



One way to quiet holiday nerves is to think about who you can count on (even if she has four paws).

empathetic is to act as a mirror, paraphrasing her words and acknowledging how she's probably feeling.

"Third, ask gentle, probing questions to

learn more about what the other person is thinking and feeling. Those are the three listening skills."

Now you're ready to begin communicating back. The fourth step is to use "I feel" statements, such as "I feel upset," rather than "You" statements, such as "You're wrong!" Stroking statements come last. "Stroking means treating the other person with respect even if you're angry and they're angry. Always do it in a way that the other person won't feel put down or lose face."

Jingle Bells, Jangled Nerves

Bad case of holiday anxiety? Three stress experts to the rescue!

IT'S AS PREDICTABLE AS PLASTIC reindeer, spinning dreidels, family visits, and overspending on gifts: holiday anxiety. And we shouldn't take it lightly. According to a paper published last year in the *Journal of the American Medical Association*, the effects of psychological stress can weaken immune function and trigger inflammation, raising the risk of autoimmune disease, coronary artery disease, and depression.

We asked three stress experts what they've learned from their research, and how they apply these skills to their own periods of seasonal pressure.



DAVID D. BURNS, MD, a cognitive behavioral therapist and author of the best-selling books *Feeling Good: The New Mood Therapy* and *When Panic Attacks*, is an adjunct clinical professor emeritus

of psychiatry and behavioral sciences at the Stanford University School of Medicine.

Burns finds he can defuse stressful family situations by communicating more effectively. "Most people do surprisingly poorly when dealing with a relative who is hurting, depressed, or anxious—we get defensive and try to solve the problem rather than finding the truth in what the person is saying," says Burns. "I like to use what I call the five secrets of effective communication, which are made up of three listening skills and two self-expression skills."

First, practice listening (Burns calls it the disarming technique): "Find some truth in what the other person is saying, even if it seems unreasonable or unfair. Then empathize by putting yourself in her [or his] shoes and see the world from her perspective." Part of being



ALICE DOMAR, PhD, is

executive director of the Domar Center for Mind/Body Health. A pioneer in the

application of mind/body medicine to women's health issues, she's an assistant clinical professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School.

"Often I seem to worry about things that are very unlikely to happen," says Domar. "I put a loved one on the plane and think, *Is it going to get hijacked? Will it crash?* And I go down the list of all the awful things that could happen. So I use a technique called 'thought stopping': I recognize this is totally unrealistic and don't allow my brain to go down that road." When Domar is feeling tense, she gives the people around her a heads-up about her vulnerabilities; she lets them know ahead of time that her frustrations are not aimed at them. "The fact is, if you get angry with someone close to you they're likely to assume it's their fault or feel the need to defend themselves," she says. And in situations where she [CONTINUED ON PAGE 174]

DID YOU KNOW?

It takes 64 seconds to retrieve your train of thought after interruption by e-mail, one study shows. That means if you check your in-box every 5 minutes, you waste 8.5 hours a week. Try intervals of 45 minutes, and turn off the "new e-mail" pop-up alert. Source: Thomas Jackson, PhD, Loughborough University

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has been overwhelmed—such as when she learned that her mother had terminal cancer—the first thing she does is to think about what she needs in the moment. “Then I write down all the resources and coping skills I have,” she says. “And I remind myself of who I can count on during a crisis.”



ELIZABETH H. BLACKBURN, PhD,

professor of biology and physiology at the University of California, San Francisco, in 2007 was named by *Time* magazine one of the 100 most influential people in the world. Blackburn's studies suggest that psychological stress is associated with, and possibly speeds up, cellular aging.

“My research shows how chronic stress directly interferes with the ability of our cells to renew tissues in the body [which is linked to accelerated aging]. It made me realize I'd better take stress seriously,” says Blackburn. “So I learned to meditate. I don't have to do this for hours: If I can get myself into a calm, relaxing mode for just a few minutes, it helps.”

The most damaging form of stress comes from situations in which you feel powerless, Blackburn says, such as caring for a chronically ill child or aging parent. But for anyone stuck in a difficult situation, Blackburn believes in focusing instead on sources of stress that are controllable: “Put a financial plan in place, for example,” she advises. In tense times, Blackburn tries to find the things she can change and manage those. “Simply exercising regularly pays back dividends because when you feel healthy,” she says, “you feel more in control.”

—TIM JARVIS



Mental Health 911: Pet Grief

IF YOU ARE IN pain over losing a beloved animal, google “pet loss hotline” for a

list of veterinary schools that have hotlines run by trained students. The Association for Pet Loss and Bereavement (aplb.org) also offers resources. But the best idea may be to ask your vet about a pet bereavement support group or a therapist with a special interest in this area.

Source: Susan Cohen, director of counseling at the Animal Medical Center in New York

The Bipolar Debate

THIRTY YEARS AGO, bipolar disorder—a mental illness characterized by deep mood swings from mania to depression—went widely unrecognized. But since the mid-1990s, thanks largely to greater awareness and research, the number of adults being treated for the condition has nearly doubled.

Now the trend may be going too far, with so many people being diagnosed that some experts fear bipolar disorder is becoming the new catchall disease. A recent study suggests this may be the case.

After reexamining 145 men and women who said they'd been diagnosed with bipolar disorder, researchers at Brown Medical School and Rhode Island Hospital found that more than half (57 percent) were misdiagnosed. “We believe a number of these people were suffering instead from

major depression and a personality disorder, such as borderline, whose characteristic mood swings can be mistaken for bipolar,” says Mark Zimmerman, MD, lead author of the study. One possible reason for this, he says, is the fact that “we have very good drugs for bipolar disorder but no clear-cut medications

Out of 145 diagnoses of bipolar disorder, 57 percent were wrong.

for these other personality disorders. Doctors, and even some patients, may look to bipolar disorder because it's something that's easier to treat.”

Kay Redfield Jamison, PhD, a leading researcher in the field and author of *An Unquiet Mind*, the 1995 best-selling memoir about her own struggle with the disorder, points out that many people remain undiagnosed but also agrees with Zimmerman: “Anytime an illness comes along for which there's an effective treatment—

and it's naive to think the pharmaceutical industry, which spends a lot of money educating doctors, hasn't had some influence on this—there's going to be a tendency for more people to be diagnosed with that condition for a while.”

To help avoid a misdiagnosis, Jamison advises evaluation by a psychiatrist or psychologist. That doctor should follow the specific criteria listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and be willing to go through the list with the patient and explain why her or his symptoms fit this diagnosis and not something else, says Zimmerman. (You can take a preliminary screening yourself, at dbsalliance.org.) Also make sure a family member is present. “This is essential,” says Jamison, “because someone who is depressed won't remember that they were ever manic.” If you're not satisfied with your clinician's answers, get a second opinion.

—NAOMI BARR