groups of drug dependents and are thought to exacerbate abstinence effects. Functional as well as structural brain changes have also been documented. There are also indications of significant deficits in response inhibition and impulsivity. In combination, these deficits may play a role in maintaining drug-using behavior. Furthermore, evidence suggests that response inhibition may be impaired under conditions of high stress and withdrawal-related negative affect, leading to drug use and rapid progress from initiation to dependence and relapse.

### **Stress and Relapse**

There is also evidence to suggest a role for stress in relapse. Both correlational and laboratory-based studies have demonstrated the role of stress as a trigger for relapse. Animal experiments have noted a role for exposure to aversive experiences in reinstatement and relapse. Stress is a widely cited reason for relapse in humans. For example research has found that smokers who failed to quit cigarette smoking reported higher levels of stress prior to initial abstinence. Decreased reported stress was associated with changes in status from smoking to abstinence, and increased reported stress was associated with changes from abstinence to smoking. Since abstinence from drug use may lead to increases in perceived stress, it is possible that those who experience heightened negative affect after initial abstinence are at high risk for early relapse.

### *Chronic drug use contributes to neuropsychological and physiological changes that may themselves contribute to maintaining drug-taking behavior.*

Recent advances in laboratory and field assessment of stress have facilitated the assessment of various biological, behavioral, and psychological indices of reactivity, including risk for relapse. Our own research with smokers has demonstrated the utility of several laboratory stressors, such as public-speaking, extended mental arithmetic, and pain-induction procedures. We have used these probes to examine various biological and psychophysiological functions in dependent tobacco users. We have also used similar laboratory-based procedures to identify predictors of smoking relapse. In one study we found that smokers who relapsed within four weeks of a quit attempt showed attenuated hormonal (cortisol and adrenocorticotropic hormone) and cardiovascular responses to stress, exaggerated withdrawal symptoms, and mood deterioration after quitting. When analyzing the data using regression analyses we found that attenuated responses to stress predicted a shorter time to relapse, supporting the utility of this paradigm to assess the integrity of the stress

response among drug users and the use of the results to identify those at high risk for early relapse. In addition to using circumscribed challenges in laboratory settings, other studies using recall and imaginary experiences have also been useful. Studies using guided imagery involving recall of personal stressful experiences were found to increase craving for cocaine and alcohol in abstinent cocaine dependent participants, and these reports predicted the incidence of relapse following treatment.

Our understanding of how stress triggers relapse is still evolving, although there are several neurobiological and behavioral mechanisms that have been identified based on basic research in animals. One stress model that has been used to investigate these mechanisms is foot shock-induced relapse. Experiments using pharmacological, neurochemical, and behavioral methods have demonstrated the role of corticotropin releasing factor (CRF) in stress-induced relapse. CRF within the extended amygdala circuitry seems to play a primary role in foot shock-induced reinstatement. Other mechanisms include dopaminergic and glutamatergic systems. The dopaminergic projections terminate at the prefrontal cortex (PFC), while glutamatergic projections originate from the PFC to the nucleus accumbens, in addition to other projections involving multiple brain structures. These structures are also involved in emotion regulation and affective response to stress, providing a likely pathway through which stress and addiction interface.

In summary, there is growing evidence demonstrating that stress and negative affect contribute to addiction maintenance and relapse. The reduction of negative affective states by drug use negatively reinforces this behavior, increasing the likelihood of experiencing craving for drugs in the presence of stress-related cues in the future. Advances in the scientific study of stress and addiction suggest a role for multiple neurobiological systems including CRF and dopamine.

## Trainee-Related Events at 2008 Conference

### Aric Prather, University of Pittsburgh Trainee Representative of the APS Program Committee

At each annual meeting, APS includes on their program a variety of exciting opportunities to meet the professional, intellectual, and social needs of their trainees. This year's meeting in Baltimore will be no exception. First, as a follow-up to last year's well attended scientific writing workshop, we'll be holding another pre-conference writing workshop on Wednesday, March 12th, this time focusing on how to respond to reviewers. Professional development continues on Thursday, March 13th with a number of breakfast and lunch roundtables ranging in topics from "identifying mentors" to "dealing with the media" to "strategies for striking work/life balance in academia". Additionally, there will be special breakfast roundtable on the morning of Friday, March 14th entitled "NIH for beginners" aimed at providing all the information necessary to best take advantage of the NIH lunch session scheduled for later that day. Trainees are also encouraged to participate in the mentor/mentee program taking place Friday night. This program matches up each trainee with a mentor for a more informal discussion of research interests and professional development issues. This program is a great source of real world advice from renowned scholars in psychosomatic medicine and can lead to on-going mentor/mentee relationships. Finally, on the social front, and with the goal of enjoying the best of what beautiful Baltimore has to offer, the trainee dinner (which follows the mentor/mentee program) provides a great locale for reconnecting with old friends and making new ones. This year is sure to provide something for every trainee in attendance. Be sure to register for all of these trainee-related events and we'll see you in Baltimore.

## Memories of Mort



Morton F. Reiser MD

A pioneer in the field of neuro-psychanalysis, a seminal thinker in the study of the mind-body relationship, and an educator who brought attention to psychological and social factors as well as biology in training healthcare providers, Morton Francis ("Mort") Reiser MD, Albert E. Kent Professor Emeritus of Psychiatry at Yale University School of Medicine, died on June 21, 2007. He was 87.

Dr. Reiser's interest in the doctor-patient relationship, and the effect of mental attitudes on illness began in his childhood, when he witnessed the positive effect of a trusting relationship with the family doctor on his grandmother's experience of her last illness.

He graduated first in his medical school class at the University of Cincinnati. His early career was influenced by the pioneers of psychosomatic medicine, Drs. Eugene Ferris, George Engel, John Romano, and Milton Rosenbaum. As a young internist, working with Dr. Ferris, Dr. Reiser studied the regulation of blood pressure by the autonomic nervous system and "stress hormones". He felt he needed to know more about psychology in order to understand the effects of stress on illness and as a consequence he decided to train in psychiatry and psychoanalysis as well as internal medicine. He extended the research to examine psychological factors influencing essential hypertension and other cardiovascular disorders. His interest in understanding the mind-body relationship and its importance in health and illness, a search that began in childhood, had become his life's work.

Both his own research and as editor of the journal, *Psychosomatic Medicine*, he advanced an approach to medical care that linked biological, psychological and social dimensions of illness. Trained as an internist, psychiatrist and psychoanalyst, he believed that the health care provider must pay attention, not only to the biological aspects of disease, but also to the patient's life, the meaning of the illness to the patient, and the patient's relationship with the caretaker. His integrative approach is reflected in a text-

book for medical students and primary care providers, *The Patient: Biological, Psychological and Social Dimensions of Medical Practice* (1980) co-authored with Hoyle Leigh MD.

In 1950, Dr. Reiser was selected to membership in the American Society for Clinical Investigation. In the same year he became a fellow of the American Association for the Advancement of Science.

After serving in the Korean War as a US Army Captain and Research Psychiatrist at Walter Reed Army Medical Center, he joined the faculty of the Albert Einstein School of Medicine. There he became Professor and director of research, and later Chief, Psychiatry Division at Montefiore Medical Center, New York, NY.

During those years, Dr. Reiser obtained training at the New York Psychoanalytic Institute and later joined their faculty. He subsequently served as Training and Supervising Analyst at the Western New England Institute for Psychoanalysis.

Myron Hofer, MD, Director of Sackler Institute for Developmental Psychobiology at Columbia University College of Physicians and Surgeons, notes "Mort was my research mentor in the late 60s, helping me to get started in a (then) nonexistent field now known as Developmental Behavioral Neuroscience. His extraordinary combination of imagination and thoughtfulness was an inspiration. The department he created at Montefiore Hospital/Albert Einstein medical school was a special place where psychoanalysts went to research conferences and researchers supervised residents in psychotherapy. Long gone, it now seems more like a dream for the future."

In 1969, Dr. Reiser was appointed the Charles B.G. Murphy Professor and Chairman of the Department of Psychiatry at the Yale School of Medicine and headed the department until 1986. An active scholar until the time of his death, he was co-leader with Elise Snyder MD of the Yale Faculty Seminar of Mind, Brain, Consciousness and Culture and co leader of a twice yearly workshop on Psychoanalysis and Neuroscience at the meetings of the American Psychoanalytic Association.

## Meeting Psychosocial Health Needs

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Jessie Gruman, PhD, President  
Center for the Advancement of Health

The Institute of Medicine has a new report that reminds us of the distinction between treating diseases and treating patients. As medicine becomes more complex and effective, the patient's non-disease-related personal needs – including psychological, social and financial health, which may be linked – tend to be pushed aside.

As a patient and as a participant in the IOM panel that created the new report, (<http://www.iom.edu/CMS/3809/34252/47228.aspx>) I strongly concur with its conclusion that psychosocial patient needs demand more attention.

More cancer patients are surviving and that is really good news. But they're often not as happy or healthy as they could be because of our relentless focus on the disease itself that too often ignores inevitable collateral problems.

*More cancer patients are surviving and that is really good news. But they're often not as happy or healthy as they could be because of our relentless focus on the disease itself that too often ignores inevitable collateral problems.*

Cancer patients tend to be anxious, stressed and depressed. Often they're also financially stretched because of the costs of care (insurance is seldom totally adequate) or their inability to work and earn income.

That's partly inevitable. People who are in a life-threatening situation shouldn't be expected to simply put on a happy face and those who try are likely dangerously trying to escape a harsh reality.

But a caring system could combat such feelings of overwhelming helplessness. There are sadly few caring systems in this country. Indeed, most patients get their care via an ad hoc network that can't properly be construed as a system at all.

So it is understandable that these "soft" needs fall through the cracks as the case is handed off from the radiologist to the oncologist and then off to self-care and six-month check-ups. But it is difficult to justify in a society that sees itself as humane.

The IOM report makes it clear that meeting psychosocial needs involves more than kindness and compassion, although these are important. It is also a health issue for cancer survivors who cannot bounce back to their pre-diagnosis perspective because of psychological, social, occupational and financial side effects that outlive the disease itself.

The panel concludes that "Cancer is no simple disease, and effective treatment is not just about killing rogue cells with radiation and chemotherapy. It is about healing the human being."

Our chairman added, "To ignore these factors while we pour billions of dollars into new technologies is like spending all one's money on the latest model car and then not have the money left to buy the gas needed to make it run,"

You can take that a step further by recalling that while there are disease-free patients, there are no patient-free diseases. The patient deserves greater attention.

This message has a wider relevance and merits a serious response. Cancer is widespread – more than 10 million Americans are afflicted and more than 40 percent will encounter it in their life time – but it is not unique.

Sick patients deserve a supportive response that goes beyond state-of-the-science medicine.

## APS 66th Annual Scientific Meeting

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### *A Focus on Liaison in Psychosomatic Medicine: Fostering Interdisciplinary Research and Integrative Patient Care*

March 12 - 15, 2008 ~ Baltimore, MD

#### Meeting Highlights:

##### Invited Plenary Symposium:

- \* Of Mice and Men: translational research linking animal models with human psychoneuroimmunology (PNI) - implications for health and disease

##### Invited Symposia:

- \* Positive Affect and Health
- \* Integrative Neuroscience
- \* The Interface of Psychosomatic Medicine and Palliative Care
- \* Psychosomatic Research and Practice in Developing Countries
- \* Health Consequences of Emotion Regulation in Breast Cancer Patients
- \* Bridging the Gap Between Cardiology and Psychology
- \* Recent Advances in Posttraumatic Stress Disorder (PTSD) Research
- \* New Research in Health Disparities

##### Pre-Conference Workshops:

- \* Developing and Testing Psychosocial Interventions that Work
- \* Modeling Observational Data Using Multivariable Regression Techniques
- \* They Said What?! A Scientific Writing Workshop

##### No and Low Cost Activities for Trainees:

- \* NIH for Beginners
- \* How to Strike a Life Balance In a Research/Academic Environment
- \* Trainee Dinner
- \* Mentor-Mentee Program

##### Roundtable Events, including:

- \* NIH Grants and Training: Meet and Exchange Ideas with Representatives of ALL the NIH Institutes that fund Psychosomatic Medicine Research and more!

**For the full program, and to register, please visit [www.psychosomatic.org](http://www.psychosomatic.org)**

## *Our Experience with APS PMIG grants in Cluj, Romania: From Local Initiative to International Cooperation*

**Prof Dan L Dumitrascu, MD**  
2<sup>nd</sup> Medical Dept, University Iuliu Hatieganu  
Cluj, Romania

The University of Medicine and Pharmacy Iuliu Hatieganu from Cluj, Romania received the APS grant for GI in two consecutive years. In 2005/2006 the grant was dedicated to the dissemination of PM between young doctors. A series of monthly lectures and clinical presentations were organized and the meetings were well attended and had a good impact. Part of the grant was used for the organization of the 2<sup>nd</sup> Symposium of Psychosomatic Medicine in Cluj, in spring 2006. The meeting was attended by physicians and psychologists as well as nurses from many Romanian centers and also by few international participants from Croatia and Moldavia. An outcome of this grant was the issue of a book of over 200 pages DIN A4 size representing a course of psychosomatic medicine in Romanian.

The second year (2006/2007) we organized a PMIG for nurses who were very happy with the meetings. They actively participated in the monthly meetings. In the frame of this group of interests we were able to organize with the advice of Lawson Wulsin and Douglas Drossman as past president leader, an International Course of Psychosomatic Medicine held on March 6, 2007, in Cluj. More than 200 physicians, students, nurses and psychologists attended this meeting which had 8 international speakers (3 from USA, 2 from UK, 1 each from Japan, Portugal, and Germany) and speakers from several Romanian centers. A syllabus of the courses for nurses is due later this year.

Our activity is a necessity in our area. Indeed, psychosomatic medicine was neglected in Romania during the communist regime for reasons not too difficult to understand. After 1990, free way was given in training psychosomatic medicine and international cooperation became possible.

International collaboration is very important

in enhancing the knowledge and practice of PM in Romania. Thus, we started organizing small symposia and courses, attended by physicians and psychologists. Inviting speakers from neighbored countries like Hungary, Bulgaria, Croatia, and Moldavia was easy and also important to warm up a relationship frozen for some decades. Next step was to organize a network, now funded for the 5<sup>th</sup> consecutive year, in the frame of the program CEEPUS (Central and East European Program for University Studies). This enables exchanges between 9 centers in 5 countries of teaching staff and of students, on different topics of psychosomatic medicine.

We organized also a First International Symposium of Psychosomatic Medicine in Cluj, 2003. In addition to this, two international symposia on neurogastroenterology have been organized by our team: in Brasov in 2005 and in Cluj in 2007 (both mentored by Douglas Drossman) and included each one session on PM approach of functional GI disorders. Now we are involved in a network of PM to develop common curricula in Europe.

### *Stress and Addiction: Biological and Psycho- logical Mechanisms*

**Editor: Mustafa al'Absi**

Year: 2007

Publisher: Elsevier/Academic Press.

Length: 456 pages

List Price - \$89

This book includes reviews of the latest discoveries on the interactions of stress neurobiology and addiction. It addresses the role of stress in addiction vulnerability, maintenance, and relapse. The book includes a highlight of new preclinical and clinical discoveries that have implications in the development of novel treatment strategies, and includes compelling evidence of the importance of considering stress when investigating addiction vulnerability and dealing with issues related to treatment and recovery. Directions for future research and specific approaches to translate the wealth of available basic knowledge into clinical practice are presented.

## *2008 Slate of Nominees*

The APS Council presents to the Members the 2008 slate of nominees that was proposed by the Nominating Committee and approved by the Council. The Nominating Committee prepared its slate from a lengthy list of highly qualified candidates bearing in mind the balance among discipline, gender, ethnicity, geography, and the needs of the Society.

### **2008 APS Slate:**

#### **President-Elect**

*Shari Waldstein, PhD, Univ of MD Baltimore, Baltimore, MD*

#### **Council**

*Doug Carroll, PhD, University of Birmingham, United Kingdom*

*Tené Lewis, PhD, Yale Univ. School of Med, New Haven, CT*

*Daichi Shimbo, MD, Columbia University Medical Center, New York, NY*

#### **Nominating Committee**

*Susan Everson, PhD, Univ. of Minn., Minneapolis, MN*

For clarity regarding the nomination process, below is an excerpt from the APS Bylaws.

#### ARTICLE IX: NOMINATIONS AND ELECTIONS

Sec. 1. Nominations to all elected positions are made by the Nominating Committee.

Sec. 2. Petitions. Candidates for Officer or Council positions may also be placed on the slate by petition. Petitions must bear the signatures of at least five percent of the members in good standing who are eligible to vote. Petitions must be received by the Secretary-Treasurer at least 60 days prior to the Annual Business Meeting.

Sec. 3. Elections. Officers, council members, and a nominating committee member at large shall be elected by members at the Annual Business Meeting, or by mail or electronic ballot, as determined by the Council. Election shall be plurality vote. Mail ballots, if utilized, shall be distributed to members in good standing no later than 45 days prior to the Business Meeting and shall specify a due date which may not be less than 15 days from mailing.

## Welcome New Members!

Danielle Arigo, MS Syracuse, NY, USA	Eun-Ho Kang, MD Seoul, South Korea
Julia Betensky, BA Highland Park, NJ, USA	Sujith Kuruvilla, MD New York, NY, USA
Vera Brandes Vienna, Austria	Gailen D. Marshall, MD, PhD Jackson, MS, USA
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Jessica Bury, BA Rochester, MN, USA	Justin Matsuura, BA North Chicago, IL, USA
Claudia Buss, PhD Orange, CA, USA	Lacy Mayes, MA Baltimore, MD, USA
Hyong Jin Cho, PhD Los Angeles, CA, USA	Briana Mezuk, PhD Ann Arbor, MI, USA
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Angela Grippo, PhD Chicago, IL, USA	Chih-Wei Yang, MD Longjing Shiang, Taiwan
Tetsuya Hiramoto Fukuoka, Japan	Roy Ziegelstein, MD Baltimore, MD, USA

## *President, continued from page 1*

who has financial needs. The corecipients of last year's award were most grateful for the chance to attend and gained tremendously from the experience. These many efforts by APS greatly enhance the quality of our meeting and stimulate enthusiastic participation by many who could not otherwise attend.

A final note on meetings, I am pleased to announce that my favorite city, Chicago, will be the site of our 2009 Annual Meeting. Laura Degnon and Sarah Shiffert are currently working to identify a hotel and meeting facility. Chicago is a great place for APS to meet. The airline connections are excellent from overseas and domestically, and there are many great restaurants and cultural amenities. Put this one on your calendar.

Milestone: APS turns 65 in 2008! The APS was formed at the first meeting of the Council, held in Detroit in 1943.

I wish everyone a Happy and Successful 2008!

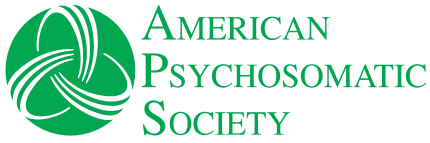
## *Make Plans Now...*

...to attend the

APS 2008 Annual Scientific Meeting  
in Baltimore, Maryland, March 12-15!

Meeting Highlights include:

Invited Plenary Symposia  
Invited Parallel Symposia  
Breakfast and Lunch Roundtables  
Special Interest Dinners  
...and more!



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## APS 66th Annual Scientific Meeting

*A Focus on Liaison in Psychosomatic Medicine:  
Fostering Interdisciplinary Research and Integrative Patient Care*

March 12 - 15, 2008

Baltimore Marriott Waterfront  
Baltimore, MD



*photo courtesy of the Baltimore Area  
Convention and Visitors Association*

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

**The deadline for submission for our  
next Newsletter is March 15.**

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