

FASTER

BETTER

SICKER

TUPS

Time Urgency Perfectionism Stress

ANTONIO RODRIGUES
EDWARD WOLFF
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TESTIMONIALS

“So began the sometimes difficult, at times, even embarrassing process of modifying my behaviour. As a result, I am less irritable, less tired, more relaxed and easier to be around. I have more time to do the things I need to do and so get them done better. I am more effective as I am calmer and more efficient. I’ve stopped clock-watching and have been late on occasion and not panicked about it as I would have in the past. I feel more in control of my world and I am less affected by the actions of others. I have also started to listen to my inner voice that I have suppressed for so long and am doing what I want to do as opposed to what I’ve always felt I have to do. If I do find myself slipping back into the old ways, I have many little reminders that keep me on track. I am still in the process of changing and keep finding ways to improve and develop – so the course benefits continue long after it’s over. This self help internet based course has literally changed my life – and in the long term – saved my life.”

(Wendy, 30 years, married)

“We were married for a year when we realized there was a problem in conceiving. I was diagnosed as a time urgent perfectionist by my fertility specialist. He drew pictures of what happens to the body when you suffer from this syndrome. He started telling me the kind of person I was and everything he said was totally true. He even described how I am in traffic, how I get out of the car and I am literally boiling with anger. I hate having to wait for anybody. If I want something done properly, I prefer to do it myself. Six weeks after completing the course, I fell pregnant. I believe wholeheartedly that learning how to control my temper and manage stress had a huge part in my being able to conceive. I want to consider myself blessed that I had physical problems at a young age so I was made alert to my stress. I am trying to raise my daughter to be aware of how her mind can affect her body. I continue to refer to my course notes and check my specific stress template when I feel I reverting to being TUP stressed. I am maintaining my changes and no longer feel overwhelmed or depressed.”

(Kari, 26 years, 1 child, married)

“My pregnancy was a difficult one and a high risk one. I worked from 7 am until 10 pm. I wanted to conceive again, but realized I was stressed. If a bowl was in the wrong place, it would stress me. Even if my boss said my work was fine, I needed to redo my document, every time, before I could send it out. Two spaces instead of one after a full stop would be a big mistake. I was an aggressive and impatient driver. Dr Rodrigues explained to me that such a learned stress like impatience or anger secreted noradrenaline and cortisol. People with this personality type have trained themselves to have this continuous learned stress. I did the course and five weeks later was pregnant again. I have learnt how to calm myself down. The course taught me that I don’t have to be perfect I don’t have to worry what people think of me. I have become more assertive socially and at work. Before, I just used to keep quiet and do everything I was given. Now I just say: “I am busy.” People respond to me more positively.”

(Stella, 34 years, 2 children, married)

“I used to set off for work at 7am to miss the traffic. I worked in a busy accounts department where I insisted on meeting my deadlines without fail and to my detriment. At the end of a working day, I couldn’t leave the office before my in-tray was empty. When I got home, I usually got home after 6pm, I worked equally as hard to keep the place neat and tidy. When I eventually sat to watch tv, I also read at the same time. I think doing one thing at a time is a waste of time. I ate, walked spoke and lived at top speed. I was then informed that I had what has been dubbed the career woman’s disease (TUP stress). This means I was a perfectionist who took on too much work in an attempt to prove myself. My entire life was always a race against the clock. Following the course, I felt 100% healthier. I never knew how seriously your psychological condition could affect your physical condition. I always thought it was a strange New Age idea but now I’ve found the physical evidence in my own body. I am now able to identify my own irrational ways of thinking to pave the way for positive change. I’ve learnt to relax, my self worth is better and my time management has improved. I am less worried about the impression I make on people. I am more happy and at peace with myself.”

(Caroline, 26 years, married)

“My best friend says and does things that used to stress me. She sees the changes and keeps saying “you would have stressed before. What has happened?” I can now be more realistic about my targets at work and am able to switch off from work when I get home. I feel very relaxed. I simply think differently about my life now.”

(Charlene, 26 years, single)

“My house used to be a big stress. The way I have evaluated my change is due to the fact that I can leave a wet towel on the bed and go relax instead of rushing around and putting it in the tumble dryer. My husband spends more time with me.”

(Antoinette, 34 years, married)

“I use all I have learned at work. My colleagues keep commenting on how calm I am in situations when I used to get so stressed. I recognize my hooks. People around me have responded well so I am constantly reinforced for managing my stress better. I don’t make issues anymore about small things – so I longer feel embarrassed. I’ve become a Jimmy Swaggart about the course – I tell everyone about it... I preach about it... “

(Janine, 37 years, married)

“It has changed the way I think. My procrastination is way down. I used to be more anal – but I handle that better. I don’t even look at the clock anymore – even in my car. It’s constantly on the temperature gauge as I’ve realized that it is probably one of my biggest hooks. Now I simply get on with what I have to without constantly worrying about the time. And I find I get most things done!”

(Megan, 32 years, married)

“The nature of my job is stress. It is constant deadlines, it is crisis management, and it’s not going to change. If I didn’t learn to manage the stress or react in a positive way, I may have well dropped out of the workforce and take on a job less rewarding and less competitive. As a Type B, I am surviving. I no longer feel I am bailing water out of a sinking boat, and my puppy is recognizing me again as I spend more time at home. “

(John, 31 years, married)

“This is not merely a vague concept of stress which is wishy-washy. It is a highly specific way of looking at stress with specific skills to manage it. I feel empowered and I no longer have the swollen glands I used to have or the constant colds. I enjoy my meals, I don’t just eat because I have to eat in two minutes. I enjoy preparing my food, and don’t mind if I am late anymore.”

(Jenny, 39 years, single)

“I’ve noticed a change in everything. I am more assertive now even though I would rather choose to avoid conflict. But I can manage to say no without conflict. I am still aware of my hooks constantly. They are easier to recognize. I don’t have that knot in my stomach when I open the office door in the morning. That was habit, and I realized I was creating my own stress.”

(Paul, 40 years, 2 children, married)

“I stopped setting unrealistic deadlines all the time. I work from an action plan. It is a list that is manageable, realistic and achievable.”

(Martin, 37 years, married)

“I have clarity of thought. I no longer have pressured thought where my thoughts are constantly racing. I can think of one thing at a time. I can decide to do one task and complete it instead of trying to do everything at once and finishing nothing.”

(Gregory, 33 years, married)

“I get to work at 8am instead of 6am. And I still get everything done. I still hide files and paperwork in the cupboard when it’s not yet done, but I don’t feel stressed by it anymore. I try to manage things one at a time. I need to practice the skills I’ve learnt but I have them and can implement them when necessary. I can recognize when I need to implement a skill. Things might still stress me but then I stop myself and say “you have a choice now”. That forces me to implement the skills I have learned. I now take the responsibility instead of feeling out of control or overwhelmed. I feel in control.”

(Andrew, 45years, married)

“Since doing the course, my priorities have changed. I am setting new priorities in life, the most important one, to be happy...”

(Theresa, 33 years, married)

“This course has given me as a time urgent perfectionistic person – a choice. To know that you have a choice in the matter makes all the difference. Thank you.”

(Carl, 30 years, single)

“The course enabled me to see how time urgent I am and most importantly, it offered me a solution as to how I could work through the time urgency without becoming less efficient or less productive, therefore improving my lifestyle.”

(Sandy, 26 years, married)

“The course made me become aware of my time urgent and perfectionistic behaviour, and guided me on corrective action.”

(Dylan, 21 years, single)

“Basically, what I drew out of the course was the ability to ‘let go’ by examining myself – my goals and all that matters to me in life. I can once again see the good things in life, and am enjoying life again from a fresh perspective for the first time in two years. My ‘personal fight with myself’ is over at long last.”

(Carol, 50 years, married)

“I recommend this course to all women – endometriosis sufferers or not.”

(Karen, 30 years, married)

“My first impression when I heard about the course was that I’d heard it all before. I knew myself inside out, was an avid reader of self help books, so there could be nothing new for me to learn. Boy, was I wrong! When I heard the definition of a typical time urgent perfectionist, the description fitted me so well, I felt decidedly uncomfortable. Well, I’m happy to say that the course is just what I needed. I was hooked as each week passed and provided me with deeper insights into myself. And the tools to manage my life style.”

(Diane, 30 years, married)

ABOUT THE AUTHORS

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the University of the Witwatersrand Medical School, and published and lectured internationally in the field of Behavioral Medicine.

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DO YOU OR A MEMBER OF YOUR FAMILY HAVE ONE OR MORE OF THESE PROBLEMS?

1. CANCER
2. CARDIOVASCULAR DISEASES
3. METABOLIC SYNDROME
4. ENDOMETRIOSIS
5. CHRONIC FATIGUE SYNDROME OR FIBROMYALGIA
6. INFERTILITY
7. AUTOIMMUNE DISEASES SUCH AS :
HYPOTHYROIDISM
CROHN'S DISEASE
ULCERATIVE COLITIS
LUPUS
ANTIPHOSPHOLIPID SYNDROME
MIXED CONNECTIVE TISSUE DISEASE

WHAT DO THESE DISEASES HAVE IN COMMON?

1. They all have unknown specific primary causes.
2. There is usually a family history of one or more of them.
3. The basis of their appearance is an inadequately functioning immune system.
4. Patients often have more than one of these diseases.
5. A large number of the symptoms can be related to an overactive noradrenergic nervous system and excessive pulsed cortisol secretion.

WHAT IS THE MISSING LINK THAT WE HAVE DEFINED ?

The large majority of these patients are **TIME URGENT PERFECTIONISTS**. We have identified this factor as being present in the vast majority of patients that present with these diseases. We believe that this is one of the most important risk factors for the development of immune related diseases .

WHAT IS TIME URGENCY?

Time urgency is described as the behaviour demonstrated by people :

- Who are driven by time.
- Who hate being late - for work, a meeting, a dinner date, with their work schedule .
- Who are always doing things in a hurry - talk fast, walk fast , eat fast , think fast, accept new tasks fast - even without enough time .
- Who hate being kept waiting - for a meeting, an appointment , for work from others.
- Who don't tolerate fools.
- Who are forever looking at the time.
- Who get stressed keeping to their schedule even though they are always on time.

Do you not feel tense as you read this list? The time urgent person's day and night are spent fitting everything into an impossible time schedule.

Why can't these tasks be left for the next day ?

The reason is related to the second part of the personality trait namely **PERFECTIONISM**. These are people who always like things to be perfect and therefore attempt to achieve perfectionism within a defined time frame. Some people may only be perfectionistic in the work situation but this comprises the majority of their day.

The combination of perfectionism and time urgency result in a high risk for developing and having these diseases.

BY NOW YOU SHOULD HAVE A GOOD IDEA WHETHER YOU OR YOUR FAMILY MEMBER IS A TIME URGENT PERFECTIONIST.

WHAT IS THE LINK BETWEEN TIME URGENCY PERFECTIONISM AND THE DISEASES DISCUSSED ABOVE?

The nature of this personality type is that in order to achieve the desired perfect outcome, in a given time, a certain amount of stress is required. Each of the stress episodes related to time urgency perfectionism will cause an activation of the psychoneuroimmune system pathways. This means that for each stress the brain will release a hormone that will stimulate the secretion of hormones from the adrenal gland.

These hormones include **noradrenaline and cortisol**. The reason for the eventual development of the diseases described above is that the chronic, intermittent release of these hormones will lead to symptoms consistent with an oversupply of noradrenaline and cortisol. The net result is an overactive noradrenaline system and chronic immune deficiency. The science of Psychoneuroimmunology explains these disease processes in a comprehensive, physiological way. It explains the commonality, increasing occurrence and suggested genetic links between these disease processes. It explains in explicit detail all the symptoms associated with these disease processes.

WHAT IS TIME URGENCY IMMUNE DEFICIENCY SYNDROME (TUIDS) ?

We have defined a new syndrome that has time urgency perfectionism stress as its primary cause. The disease processes related to this syndrome are secondary to immune deficiency as result of Cortisol secretion and excess noradrenaline stimulation. The secondary diseases include cardiovascular diseases, metabolic syndrome, infertility, endometriosis, chronic fatigue syndrome , fibromyalgia , autoimmune diseases and cancer .

WHY HAS THIS DISEASE OCCURRED?

The changing demands of the world have resulted in time being all important and quality being essential. These diseases occur in both sexes and start at young ages. Increased demands in the information age where everything has to be done faster and with greater accuracy from the highest corporate officers to managing a home. The advent of technology has reduced time available to us instead of adding more

time to our lives. Note corporate executives who sit in restaurants with their lap tops on and housewives who have to deal with refrigerators that require programming skills. It is for this reason that time management, as we had known it for decades, no longer helps us to cope with shortage of time. We need a more specific management method to deal with this stress.

WHAT CAN YOU DO FOR YOURSELF OR YOUR FAMILY MEMBER?

We have defined a precise management course that was developed at the Medfem Clinic - the institute for the care of women. This course is known as the XTime - Time Urgency Perfectionism Stress Management (TUPS) Course.

YOU NOW HAVE THE ANSWERS AND SOLUTION TO HELPING YOURSELF OR YOUR LOVED ONES.

Part One:
Stress and Health:
Changing Concepts

In part one, chapter one, stress is analyzed and dissected to be understood how specific factors relating to stress impact on the nature and development of disease. Two factors causing stress are isolated. These are time urgency and perfectionism. Time urgency is the need to treat time urgently and to manage time as though it is finite and will run out if not utilized to the full immediately. Perfectionism is the need to do everything perfectly at once, without a chance to change or redress the situation. The combination of the two, known as time urgency perfectionism stress, is discussed in this part of the book in terms of how it relates to disease.

The next chapter analyzes the nature and components of time urgency-perfectionism stress. This is followed by a discussion of the mechanisms which convert time urgency- perfectionism stress into illness . Herein, the new science of Psychoneuroimmunology is utilized as the mechanism by means of which time urgency perfectionism stress translates into, and worsens, illness; and how this can be changed to enhance health.

Chapter One

Time Urgency Perfectionism Stress and Disease

Kathy is a twenty eight year old woman who recently started working after the birth of her youngest child in order to maintain the family's standard of living. She is the mother of two children, one of nine months and the other one of three years of age. She now works an eight- to- four thirty work day and she reports that everyday, at 4 o' clock she starts worrying that her employer might give her work that will go beyond her usual four thirty time of leaving to go home. Because if Kathy leaves at four thirty, the traffic is just such that she is able to pick up her older child at nursery school at exactly 16h50. This leaves her barely enough time to rush into the local supermarket where she can buy food for supper before picking up her youngest child from the day mother at 17h20 as the day mother cannot wait for her beyond 17h20.

Kathy arrives home at 17h30 and now her two young children, who have missed her the whole day, are clinging to her for attention. She knows that soon they will be needing their supper, and she has to juggle her time to fit in a bath for each of the children, to dress them in their pyjamas to get them ready for the next day as well as to start preparing supper for them. She doesn't have a moment to relax. She also says she cannot afford to get sick. She's rushing and rushing and rushing... and if one thing goes wrong, her entire routine is destroyed for that day. It irritates her when things aren't perfect and done perfectly on time. Then she is forced to go deep into the night trying to rectify that which went wrong, and she wakes up the next morning worried about coping with the day ahead.

Kathy is a typical example of the men and women in the decade before and after the millennium.

What Kathy is experiencing, as well as other women and men of this generation and perhaps a decade or so older, and will most certainly effect people in the coming generation, is the fact that they now, out of choice, change in society or out of necessity, have had to change their previously culturally, socially and historically defined roles as mothers and care-givers. The newly acquired roles include that of

competitor in the work force. She's had to develop attitudes and values that will be compatible with surviving in an ever- increasing competitive world of the work place. These values have changed her from being a moderately paced, understanding, loving, caring, agreeable person to a very fast paced, competitive and somewhat irritable person at work. The moderately paced person she so much wants to be at home, but cannot be any longer, has been replaced by the attitudes and values learned and demanded of her at work, which have spilled over into her home situation. It could possibly even affect her marriage.

Kathy has now fallen prey to a situation where she has to be competitive, and in order to be competitive, she must be able to muster sufficient personal power that befits the degree of responsibility she has at work. This power has not been given to her by means of her position in the business where she functions. Even if she had to now muster the necessary power, where she does not have it, to match her degree of responsibility, Kathy has not had the time nor the opportunity to learn the necessary skills that her male equivalents have in order to cope in the business environment. Kathy is now a 'stranger in a strange land', work- wise. She has to be quick, she has to be aggressive, she has to strive hard and she cannot do it. Kathy then suffers from increasing demands with limited skills to meet these demands. The nett result is stress. However, this is not stress as is commonly defined.

Kathy has a particular form of stress that shares with all other forms of stress and shares with anxiety and fear, which is one component, namely tension. Tension is characterized by feelings of being rushed and hurried, and in some way, feeling threatened. However, in fear, one experiences that tension and that subjective feeling of being endangered, but there is something that one can run away from or try to avoid or fight. But in anxiety, one feels the stress and tension, yet there is nothing to escape from, so one endures the anxiety. With stress, this tension is the result of too many demands with too little time and a perceived lack of ability - as the individual subjectively perceives it. When the demands include that one should perform quicker and be more perfectionistic, it is an internally self- induced and self perpetuating stress fuelled by situational demands. When the individual has to work much faster and quicker, due to the very specific nature of the changes, and has to be more perfectionistic within this hurried context, it results in the individual

experiencing extreme time pressure. She has to learn to be time urgent as well as perfectionistic. It would seem that a common denominator is perfectionism and time urgency as well as a change in socio- economic roles in the woman of today. The question one has to ask now is: "Are time urgency and perfectionism related to illness?"

Recent research shows that time urgency and perfectionism stress relates to the following diseases, both benign and malignant:

- The benign illnesses include cardiovascular diseases, metabolic syndrome, endometriosis, chronic fatigue syndrome, fibromyalgia ,autoimmune disease including Thyroid Autoantibody Disease, Crohn's Disease, Ulcerative Colitis, Lupus, Antiphospholipid Syndrome and Mixed Connective Tissue Disease.
- A major concern is not only the presence of these benign diseases, but the massive increase in cancers in the same personality types that have being discussed. The cancers that are increasing include the following: breast, lung, colorectal, bladder, non- Hodgkin's lymphoma, uterine cancer, melanoma of the skin, kidney cancer, leukaemia, ovarian, and pancreatic cancer.

Scanning the above list presents a frightening array of diseases which many readers of this book will suffer from. However, anybody who has not manifested these diseases is not immune against them especially those who exhibit time urgency-perfectionism stress. These people are highly at risk for the development of these diseases.

The question now is, "are you at risk for the development of these diseases?"

Are you a time urgent perfectionist?

Bill is a young attorney who has recently completed his articles and is on his way to establishing a successful career in law. He admits that he has always tried to achieve more and to face more challenges, as this has always left him feeling good.

He is aware of the fact that he is spending a lot of time at work, and putting in longer hours in a day, as he has to compete with more experienced colleagues who are accustomed to the demands placed on them within the practice. Bill knows that if he does not bring work home, or works late at the office, that he won't get things done. He is extremely careful about the detail he seeks in terms of his work, as he knows that any imperfection on his part might compromise someone else.

Bill finds himself taking on more tasks than he is required to, simply due to the fact that he feels he needs to prove herself within the practice, and he does not want his colleagues to be disappointed in him. He also battles with assertiveness when it comes to declining a request; and prefers to simply avoid confrontation. His wife, family and friends have commented on the fact that they don't see him as often as they would like to, and that he always seems to be in a hurry. Bill explains that these are the demands of his job. He does, however, find that he is becoming more impatient and easily angered at home, as he constantly feels tired after a long days work. Yet Bill insists he feels exhilarated by what she perceives to be 'adrenaline rushes', and feels he needs to work under pressure in order to remain motivated.

One needs to keep in mind that it is not only the individuals in the corporate or business world who feels the demands of time urgency- perfectionism stress, but includes the women and children at home. No- one is immune to developing a behavioural style characterized by time urgency and perfectionism.

Lauren is a young mother who has always considered herself to be a very relaxed individual. In fact, after resigning before the birth of her child, she worried she would become even more relaxed - and perhaps lazy - once at home. However, following the birth of her child, she says she has become acutely aware of time and the ticking of the clock. This seemed to come into play soon after the birth of her baby, when she noticed herself constantly looking at the time and planning her day around the clock. In addition, she mentioned that she had become even more perfectionistic since the birth of her child, and found the chore of cleaning the house tedious and frustrating, because no sooner did it look good, when she had visitors and the children messed up all her hard work. Lauren has noticed that she never seems to relax anymore, and always appears to be in a hurry. She seems to do everything in

a rush - walking, eating, driving..... She feels guilty about expressing her state of tension to her husband, as she perceives she has no reason to be feeling stressed. After all - she keeps telling herself -that she has the opportunity to stay at home. She keeps reminding herself that she has no reason to feel this way.

If one looks at a group of typical time urgent and perfectionistic individuals, there are definitely many characteristics they have in common.

These individuals will often :

- Deny being time urgent or perfectionistic.
- Sceptical about changing, as they will perceive a change to possibly decrease their effectiveness.
- Mention that they feel motivated by the surge of hormones that operate when under stress, and that this enhances their performance as well as their feelings of achievement.
- Declare that they prefer to work according to deadlines, and will often leave work until the last minute in order to complete it quicker when faced with an impending deadline. Deny feeling any physiological tension when under stress, only later to realize that their shoulders are tense and their necks stiff.
- These are the people who perceive physiological tension to be part of daily life. If their bodies do not feel the habitual tension they are accustomed to, these individuals perceive something is amiss. They tend to worry when they have nothing to worry about.

One needs to look at the overt and covert behaviours these time urgent-perfectionistic individuals exhibit, especially when under stress.

They may react to a stressful situation by becoming :

- impatient
- irritable

OR

They may not reveal much outward discomfort.

People with this behavioural style will often find that they do everything faster than their colleagues and peers - such as eating and walking - even when not in a context

which demands them to be hurried. They seem to have an almost self- driven need to be hurried constantly, often with no purpose.

A major source of tension and stress for people who are time urgent and perfectionistic is the sense of helplessness that occurs when they feel they are not in control over a situation. A lack of control - either real or perceived - seems to result in a sense of helplessness or a need to try and gain dominance over the context again.

When looking at the manner in which time urgent- perfectionistic individuals interact, this seems to vacillate between periods of passivity and aggression. The aggressive and cynical stance seem to emerge when there are time constraints or demands, or when there is a perceived lack of control and a need for dominance. Oftentimes, this aggression is closely followed by feelings of guilt and regret. A more passive communication style appears to occur in those individuals who want to avoid confrontations, but also in those who are overly responsible and find it difficult to say “no”. This, once again, leads to further stress, as the individual often tends to take on more responsibilities than manageable in the given amount of time.

A time urgent perfectionist wants “to do things right, and quickly!” Thus, not only does the individual have to contend with the stress of time constraints and time urgency, but also with his or her need to achieve at 110%.

Therefore one not only has to race time in order to meet a deadline, but one also has to ensure that the completed work is correct and perfectly done. This perfectionism, although often demanded externally, is exacerbated by internal demands. The need to attend to detail often occurs in contexts where it is not deemed absolutely necessary.

Time urgent perfectionists tend to be frequently hurried for appointments, and do not like being late for their appointments. However - as so often happens due to mismanagement of time - the individual finds herself running late. There is a need to achieve and succeed, and the individual sometimes report high levels of insecurity

associated with a perceived inability to achieve that which she deems realistically attainable.

It is important to keep in mind, that although all time urgent- perfectionists have certain traits in common, there are individual differences across the group. Time urgent and perfectionistic individuals may only respond to stressful triggers in certain contexts. That is, they may not uniformly exhibit time urgent behaviour or perfectionistic behaviour across all areas of their lives, but perhaps only in certain contexts such as the work environment.

Chapter Two

What is Time Urgency and Perfectionism?

Time Urgency Perfectionism Stress

Jim is a 30- year old single man. He's at work and has settled down for the morning. He is hurriedly finishing off some details for material he has to present to the Marketing Manager of his company. At this point in time, he feels tense, he feels hurried and is a little irritable. However, he is looking forward to the day because he really enjoys his work. He looks at the work which he has been busy preparing for the past two days and wonders whether he has done a good enough job. Upon pondering his work, he becomes quite sure that it is not good enough and now sees some problems in the coherence of the material that he has prepared. He perceives there to be gaps in the presentation of the facts which he has so painstakingly gathered over the past few weeks. This causes him to worry and he returns, in a hurried fashion, to the ten or so files full of facts on his desk. He hurriedly pages through them, not quite able to find the facts that he thought she would. He feels the tension in his neck and he hopes that he will not get a headache that will interfere with the completion of his work. A colleague comes into his office to talk, and Jim feels irritable because he doesn't have time now to address his colleague's problem. The colleague starts talking about a fight he has had with someone else in the office, and Jim says "I'd love to help you but I can't right now. I have to finish this for Mr. Katz." He immediately feels apologetic for his words as his colleague looks taken aback. Jim refocuses his mind on the work at hand and he can't seem to find the necessary facts that he perceives are missing in his document. Jim continues to repeat to himself: "I must hurry. I have ½ an hour before the meeting."

Jim berates himself for not having started the work earlier. By now, he is feeling a little distressed. He's telling himself he should do her work better, he should plan better... he should have more control over what happens to him. He is now hastily picking things up and putting them together, and misplacing things in the process. Jim is getting angry at himself for not finding what he needs in the places he expects them to be, where he is sure he placed them, as he always places his belongings in

a neat and orderly fashion. This very neat and well- controlled, well organized man now appears to himself not to be as neat and organized as he usually is.

Jim now worries about handing Mr. Katz an inadequate piece of work that is not up to his standard and he is hurriedly scurrying across his workspace and hastily trying to put everything together. Finally he has everything together, rushes out of the office to Mr. Katz's office and stands there for a very short while to compose himself. When he walks into his office, he appears calm, well controlled and organized with no outward signs of any distress.

What Jim did not notice was that over the last half an hour, he did work, which under less pressurized circumstances, would have been done in 10 minutes. What he also failed to notice, was that his need to ensure that everything was perfect, caused him to repeat certain actions so many times more than was absolutely necessary to attain an efficient degree of quality.

He informs Mr. Katz that he has completed the work he was assigned to do, wishes him well in the presentation and turns on his heel, walking out of the room very quickly. Jim was not aware of the fact that he was speaking fast, in an almost harsh, staccato- like fashion, and that he walked much faster than usual. But even more negative, was the fact that Jim was unaware of his heart beating faster, his blood pressure being somewhat higher than it should be, his muscles being very tense, and his body's arousal system operating at a pitch of a person who was experiencing some degree of distress. Him not noticing these physiological changes in his body as well as his stressed behaviour places him into the category of those persons who suffer from time urgency- perfectionism stress.

If Jim continues in this way for many months, his behaviour might not be noticeable by himself, his family or his colleagues. At most, he might describe himself as a stressed person, while also appearing to his colleagues to be always in a hurry, although always doing his job better than anyone else. What will also happen, in months or perhaps years, is that he might develop one or more physical conditions for which there is not a sufficient or logical explanation. These conditions are often described by physicians as stress- related illnesses. Of these, tension-, migraine-, or

the cluster-type headaches, chronic high blood pressure, ulcers or irritable bowel syndrome might emerge. He could even develop serious heart disease as a result of this behaviour.

What were the negative components of his behaviour this morning?

Stress is a condition that can be described as good, bad or ugly.

Stress, in itself, cannot be in any way classified as bad as such. We can differentiate between two forms of stress namely, **distress and eustress**. Distress is described as when the person is subjected to stress of such a nature, intensity and duration as to experience physiological discomfort. What occurs first is an alarm reaction, in which the body responds with tension, continuing into an attempt by the body to adapt or adjust to stress, finally leading to bodily exhaustion wherein one or more of the body's organs or functions start deteriorating due to the stress. This deterioration could be the formation of any of the other diseases mentioned earlier in this chapter.

Eustress is when an individual is subjected to stress of a certain intensity over a certain period of time, where this stress is considered to be a level of aggravation that causes the individual to be alert, to think clearly and to produce work or behaviour which is highly adaptive and functional. This then should lead to experiences of mastery of one's personal, social and work environment and is often, if not always, linked to success.

Eustress is therefore the good stress, while distress is the bad stress. When distress results in the development of physiological illness such as heart diseases, chronic headaches, endometriosis and other immune deficient diseases , it becomes ugly and it precludes the person from living the life that the person thought was possible by working hard, and putting her best into her personal, home and work environment.

Where did all this go wrong? It went wrong because eustress is stress that produces success . If successful people are looked at closely, they all appear to be functioning at high levels of activation or arousal, and therefore it is assumed by others that they are experiencing stress. However, they seem to be very comfortable in this

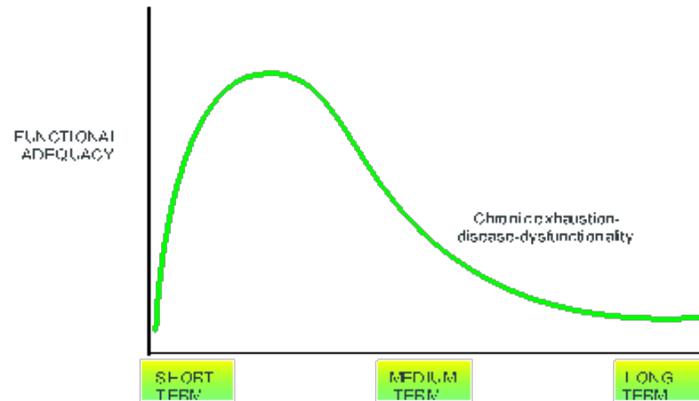
heightened state of arousal. But the assumption that they are experiencing stress is not necessarily true. Heightened levels of activation or arousal, which is indeed stress, is often a very positive experience. The elation and excitement during a sports match of one's team or oneself winning a game, causes high levels of activation or stress. However, this eustress associated with enjoyment and success serves to enhance bodily functioning.

Lets look at an example that most people can relate to. People who like jogging as a form of exercise or who enjoy doing aerobic exercises often experience subjective feelings of well being when, and after, they have engaged in exercising. They then begin to do these exercises competitively in the form of shorter, competitive running which they enjoy and the exercise seems to enhance their functioning. It is, however, only when those who enjoy competitive running and decide to participate in marathons where they exert themselves, that we see the beneficial effects of exercise turning into negative effects on the body. We find competitors in marathons such as the Comrades Marathon often to show more signs of illness than usual before and after a marathon. Exercise in this case, serves no longer to enhance, but to suppress the immune system in a case where over- exertion has occurred. A common wrongful assumption in this regard is that a continuum exists between eustress and distress. It is often assumed that when stress produces enhanced functioning and enjoyment, it is eustress, but when taken to further extremes by means of further exertion or longer time periods of exercising, it produces distress. This is a wrongful assumption as science dictates that there are two pathways that mediate personal attitude in the context of exercise.

The first pathway, is where stress is cause for success and enjoyment and produces enhanced well being. The second form of stress, a biochemically different form of stress, occurs when the attitude of time urgency and perfectionism is injected into exercise behaviour causing over- exertion and distress - probably leading to illness.

The over- exertion, lowered functionality distress is associated with time urgency and perfectionism. Herein, there are high levels of physiological activation that produce functional adequacy very quickly, and in the short- to medium- term.

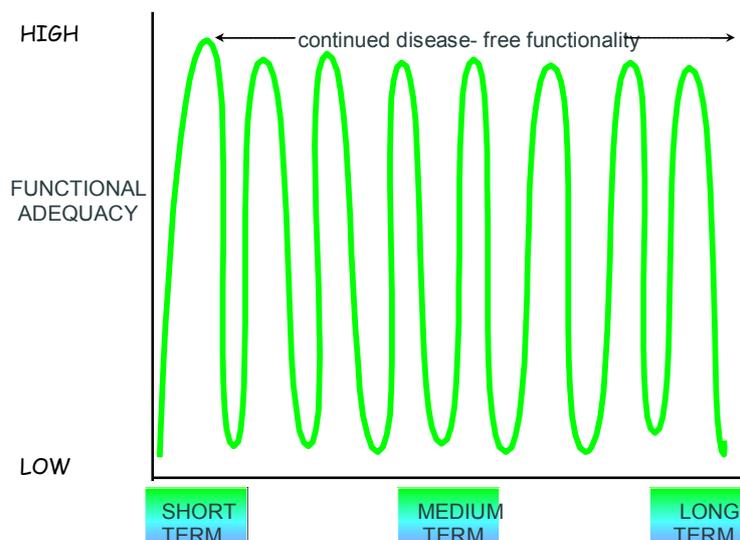
The Noradrenaline- Distress Curve



However, in the medium- to long- term, the time urgency perfectionism stress noradrenaline- mediated responses, causes distress that leads to chronic exhaustion, disease and chronic dysfunctionality.

On the other hand, eustress is associated with achieving levels of functional adequacy due to heightened physiological activation that is of short- term duration, reaching high levels of activation and functional adequacy and returning to a normal base- line on the short- term, medium- term and long- term, ensuring continued disease- free functionality over the long term. As the figure below states, functionality is maintained at a very high level and there is no exhaustion or dysfunctionality, which ultimately facilitates in the development of disease.

The Adrenaline- Eustress Curve



Herein, the eustress response is associated with heightened activation related to adrenaline, while the distress response is related to heightened activation due to noradrenaline. The person who functions on the adrenaline- eustress curve exclusively, is a person that gets activated, highly functional and then relaxes. This cycle occurs intermittently over not only the short but also the medium and the long-term. This cycle is associated with health and success. Adrenaline is secreted in response to unknown stresses that occur spontaneously as opposed to noradrenaline which is released in response to conditioned stress . Time urgency perfectionism leads to a conditioned stress .

It is not only stress, however, that dictates the development of illness. Stress alone cannot cause illness. A person has to be susceptible, and this susceptibility is determined by genetic factors, earlier functioning or malfunctioning of the body as well as the person's ability to manage stress in the form of individual differences in the processing of the nature of stressful situations.

This then leads to the question, why do some individuals not get ill because of over exertion?

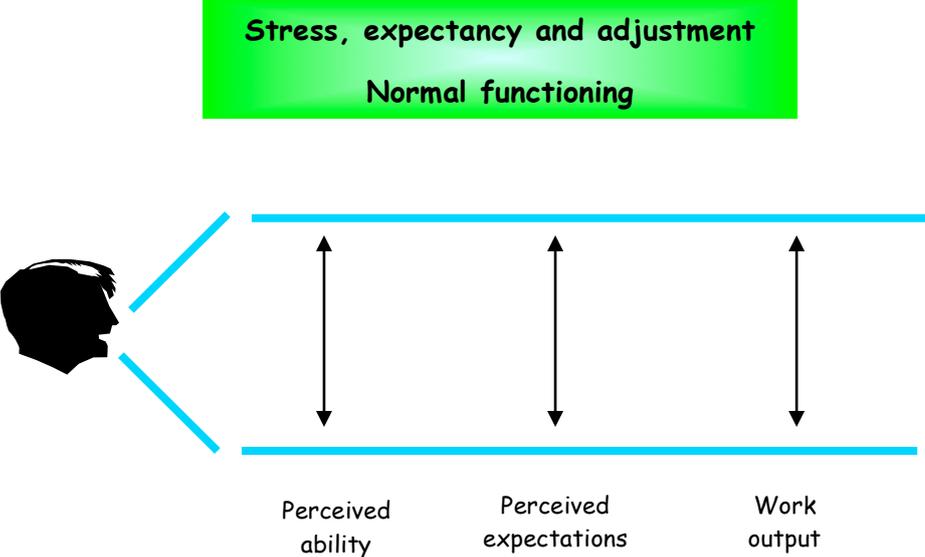
Let's look at the highly successful and well functioning executive. The very factors that make these people successful, namely their ability to do a lot of work in a short space of time, their pressurizing themselves to achieve major goals in short periods of time, as well as their tendency to want to produce work of a high standard of excellence also contributes to them remaining healthier for a longer period of time. These people, in their quest for excellence, as well as the achievement of major goals, would probably be those who create a healthy lifestyle by engaging in moderate exercise as well as other health- promoting behaviours such as a good diet, and the avoidance of excessive smoking and alcohol. The absence of time urgency- perfectionism stress would be a prerequisite for maintaining health.

What then is time urgency- perfectionism stress?

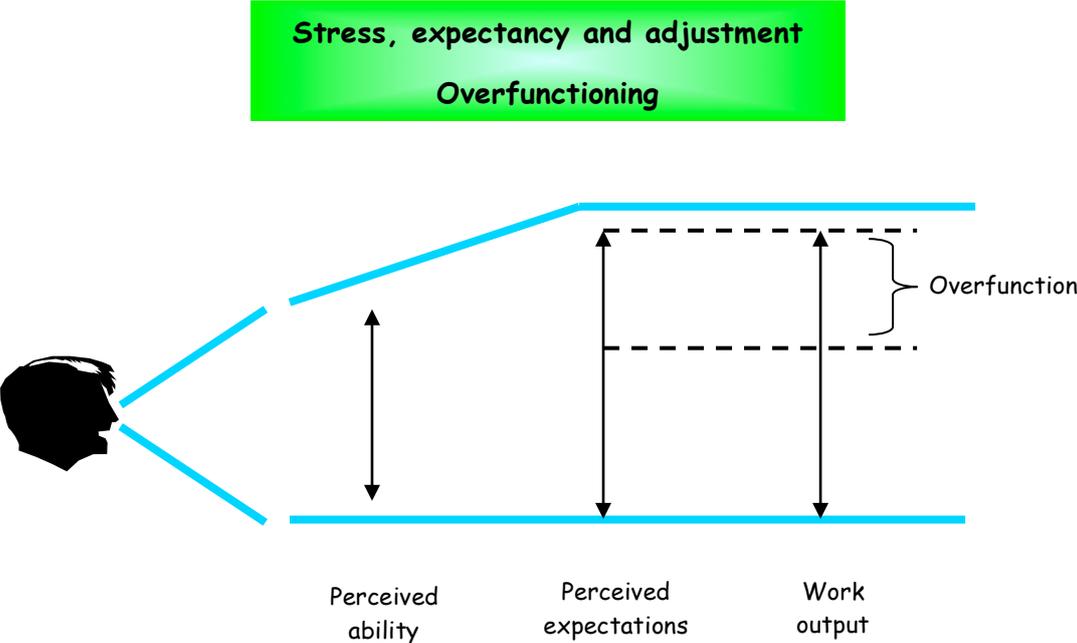
Stress: Time, pressure, perfectionism and distress

Basic stress

In a perfectly balanced individual, his or her required work output and others expectations of him or her, would be equal to his or her ability as can be seen in the figure below.



However, humankind has constantly strived to work harder and better in order to improve its conditions. This has also lead to major difficulties in human lives. Because in its striving to produce more and better, expectations have started to exceed abilities so that human beings tend to overfunction. Overfunctioning then results when expectations, or perceived expectations, exceed perceived abilities so that a certain work output can be maintained.



The question now arises, what are the characteristics of the causes and consequences of overfunctioning?

These all pertain to the excessive focus on achievement by modern society. Herein, the need for people to achieve more, to achieve quicker and to achieve with greater excellence would seem to be the major quest. In every job or position, there is a constant demand for improving functioning. However, when this demand exceeds the workers ability, the discrepancy between ability and demand is met by overfunctioning. A more dangerous and more insidious component, or part of overfunctioning, is when the person places on him or herself the demand to perform quicker, with greater accuracy, with greater excellence and with greater magnitude.

These aspects that lead to this are, amongst others, the desire to achieve with greater perfection, called perfectionism, and the desire to achieve quicker with is time urgency. It would appear that the need to achieve more, better, quicker or to perform with excellence, is in actual fact all related to time urgency- perfectionism stress.

This allows every human being to achieve any activity to the best of their ability or to the best of what is required by that activity. It is in fact within the reach of each human being to meet the demands of perfection that any task or product might require. What would appear to then cause stress would be the lack of time in which the individual then achieves the goal. The person then starts overfunctioning by means of wanting to do more and better in a shorter space of time. This then is called time urgency- perfectionism stress.

The discrepancy between perceived ability to meet the perceived excessive demands results in overfunctioning, is made up by doing everything quicker and with greater intensity resulting in greater subjective tension. If this subjective tension is not managed, it will result in physiological changes, caused by a neural hormone called noradrenaline. It is these neural hormones as well as excessive muscle tension in the body that produces a large variety of illness. If humans could increase the body's ability to cope with their need for perfectionism and their need to perform everything with the greatest of speed and greatest of urgency, they would decrease

the amount of tension in their systems as a whole. Until that can be achieved, however, human beings are relegated to be victims of stress.

We need to look at the differences between so-called normal stress and time urgency perfectionism stress. As discussed earlier, we all suffer from stress in our daily lives, yet we can remain healthy and function at an optimum level. However, when we are vulnerable to experiencing time urgency perfectionism stress, that is where the concern for our health arises.

Stress is said to involve both chronic or long term stressors as well as short term or acute stressors. A chronic stress may be the fact that one has a child with a problem which places stress on the parent every day. In addition, we may suffer from an acute or short-lived stressor such as a death in the family or facing an examination. These stressors are often externally induced. That is, we do not place undue stress on ourselves, but the environment places stress on us. Let's look at the new employee who has just started to work in an environment which is highly competitive and hostile. She is constantly faced with hostile individuals whom she feels she cannot befriend. She feels very isolated and alienated in her work environment. Herein, it is the context which is placing stress on her. Of course, she may be an individual who cannot easily fit into a group environment or is highly dependent on social support. Primarily, if she is removed from that context, the stress will greatly be alleviated. Her stress was primarily induced by an external environment or context. The second important point is that this stress is not a learned stress. It could – in this example – become a stressor that is learned. By this, she could learn – in order to avoid fear – to now avoid large office environments wherein she perceives she will feel isolated. She will – by means of learning – become stressed whenever she has to enter a large business or corporate environment for whatever reason. If this occurs, the stress has become learned. For a more simple example, if one loses a loved one – to death, or parting or any other reason – one experiences the loss and feels stressed. This stress is not learned. It is a novel stress. The body reacts to this stress in a novel manner. In this case of learned stress, the body learns to respond in a stressful manner to situations which were previously not stress-inducing.

Thus, when one looks at time urgency perfectionism stress, it is a unique type of stress. It is a stress that is most often learned and self-induced. But one might say: “my job demands that I be on time and do my work correctly.” This may be true, but if one examines one’s daily activities closely, the demands placed for time urgency and perfectionism are often placed *on the self by the self*. Why then does one feel that one’s work was not good enough, even after receiving praise and acknowledgement for the work completed? Why does one feel the need to be time urgent even when one is not running late? Why feel stressed for time on a quiet Sunday afternoon whilst visiting family? Clearly, there is no direct urging by another person for one to be as time urgent and perfectionistic in that situation: it is imposed by the self and must be learnt. One will awake worrying about time, even without considering the day ahead. It is a relentless, non-goal directed stress. The danger of this is that time urgency perfectionism stress becomes a learned stress. The body becomes used to worrying about time, and secretes certain hormones in response to this. We all know the story of Pavlov’s dogs. To refresh your memory, let’s briefly look at what we learned from this experiment. Pavlov’s dogs were seen to salivate whenever they received their food. Pavlov, a biological scientist, demonstrated that he could teach these dogs to salivate *in anticipation* of receiving their food, even when the food was not placed in front of them. What he did was to ring a bell whenever the dogs salivated whilst receiving their food. Eventually, he simply rang the bell and the dogs would salivate in response. The dogs had learned that whenever the bell rang, they associated it with food, and would salivate. They learned to respond in a certain way.

With time urgency perfectionism stress, the body has learned to react to certain hooks or triggers with a stress response. It has become a habit. Let’s look at a common trigger or hook which creates anxiety for a time urgent individual. They wake up and look at the clock. As soon as they see the time – the trigger or hook – they begin to experience stress. It is a learned response to looking at the clock. The body then reacts with certain biochemical responses, such as a surge in the excretion of noradrenaline. This habit is difficult to break. This habit becomes a way of life for many people. It is very common to get people who, having been successful in decreasing their stress related to time urgency and perfectionism, say: “I am worried because I am so relaxed, because I have none of the constant stress I had

before.” It has become such a habitual part of their day, that they worry when they are not worrying.

Thus, the main focus of time urgency perfectionism stress that separates it from ordinary stress include the following:

- Time urgency perfectionism stress is most often *internally imposed* and *self-induced*.
- Thus, time urgency perfectionism stress is LEARNED.

Time Urgency Perfectionism Stress - A focus for this Millennium

Given the nature of stress discussed above, the question can be asked if men or rather women, experience the most stress. And in addition, do more men, or more women, report that health is affected by stress. In general, women report experiencing more stress than men in general in research done by the National Health Promotion and Disease Prevention Study. Women who exhibit perfectionistic and time urgent behaviour are more apt to be employed, and the problem here is that they often choose vocational settings where intensive involvement in activity, and the consequences of high income, high responsibility and high prestige are the pattern. It would then seem that women experience more stress in recent years as they have to navigate and negotiate the many role barriers that they face .

It seems that in terms of expectations of situations exceeding abilities, it would seem that changing roles of women and expectancies for their work and home behaviour - causes excess expectancy versus ability to manage. Herein it would appear that if those women experience time urgency and perfectionism, or show these behaviours as part of their personalities, they would experience greater perceived stress. If they then do not have some of the mediating factors that alleviate the impact of stress, namely social support, a good self concept and adequate coping skills, which we will address later, then these women will show greater amounts of stress hormones and increased activity in those parts of the nervous system that regulate tension and ultimately show greater indices of illness.

The essential element here is that time urgency- perfectionism stress leads to distress and disease, via certain physiological pathways. The specific pathways implied in the development of disease need to be examined more closely.

Chapter Three

Time Urgency Perfectionism Stress and Disease: Psychoneuroimmunology

Sally, a career woman, has recently progressed to be a manager of the information technology department of the company. She is very busy and rushed and her perfectionism has succeeded in getting her promoted above some of her high achieving male colleagues. At this point in time, she admits feeling somewhat stressed but basically feels good. Her new husband supports her in her job and in fact encourages her to reach even greater heights in her career. They've been trying unsuccessfully for almost a year to have a baby of their own. They went to a gynaecologist who thoroughly examined her and found no reason for her not to be pregnant. Her husband's sperm count was also normal. After the sixth unsuccessful attempt at conceiving since their visits to the gynaecologist started, they were referred to an infertility specialist. After they explained to him the nature of their problem, instead of performing endless biochemical and surgical procedures, he asked them two totally - for them - unrelated questions. He asked Sally if she often felt pressed for time in her work and private life, and whether she was somewhat perfectionistic in her approach to her work and life. She never considered herself to be pressured by time or perfectionistic to a severe degree, but her husband indicated that this was indeed a fact. The infertility specialist made a clinical diagnosis of endometriosis - which was confirmed by laparoscopic investigation.

The specialist suggested that she participate in a behavioural change program for time urgency- perfectionism stress as this was, in his opinion, the root cause of her endometriosis - which is a condition associated with infertility.

Sally was very resistant to participate in such a program, because at the level of corporate seniority where she found herself to be, so-called psychological factors were a sign of weakness and not a legitimate sphere of medical intervention. However, her initial reluctant participation soon changed to a fervent involvement with changing her health lifestyle behaviour.

She felt at home with the six other ladies in the program. She came to understand some of the psychosocial antecedents of her. She grew to understand why and how she developed time urgency and perfectionism as attempts to cope with her life. Her new marriage relationship improved beyond her expectations and her husband showed an even greater involvement in not only her as a person, but also her work. One of her major fears, mainly that a change in her behaviour to be less time urgent and driven would lead to less efficiency at work, never materialized but in fact the opposite prevailed. She got increasing reports of not only her effectiveness, but also satisfaction with her managerial style by those who reported to her, and those she reported to.

She was even happier a few months later when she found out she was pregnant. She was proud of the fact that she did not mind asking for maternity leave and even more pleased that her superiors granted this with pleasure.

How did this happen?

Was it really time urgent stress and perfectionism that caused, or partially caused her infertility and endometriosis?

The Stress Response

It is accepted that behavioural or psychological factors, and more specifically stress factors, play an important role in the causation of illness. Whereas stress was more precisely defined in a previous chapter, the stress response is mediated by information that makes its way to the brain and leads to changes in the brains communications to the body.

The brain uses three major communication systems to regulate bodily functions. The voluntary nervous system sends messages to the muscles so that we may respond appropriately to any given bit of information, for example that somebody is intending to hurt us. This prompts us to take any action as quickly as possible to avoid getting hurt.

The second of the brain's communications systems is the autonomic nervous system. It is called autonomic because it works automatically without our having to think about it. This system effects its actions via the combined actions of its two branches, the sympathetic (used mainly to get us going quickly in emergencies) and the parasympathetic (whose function is mainly to keep the body's background maintenance systems - like digestion - in order and to calm the body's responses).

The sympathetic branch helps the body respond to emergency situations and works via the actions of noradrenaline and adrenaline. Once released, noradrenaline and adrenaline act to stimulate two types of receptors - alpha and beta - in various tissues of the body. These receptors are like switches on the membranes of cells throughout the body. Once activated by adrenaline or noradrenaline, the alpha or beta switch sets in motion a series of steps inside the cell. By initiating these steps, the emergency branch enables the body to respond quickly with the intense muscular efforts necessary to cope with stress.

The other branch of the autonomic nervous system, the parasympathetic branch, counters the actions of the sympathetic branch, calming and soothing the body, thus preventing us from remaining too long in a state of emergency mobilization, which, if left unchecked, could lead to disease. This branch releases another compound called acetylcholine which stimulates other receptors causing the cell to calm down.

Apart from the voluntary nervous system and the autonomic nervous system, the third major communication system available to the brain, is the neuroendocrine system which also acts automatically to maintain the body's internal homeostasis. For instance, the brain stimulation of the pituitary gland is shown to secrete certain messenger hormones into the blood. The hormones travel to distant target glands where they stimulate the glands to release other hormones, which in turn affect bodily processes such as metabolic rate and sexual functions. The most important target gland is the adrenal gland. This secretes adrenaline, noradrenaline and cortisol .

Adrenaline is released in response to new unexpected stress whereas noradrenaline is released in response to learned , repetitive stress such as time urgency perfectionism stress .

One of the major stress hormones apart from adrenaline or noradrenaline is cortisol. Cortisol acts in a variety of ways to enhance and prolong the effects of noradrenaline. It maintains the strength of the body's response in situations of chronic stress. Cortisol, together with adrenaline and noradrenaline, are those chemicals that when secreted in excessive quantities, will damage specific organs in the body. This is especially true when there is chronic or continuous elevation of these chemicals in the body.

A recent development, however, previously unknown, has been the discovery of the effect of the above chemicals on the body's immune system.

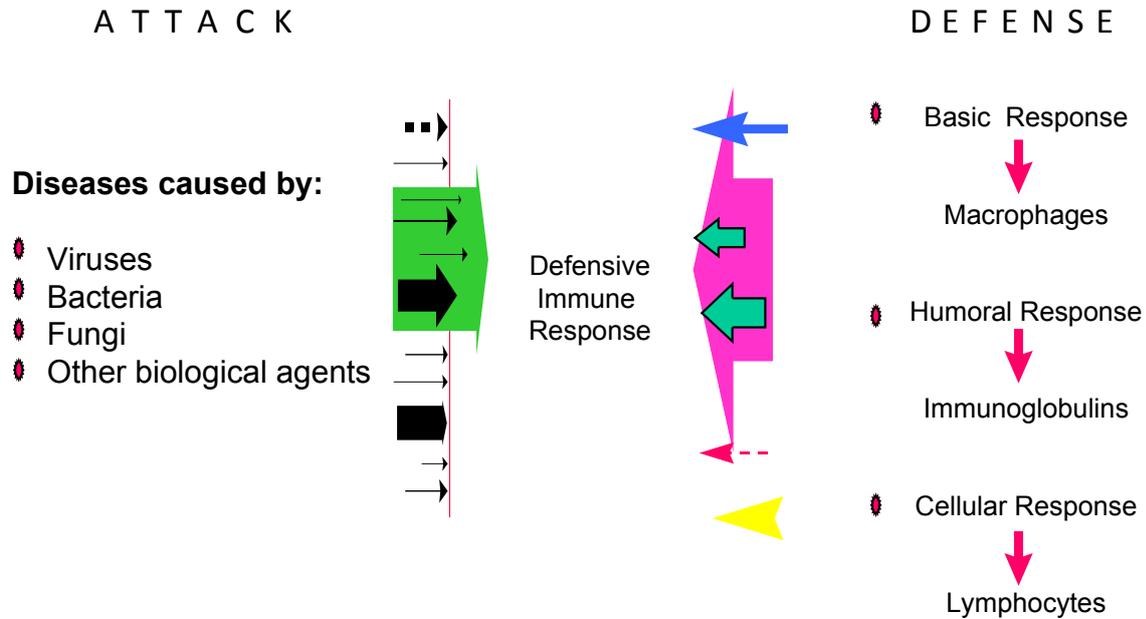
Psychoneuroimmunology

Psychoneuroimmunology is a very new branch of science. Any medical doctor will tell you that although immunology as an entity has affected human health to a tremendous extent since time immemorial, it is that branch of medical science that until recently the least was known about. There are many reasons for that. Even though the effect of the immune system on the development of illness and the breakdown of health has been one of the most influential aspects on human disease and health, science has not being able to "decode the immunological response" so that it could be utilized in clinical medicine. For eight or nine decades, very little was discovered in terms of how immunological systems affected the bodies health and illness. It is only the last two decades that have shown the advent of immunology as a separate branch of science and applied science, to enable us to utilize this branch of knowledge.

The body has two major lines of defense against illness. The one is known as humoral immunologic response, where immunoglobulins play an important role. The immunoglobulins operate in the areas where water- based human fluids are the most plentiful, namely, the mouth and nasal areas. Here, the immunoglobulins operate to

sensitize the body to the invasion of foreign agents that would threaten its integrity and mobilize a response that would, in the body, destroy those agents coming from outside.

Immunology: "We fight disease"



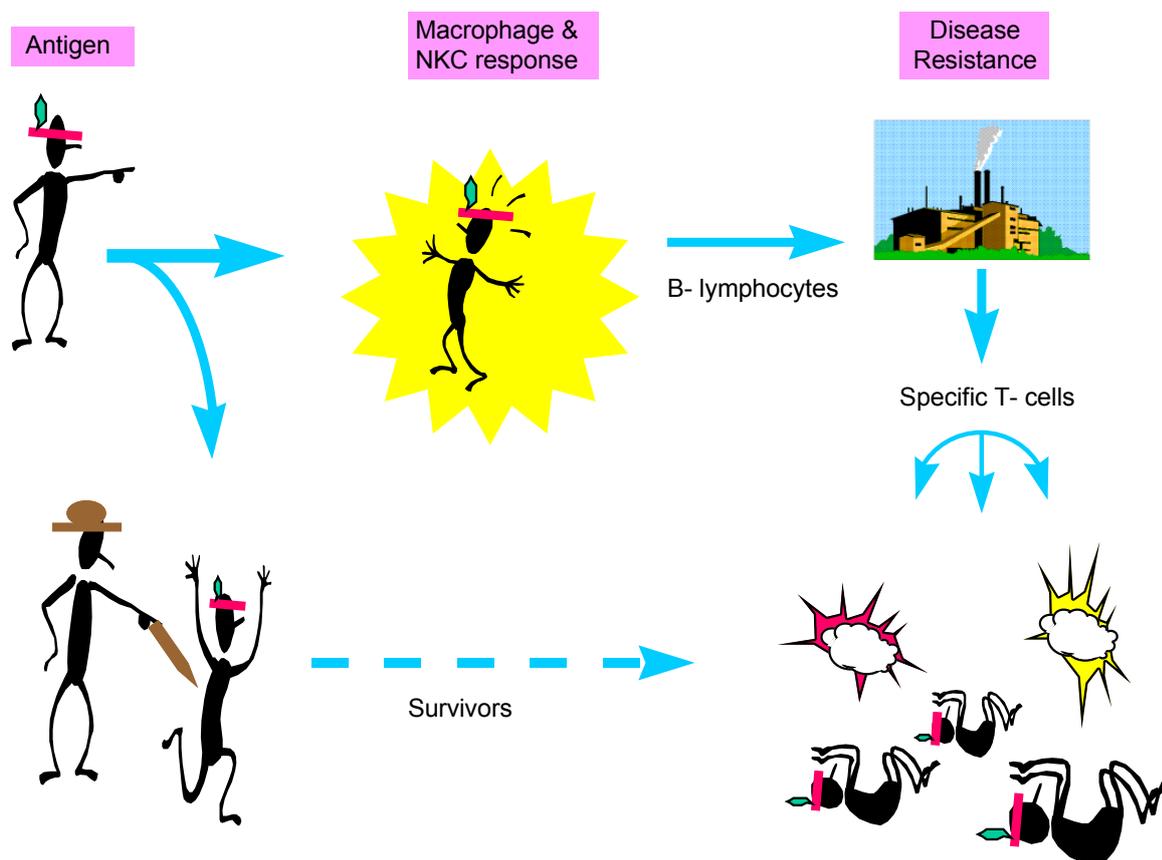
The second immunological system, namely the cellular immunological response system, operates within cells and would serve to sensitise the body and mount a counterattack when viruses invade the deepest layers of the human physiological existence. Herein, the so- called lymphocytes operate to protect the body against attacks of foreign elements such as viruses, bacteria and fungi.

In its simplest form, the immunological system functions in the following four ways.

1. The immunologic system operates to become aware of, identify, muster a counterattack, and call off the attack on any foreign agent invading the body. If the body is invaded by an agent from outside - an infective organism - at first the body identifies this agent or antigen by means of a specialized white blood cell called a macrophage.

2. The macrophage then firstly summonses the natural killer cells - the body's first line of counter- attack.
3. It then summonses an immunologic cell (T- cell) - and the macrophage would then attach itself to the foreign object and take an imprint of its DNA or its genetic blueprint. While the T-cell rushes to the aid of the macrophage, the macrophage copies the entire genetic structure of the antigen or external agent. It gives this architectural map or blueprint of how the invader looks to the T-cell. The T-cell runs off towards the central organization of the body that manages its immunologic response.
4. While it does that, these specialized white blood cells or macrophages, mount an attack on the invaders of infective agents in the body. It kills them off.

However, as happens in all cases where illness develops, infective agents outnumber the specialized white blood cells or macrophages. Some of them escape and settle down in those bodily regions where they can multiply before launching a major attack on the body's cells. In the meantime the blueprints were taken to the immunological system's central factories where antibodies were manufactured. While this was done, behind the first line defense of the macrophages, the second line defense of the natural killer cells were mobilized and attacked the infective agents. However, while the natural killer cells were combating the infective agents, the escaping agents would settle in those bodily areas most favourable to their hiding away and multiplying. When they have multiplied sufficiently to mount a third wave of attack, the specialized antibodies - in great numbers - would emerge from the body's immunologic centres and muster a counterattack, usually killing off all the infective agents.



Once the specialized antibodies have destroyed the invading cells, the body returns to normal. The way in which the body returns to normal is characterized by the body making specialized cells, called B-cells, that call off the attack and the body then returns to normal.

However, if these attacks are mounted from inside the body, the so-called autoimmune diseases develop. It is a well known fact that the body makes its own cells by means of a certain blueprint called the DNA which makes all our cells similar to each other. In other words, every little cell in our body looks like another cell, except for its specialized function. But when, due to specified factors, the body manufactures certain cells that are not like the other cells in our body, we find that these cells destroy healthy cells in the body. These different or strange cells cause what is known as the autoimmune diseases.

The reason why tumours, benign or malignant, proliferate and grow is that the body's immunological system was not capable of destroying these cells. In other words, the immune system was for some reason, suppressed. It would appear that these

immunosuppressant conditions are the causative factors that lead to so many of modern day illnesses.

Although other factors such as immunosuppressive chemicals are, and should be investigated, none of these factors would seem to account for the exponential increase in immunodeficient diseases such as cancer, endometriosis, autoimmune disease and so on. It would appear that other factors would give a better and more efficient explanation for this disturbing state of affairs.

The science of Psychoneuroimmunology holds the basic presumption that psychological factors can influence immune reactivity by means of the central nervous system of the brain.

It would appear that stress would be one of the most important factors in inhibiting the body's immune system. Stress, in general, is associated with declines in the immune system's ability to fight off - not only infective agents - but also decreased its ability to attack and destroy the development of cells in the body that could be associated with malignant growths such as cancer, or benign growths such as endometriosis.

It would appear that whereas general stress factors such as natural disasters, war, and the writing of exams could inhibit the immune system's ability to respond to infective agents, specific forms of stress could lead to highly specific forms of immune inhibition. It would appear then, that specific stress factors would interact by means of specific chemical changes in the body to produce inhibition or decreases in the body's ability to fight off infective agents from the outside or tumorous cells from the inside.

Time Urgency- Perfectionism Stress

If a person is time urgent - that is a person who tries to cope actively with the stress in the sympathetic part of the autonomic nervous system - there is an effect on the medulla of the adrenal glands - situated above the kidneys - to release two chemicals named noradrenaline and cortisol into the blood. With chronic, intermittent release,

these chemicals would suppress the immune system decreasing the natural killer cells and lymphocytes present in the body as well as decreasing the ability of the body to react to foreign cells from outside or inside the body by not being able to produce natural killer cells or lymphocytes.

In addition, it would seem that perfectionistic people or people who cope passively with stress - such as things not being to their liking or things not being perfect - would, when they couldn't produce perfect situations, show activity in the hypothalamus in the brain to effect the activity in the pituitary gland in the brain. This, in turn, affects the cortex of the adrenal gland situated on the kidney to release corticosteroids and neuropeptides which in turn decreases immune functionality.

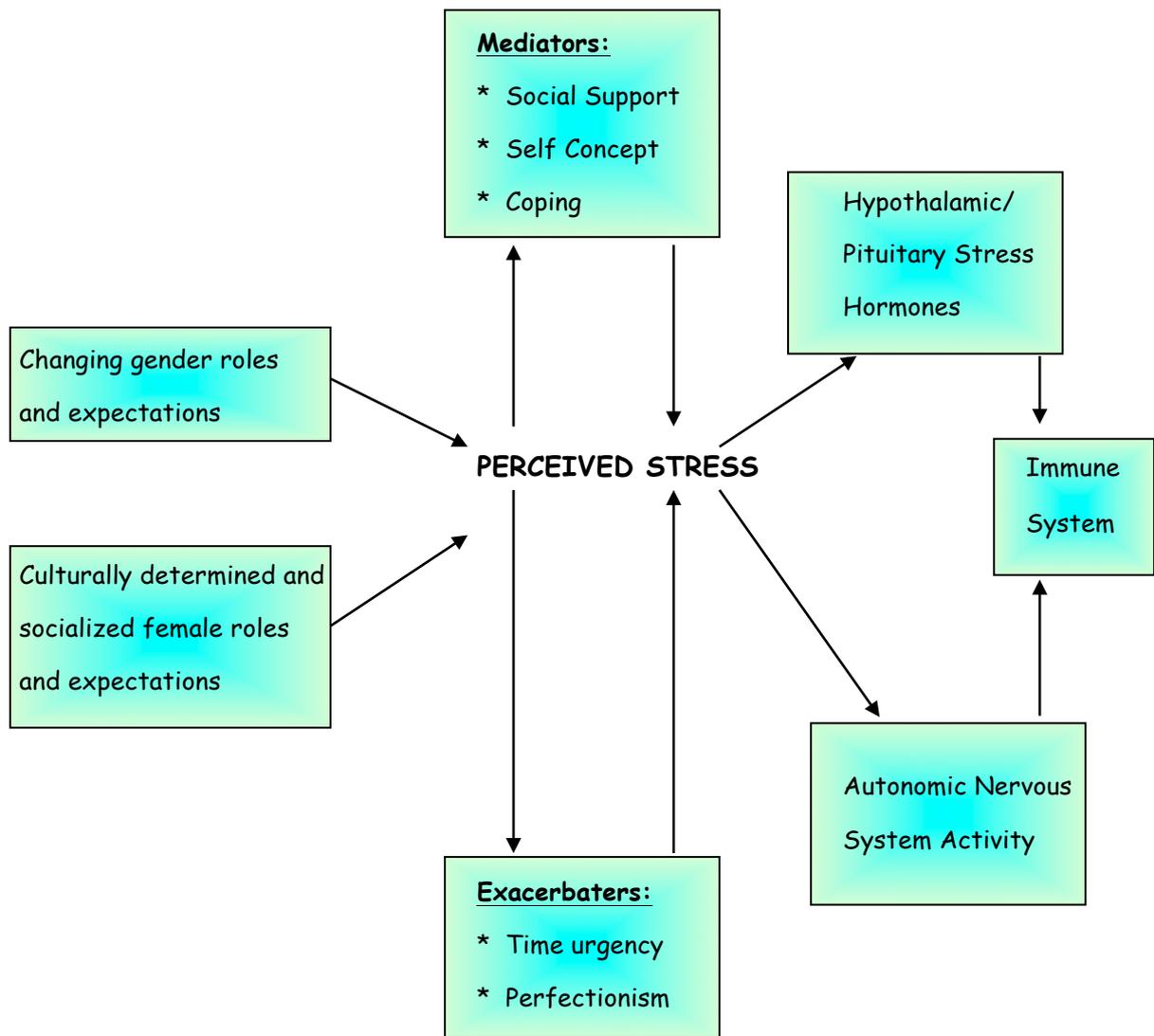
It seems therefore that not only does stress in general inhibit immune functioning, but that specific stressors and one's attempts at coping with the stress would have far greater effects, by means of specific pathways, on decreasing immune functionality.

Psychoimmunological Pathways in Illness

The question that we need to answer now is: could psychological interventions focused on stress management help to improve immunological functioning where it had been suppressed by means of general or specific stressors?

It seems the body, being of such complex origin, can be affected by general and specific stress to produce lowering in immune functioning but can also be helped to improve its functioning and improve its health by means of interventions to manage those specific stressors that originally lead to a decline in immunological functioning.

The sizable move from psychoneuroimmunology to diseases associated with time urgency- perfectionism stress, can be overcome by understanding the disease process defined by the syndrome which we have called - Time Urgency Immune Deficiency Syndrome (TUIDS) . The various time urgent- perfectionism stress-associated diseases will be discussed in more detail in the next chapter.



Part Two: Specific Diseases Caused by Time Urgency Perfectionism Stress

In this section a new syndrome is defined by us . This has been called Time Urgency Immune Deficiency Syndrome (TUIDS) .This syndrome explains all the reason for the occurrence of all the immune deficient conditions under discussion . Then specific diseases are addressed. Herein, a disease that has - up until now - not been recognized in terms of its high incidence and prevalence is discussed in detail. The impact of endometriosis on women's health is addressed, along with its role in infertility problems. Other benign diseases including chronic fatigue syndrome, fibromyalgia, autoimmune diseases, cardiovascular, metabolic syndrome, endometriosis and candida syndrome are discussed in relation to their link to immunosuppressive illnesses associated with time urgency- perfectionism stress. This is followed by a discussion of how time urgency- perfectionism stress can impact on the development of conditions as serious as cancer.

The following chapters also deal with issues relating to special issues related to fertility and childbirth, including:

- Infertility issues; and
- The risk of post partum depression;

A large percentage of time urgent perfectionistic women will be faced with endometriosis which is one of the risk factors to abetting infertility. In addition, men who have this personality type also present with various risk factors contributing to infertility. This becomes a problem for the couple as a whole.

In addition, time urgent perfectionistic women are frequently presenting with post partum depression – that is, depression following the birth of their babies. This is due to a number of factors including idealistic notions of what a baby really is, high levels of anxiety and a tendency to value routine, structure and organization which are difficult to instil in a newborn initially.

Chapter Four

Time Urgency Perfectionism Stress and Health: The Advent of the Time Urgency Immune Deficiency Syndrome

Time Urgency Immune Deficiency Syndrome (TUIDS) is defined as a syndrome involving a state of chronic immune deficiency which can play a role in a number of recognized medical conditions, including:

- Cardiovascular Disease
- Metabolic Syndrome
- Endometriosis .
- Autoimmune Diseases .
- Fibromyalgia Syndrome and Chronic Fatigue Syndrome.
- Cancer.

The primary causative factors that are responsible for this syndrome are related to Time Urgency and Perfectionism. The basis of this syndrome has been extensively discussed in previous chapters. Psychoneuroimmunology is the fundamental science that physiologically describes the reason for the occurrence of this syndrome.

The behavioural type, namely a time urgent- perfectionistic individual - via certain pathways and processes - leads to a chronic oversupply of **noradrenaline and cortisol** from the adrenal gland. Each and every time the individual feels time urgent, a secretion of these hormones will occur. The result over the medium to long term is the occurrence of symptoms and pathology related to excessive noradrenaline and excessive cortisol secretion. The symptoms that occur are related to the effects of excessive amounts of these hormones.

The following section provides a comprehensive look at the results of excessive noradrenaline and cortisol secretion, and allows for a clear explanation of the associated disease processes.

Noradrenaline Secretion

Noradrenaline will be secreted by the adrenal gland due to the release of adrenocorticotrophic hormone from the pituitary gland . It will only be secreted if the stressor is a known , learned stressor . Time urgency is a chronic , learned stressor that the body is conditioned too. The response to an unknown stressor is adrenalin - the so called good hormone . This makes people feel good rather than stressed .

The Symptoms caused by Noradrenaline secretion include :

- **Light sensitivity** known as photophobia. This is caused by contraction of the radial muscle of the iris of the eye .
- **Palpitations and Panic attacks** due to an increased heart rate and increased heart muscle contraction .

All blood vessels will contract, thus decreasing the blood supply to the different organs during the release of noradrenaline causing the following :

- **Chest pain** - coronary artery blood vessel.
- The skin and mucous membranes will have variations in temperature, the appearance of **mottled skin rashes and the possibility of a Raynaud's - like syndrome** - that is, severe spasm of blood vessels of the hands leading to discolouration, pain and discomfort.
- Cerebral artery contraction has the potential to cause **clumsiness, dizziness, dropping things, irritability, memory blanks, mood swings, panic attacks, trouble concentrating and word mix - ups.**
- The constriction of the intestinal smooth muscle leads to **Irritable Bowel Syndrome (IBS).**
- Contraction of the salivary and lacrimal glands causes a **dry mouth and dry eyes respectively.**
- The urinary bladder muscle contraction results in **bladder irritability** and may play a role in **interstitial cystitis.**
- Noradrenaline secretion constricts the skin sweat glands with **excessive sweating.**

- The insulin secretion by the pancreas is inhibited leading to insulin resistance. This will initially cause potential **hypoglycaemia**, and then possible long term **Type 2 Diabetes**.
- Noradrenaline's frequent intermittent stimulation of the thyroid gland will lead to the eventual inability of the **thyroid gland** to respond quickly and adequately. This will be reflected by an abnormal pituitary gland stimulation test - also known as a Thyroid Release Hormone test. The resultant depletion of thyroid hormone can lead to **chronic fatigue and fertility problems**.

Intermittent, frequent **stimulation of the skeletal muscles** will occur with time urgency leading to **muscle fatigue** together with **excessive noradrenaline secretion**. The latter will **decrease the blood supply** to muscle causing a build up of a pain causing **chemical called factor - P**. This will cause **chronic muscle pain and tenderness**, especially at the sites of tendon insertion, that is, the point of maximum stress. The regeneration of muscle fibres occurs during sleep, but the secretion of excessive noradrenaline often leads to **poor sleep patterns** and therefore inadequate time for muscle regeneration.

The **sleep disturbance** has a classical pattern in the early phase of the syndrome. The individual falls asleep as soon as relaxation occurs and noradrenaline stops being secreted. This is often described by my patients as "I feel totally exhausted as soon as I relax." Sleep is achieved quickly but the REM phase of sleep in the early hours of the morning will lead to increased noradrenaline secretion - the time urgent-perfectionist has continuous unfinished business. The rest of the night will be spent trying to deal with these unresolved problems. The outcome is further exhaustion due to lack of sleep. The body's solution to this exhaustion is to once again increase the noradrenaline levels in order to maintain functioning. The long term result is chronic, unresolving fatigue and possible depression.

Excessive Cortisol Secretion

- The central nervous system's exposure to excessive cortisol secretion can lead to **confusion, irritability, memory blanks, mood swings, word mix-ups, concentration difficulties and eventual depression**.

- Cortisol remains one of the **strongest immunosuppressants**, and the chronic secretion of this hormone will lead to **immune deficiency**. The cell mediated immune system will function inadequately due to a reduction in the production and activation of cytotoxic T- cells, an inhibition of Natural Killer cells, an increased production of T- suppressor cells, an inadequate macrophage white blood cell activity and an increased Transferring Growth factor type beta.

The outcome of this immune deficiency includes an increased incidence of :

1. **viral and fungal infections .**
2. **tender lymph glands .**
3. **an increased incidence of benign tumours such as endometriosis .**
4. **malignant tumours .**

The B- cell antibody system is also inhibited by cortisol resulting in :

1. **recurrent bacterial infections .**
2. **a chronic sore throat .**
3. **autoimmune disease due to the body forming antibodies against itself.**

The oversupply of cortisol can lead to bruising due to small blood vessel wall damage.

An explanation for why patients do not display the classical features of Cushing's Syndrome - a syndrome characterized by increased blood cortisol levels, obesity and high blood pressure - is that TUIDS results from the **chronic intermittent, frequent secretion of cortisol rather than a continuous secretion**. The blood cortisol levels are not raised but the effects on the different organs occur due to chronic intermittent secretion of this hormone as well as noradrenaline.

The fundamental primary etiology of the following diseases can be described by the psychoneuroimmunological processes that occur with TUIDS. These diseases

include endometriosis, autoimmune conditions, Fibromyalgia Syndrome, Cancer, Cardiovascular Disease and Metabolic Syndrome.

⇒ **Endometriosis.** This disease process occurs due to immune deficiency with secondary growth of benign endometrial cells in the abdominal cavity. The occurrence of autoantibodies including antithyroid antibodies, anticardiolipin antibodies and antiendometrial antibodies, the association with chronic fatigue syndrome and fibromyalgia and a family history of cancer can all be related to TUIDS.

⇒ **Autoimmune** conditions including autoimmune hypothyroidism, Crohn's disease, Rheumatoid Arthritis, Systemic Lupus Erythematosus (SLE, Lupus) and Mixed Autoimmune Disease. The bodies mechanism of creating autoantibodies can be physiologically explained by TUIDS .

⇒ **Fibromyalgia Syndrome (FMS) and Chronic Fatigue Syndrome (CFS).**

The symptoms described by these syndromes are comprehensively described by the symptomatology related to chronic noradrenaline and cortisol secretion from the adrenal gland.

The cardinal features of FMS include chronic widespread pain and tender points whilst those of CFS include triggering by viral illness, recurrent low grade fever, inflamed throat and cervical lymph gland enlargement. The symptoms common to both syndromes include fatigue, sleep disturbance, stiffness, headaches, irritable bowel syndrome, Raynaud's- like symptoms, depression and anxiety. The associated symptoms include allergies, bruising, clumsiness, dizziness, dropping eyes, dry eyes and mouth, feeling of swelling, hair loss, high/ low temperatures, irritable bladder, lack of endurance, mouth sores, muscle spasms, night cramps, light sensitivity (photophobia), premenstrual syndrome, skin itch and skin mottling or rash. The psychological or emotional symptoms include confusion, irritability, memory blanks, mood swings, panic attacks, concentration difficulties and word mix- ups.

TUIDS describes each and everyone of these symptoms .

⇒ **Cancer** occurs due to a combination of a predisposing cause and a decreased immunosurveillance system. Time urgency- perfectionism stress can increase the chances of developing cancer due to it's immunosuppressant effects.

⇒ **Cardiovascular Disease** including hypertension, coronary artery disease and strokes have been shown to have a higher incidence in people with time urgency perfectionism stress.

⇒ **Metabolic Syndrome.** Time urgent perfectionistic people generally do not follow a balanced, healthy diet. With time, this will lead to excess of insulin secretion from the pancreas, and subsequent metabolic syndrome.

The above disease processes have a number of common aspects including an absence of consistent or definitive laboratory abnormalities and unknown or unclear causes. These factors play a part in the difficulty experienced in their treatment - without treating the primary cause, the disease remains chronic or recurs.

Diagnosis of TUIDS

The diagnosis of TUIDS includes the assessment of the patient's behavioural style. A questionnaire survey to ascertain the individuals behavioural style should be carried out. If the patient is a time urgent perfectionist then TUIDS should be considered . The suspicion of the presence of this syndrome should occur in all patients who present with endometriosis, autoimmune diseases, FMS, CFS, cancer, cardiovascular disease and metabolic syndrome.

Treatment of TUIDS

The treatment of TUIDS revolves around behavioural modification techniques that will minimize the stress related to time urgency and perfectionism. This will reverse the chronic daily, intermittent secretions of cortisol and noradrenaline. The rejuvenation of the body's immune system will occur over time and the side effects of chronic noradrenaline secretion will abate.

It is critical to manage these diseases with conventional medical means, and at the same time, manage TUIDS as a means of preventing persistence or recurrence of these diseases. Without the management of TUIDS, these diseases will remain chronic, debilitating or deadly.

All people who are time urgent perfectionists are at risk for developing these diseases. The management of this behavioural style can modify the incidence, morbidity and mortality related to TUIDS.

Chapter Five: Cancer and Time Urgency Perfectionism Stress

The literature of the world abounds in theories relating to the causes of cancer. The indirect causes of cancers encompass all the factors that have been identified as risk factors. It is well known and accepted that cancer results from two factors namely :

- **a predisposition to cancer due to environmental or genetic factors**
- **combined with**
- **an inherent abnormality of the immunosurveillance mechanisms of the body**

It is these immunosurveillance mechanisms that are emphasized and form the central core of this book. Time urgency- perfectionism causes stress that leads to the immuno- incompetence of the individual which results in a secondary increase in the incidence of cancer. This behavioural type should be recognised as a high risk factor for developing any form of cancer in people who are already at high risk due to environmental or genetic factors,

Jill is 35- years old and has two children , aged 11 and 9. She had her children at an early age and breast-fed both of them. She had been a patient of mine for 8 years and had her regular checkups. She had no family history of cancer and was always taking care of her health by concentrating on her fitness and diet. She started her married life in a comfort zone. She worked a half-day and was not stressed by time urgency. Her house was immaculately maintained and reflected her perfectionism. After her children became relatively less dependent on her she once again pursued her primary interest which was the advertising world and she decided to enter the advertising corporate world to rekindle her interests in her profession.

Jill thrived on the goal oriented nature of her job . She loved the deal making and felt a sense of euphoria towards the dead line motivated nature of her work. Jill could only be classified as a time urgent perfectionist. One year ago Jill noticed a lump in her breast while taking a shower. An alarmed visit to my practice was followed by a mammogram, a referral to a surgeon for a mastectomy, followed by chemotherapy.

The picture represented was one of a young goal oriented, ambitious mother who had all the makings of a successful women succumbing to cancer . The outcome of Jill's case remains positive following her mastectomy and chemotherapy . She is admired by her peers and has returned to her normal life .

Jill was offered the XTime TUPS course in order to minimise the chances of recurrence of the cancer . She understood the concepts and completed the course.

The common denominator in this history is time urgency stress - perfectionism stress.

The incidence of the most significant forms of cancer has increased. Cancers of the lung, breast, prostate, colon and rectum have increased in incidence in countries where risk factors such as cigarette smoking, unhealthy dietary habits and exposure to pollutants at work or in the environment have increased. **However cancer is not restricted to this group of people but appears to be occurring in all groups , even those that don't smoke or drink , eat the right foods and remain fit . There is a distinct increase in cancers in people below the age of forty.** Time urgency immune deficiency syndrome described by the authors may be responsible for this change .

A discussion of the different types of cancer and the suggested causes of these cancers is included for you to understand the basis of time urgency stress as a risk factor. The importance of this is that we can reverse this predisposing factor in order to improve treatment outcome and prevent disease .

The 11 most common fatal cancers in the world include:

- Breast
- Lung
- Colorectal
- Bladder
- Non- Hodgkin's lymphoma

- Uterine cancer
- Melanoma of the skin
- Kidney cancer
- Leukaemia
- Ovarian cancer
- Pancreatic cancer

Epidemiologists – that is, researchers of the causes - identify factors that are common to cancer victims. The findings of these researchers provides useful information for people seeking to minimize their exposure to known cancer- causing agents known as carcinogens.

Cancer seems to arise from the effects of two different kinds of carcinogens.

- The first are **agents that damage genes involved in controlling cell proliferation and migration**. Cancer occurs when a single cell accumulates a number of these new mutations (changes) and finally escapes from most of the immune systems restraints on proliferation. The cell mutations allow new cells to accumulate in increasingly large numbers to form a tumour mass of abnormal cells.
- The second kind of carcinogen includes agents that **selectively enhance the growth of tumour cells**.

A long standing theory of how most carcinogens give rise to damage includes the action of free radicals - chemically reactive fragments of molecules - on the DNA of a gene leading to damage and permanently mutating the gene. The inheritance of genes also play a role in influencing cancer development, but this is responsible for less than five percent of fatal cancers.

However, more generalized inherited physiological traits contribute to the vast majority of cancers. For example, inheriting fair skin makes a person more prone to skin cancer but they only develop skin cancer if exposed to sunlight. A person may also inherit inefficient mechanisms to eliminate certain carcinogens which will increase the likelihood of developing cancer. It is estimated that 25 % of people will

develop cancer even in a world free of all external influences simply because of the production of carcinogens in the body and the presence of unrepaired genetic mistakes. However, in the majority of causes, the environment plays a central role.

The assessment of the evidence for what causes cancer is based either on overwhelming epidemiological data without precise biological mechanisms or a weak but consistent epidemiological finding that is also biologically credible.

Smoking

Tobacco smoke is the top carcinogen responsible for 30% of cancer-related deaths. Smoking, mainly cigarette smoking, causes cancer of the lung, the upper respiratory tract, esophagus, bladder, pancreas and probably of the stomach, liver and kidney. People who smoke often recognise the risk but continue their habit due their addiction.

Eat Right, Live Longer

Only diet rivals tobacco smoke as a cause of cancer. Animal fat especially red meat is associated with several cancers including Colo-rectal and bladder. **Some of the popular hypotheses regarding dietary facts and cancer have been disproved by rigorous epidemiological studies.** For example, breast cancer is not increased by dietary intake of animal fats. The intake of coffee - with or without caffeine - as well as the intake of artificial sweetener in reasonable quantities, does not cause cancer. The absence of certain factors in the diet may be responsible for allowing carcinogens to cause cancer. Specific constituents may inhibit carcinogens, for example, free anti-oxidants in food neutralize free radicals, which protect the body against cancer cells.

The consumption of large quantities of alcohol, particularly by smokers, increases the risk of cancer of the upper respiratory and digestive tracts as well as cancer of the liver secondary to cirrhosis. Modest drinking does seem to reduce the risk of heart disease but converging data suggests that the intake of as few as 1 to 2 drinks may contribute to breast, colon and rectal cancer. This factor could be tied to the

behavioural style of the individual that has one to two drinks at night. **Perfectionist professionals or working women who fill their day with time urgency will have a higher incidence of moderate alcohol consumption to alleviate the stress at the end of a day's work .**

Radiation and its potential problems

Various forms of radiation occur from the sun, electric pylons, household appliances and cellular telephones. These have been linked to cancer. **However, it is noted that time urgent- perfectionistic professionals will be exposed to these forms of radiation more than people who exhibit other behavioural styles.**

The debate in the scientific and medical literature surrounding these issues have, up until now, not recognized the very important role of behavioural style in the relative exposure to radiation forms as carcinogens. What has been omitted in the literature is that time urgency perfectionistic people would have greater access to, and exposure to objects like cellular telephones because of their time urgency and their need for perfectionism in their dealings. They would also be the group of people who have the greatest amount of household appliances in order to satisfy their time urgent- perfectionistic needs inherent in their work and life styles. These would probably also be people who live in the immediate surrounds of cities where electric pylons abound.

Reproduction and Gynaecological Factors

The early age of menarche (the start of menstruation), late onset of first pregnancy and late age at menopause all appear to increase the risk of breast cancer. The more children a woman has the less likely she is to develop cancer of the endometrium, ovary or breast. In developed countries, reproductive behaviour is determined mainly by socio-economic forces. Millions of woman are delaying childbearing due to educational and career related reasons. This will potentially increase the rates of breast and ovarian cancer.

Socio-Economic Differences

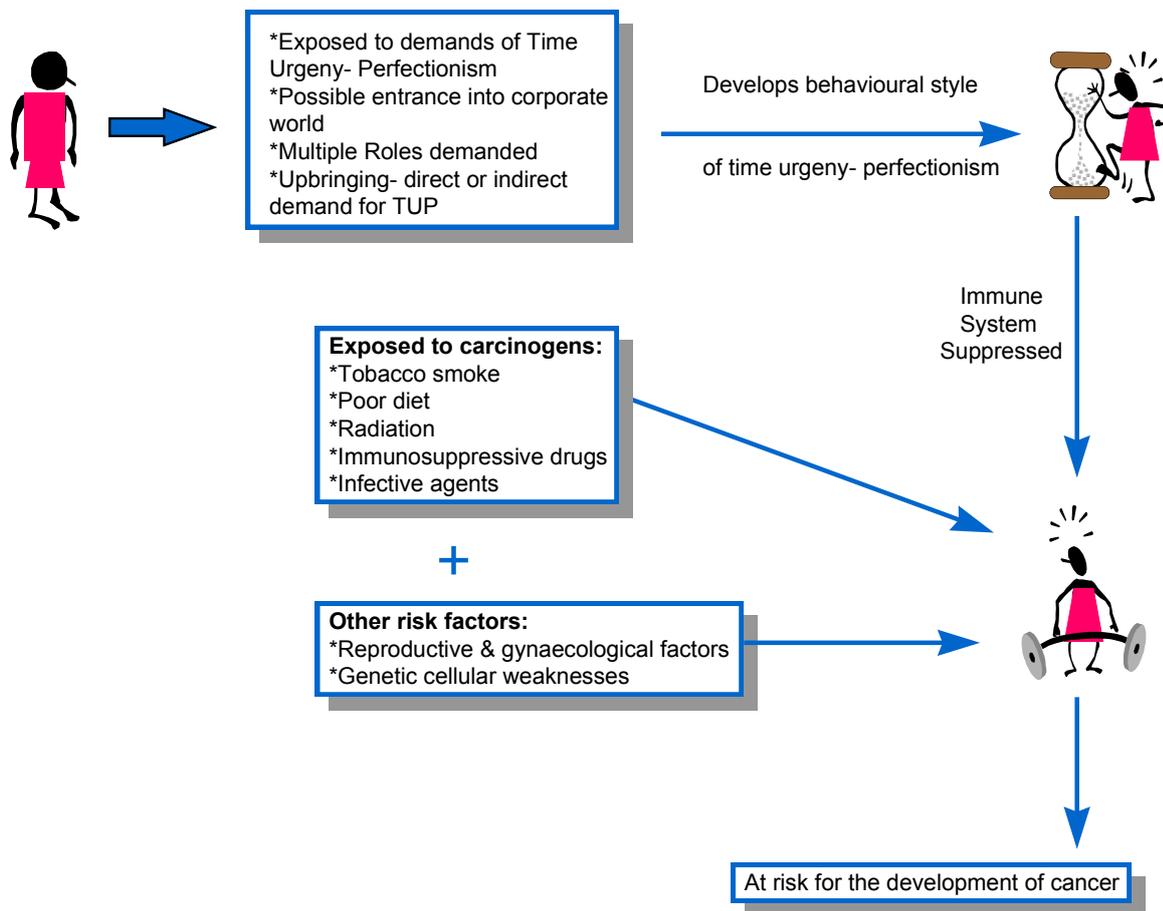
Underprivileged people have a higher rate of cancers of the mouth, stomach, lung, cervix and liver as well as squamous cancer of the esophagus. Poverty has increased the rates of exposure to carcinogens such as tobacco smoking, alcohol consumption, poor nutrition and exposure to infectious agents, and therefore the related cancers.

In contrast, for reasons that remain largely unknown, cancers of the breast, prostate and other sites are common among higher socio- economic groups. Time urgency perfectionism stress may be the missing link in the latter group .

Elusive Mechanisms

Carcinogens have been identified and the extent to which various categories of agents contribute to lethal cancers have been described. At present there is a very limited understanding of how these interactions allow potential carcinogens to cause cancer.

The concepts of Psychoneuroimmunology as a cause of immune deficiency has been described in a previous chapter. The effects of stress caused by time urgency-perfectionism on the psychoneuroimmunological pathways leads to a state of immune deficiency related to TUIDS . This, in turn, predisposes the body to cancer if there is exposure to carcinogens or if there is a genetic cellular weakness that can allow cancer cells to mutate.



The above physiological processes explain the increases in breast cancer, Colo- rectal, prostate and lymphoma amongst higher socio- economic groups. The carcinogens including dietary factors and hormones have been present for a long time. The new factor that has been identified is the immune suppression that occurs in time urgent- perfectionists.

This explains the increased incidence of breast cancer in women with delayed child-bearing. These woman are career orientated and work excellence and success play a critical part in their lives. This success is directly proportional to the need for modern successful workers to be time urgent and perfectionist in order to achieve status and financial security.

This in turn explains the increase in Colo- rectal and prostate cancer. The increased incidence of lymphoma and melanoma is also explained by this behavioural style.

Society's demands for quality and service and the changed demands on woman regarding work success has lead to the development of time urgency and perfectionism. This supplies the precise link regarding the increased incidence of cancer amongst the middle to higher socio- economic groups. This has given us a more complete picture of what cancer is and how it can be stopped.

Martin is a 28- year old, single man who has established a promising career in the marketing field. He describes himself as always going the extra mile, and ensuring that he always achieved her goals. In fact, there is very little that Martin ever managed not to achieve. He admits that when faced with a challenge, he always found a way to overcome it quickly and effectively. Even as a child, Martin remembers being very perfectionistic, and recalls feeling much disdain for his peers that did not 'get things right' and didn't seem to care about detail.

Martin had his life planned out carefully. These plans included studying, getting established in a career and then settling down and getting married. He never doubted that he would attain this course he had set for herself. Martin read a lot about stress and its affect on health. He was also acutely aware of the dangers of habits such as smoking and drinking on his health. Thus, he never engaged in reckless habits that would put him at risk to developing anything serious such as cancer. In fact, Martin went to gym every evening, he participated in cycling rallies, se played squash as well as ate correctly, and watched his weight to ensure he never put on any additional weight. He did everything with precision, and had a fairly structured routine in terms of his health and fitness, his career, his additional studies, and his relationship. He believed he managed his time well as he managed to fit a 20- hour waking day into 16- hours. He mentions feeling little anxiety whilst busy, and only felt it when he slowed down in the evenings. He managed to alleviate this anxiety by spending longer hours at the gym, and then coming home exhausted, yet exhilarated at having achieved so much in a day.

Thus, when Martin felt a lump in his neck, the last thing he expected was cancer. When it was discovered that he in fact had cancer, Martin initially denied this, as he knew her life had been free of the accepted 'bad' habits that put one at risk for the development of cancer. The diagnosis devastated Martin, as he had to put her life

on hold. He struggled to cope with what he perceived as a lack of achievement whilst undergoing treatment. He felt he had no control over his situation as he perceived he had tried to ensure a positive, disease- free lifestyle and yet he had fallen prey to cancer.

Martin underwent 7months of chemotherapy and completed our Xtime TUPS course . The natural tendency for cancer suffers to beat the disease and get back to work compounds the stress of time urgency . We need to minimise this time urgency related stress as an added treatment in order to ensure optimisation of the bodies immune mechanisms.

Chapter Six

Cardiovascular Diseases and Time Urgency Perfectionism Stress

The 20th Century saw cardiovascular disease and coronary heart disease to emerge as the single most important causal factor in deaths in the industrialized world. The 21st Century will probably see deaths due to heart-related diseases to be second only to the AIDS pandemic.

It has been long known that even in the Third World, hypertension – chronic high blood pressure – is a significant contributor to severe disease and death.

Coronary heart disease and cardiovascular disorder comprise a group of diseases that are caused by the increasing build-up of plaque on the insides of the major arteries of the body, causing on the one hand, a difficulty for the heart to pump blood through to the important organs of the body. This leads to increasing levels of high blood pressure or chronic hypertension. On the other hand, it has led to the build up of plaque in the arteries and veins that supply the heart with blood. Even a very small piece of thickened blood could stop the flow of blood to a part of the heart muscle that causes it to contract. This causes that muscle to die and is known as a myocardial infarction or heart attack – a leading cause of deaths in the industrial world.

This group of illnesses – known as lifestyle diseases – are mainly caused by decreasing amounts of blood to be provided to the heart and the other vital organs of our body. This, in turn, is caused by high blood pressure or hypertension; high levels of cholesterol; obesity; excessive smoking; diabetes; lack of exercise; and stress.

It is only recently that the concept of stress was seen to be a major factor in the development of heart disease. Even at this stage of sophisticated medical science, there are still people who do not see stress as a major contributing factor to heart disease. There is a good reason for this. Firstly, stress does not cause heart disease. If it did, most people in the industrial world would be dead without having children.

The reason for this outrageous statement was found in the waiting room on the mid fifties of the previous century of cardiologists of Dr's Friedman and Rosenman. These doctors found that their chairs in the waiting room had severe scuffs in the front whereas the rest of chair was not worn at all and didn't need re-upholstering. Upon asking their receptionists to the cause of this, they replied that all their patients with heart disease were so time urgent and impatient that they couldn't sit still – hence the front parts of the seat being scuffed. Dr's Friedman and Rosenman then, a half century ago, conceptualised the idea of the Type A behaviour patient. They thought that this was characterized by time urgency only.

Further research showed that this would not be sufficient in explaining the development of heart disease – leading to many physicians at present not believing that a behaviour pattern could cause heart disease.

Further research added a new dimension to the time urgency factor. This was known as ***cynical hostility*** or the tendency to view others with suspicion and react to any problem with anger, either direct or displaced. Thorough research showed that adding cynical hostility or aggressiveness to the concept of time urgency, explained a greater amount of the causes of heart disease, but was still found to be not as important as high blood pressure or high levels of cholesterol.

When the present authors re-analysed the research, they found that time urgency was indeed a primary factor. However, the question of cynical hostility and aggression was found to be important only as a secondary factor. The interesting fact is that the cynical hostility and aggression was caused by high levels of testosterone in people who had heart disease. This was not the real cause. We found that time urgent people who were also perfectionistic tended to – in the context of high levels of testosterone – to respond more readily with cynical hostility or aggression in the absence of attaining perfection. This means that if a time urgent perfectionist with high levels of testosterone cannot achieve his time urgent or perfectionistic goals, he would respond with either a passive cynical hostility or active aggression. The typical “road rage “ individual is a male with high levels of testosterone whose need for perfect road users had been frustrated. It needs to be

borne in mind that the road raged individual might either respond with immediate hostility or displace it to an unsuspecting family at home or colleagues at work.

It is also a well-known fact that lack of exercise contributes significantly to the development of heart disease. Given the fact that TUP© individuals tend to procrastinate involvement in activities where success is not pre-determined as well as their tendency to overdo health-related behaviours, it follows logically that exercise, or the lack of exercise, would be the first victim in their failed attempts at health-promotion. It appears that time urgent perfectionists would either overdo an exercise regimen and then stop; or avoid engaging in exercise because they cannot meet their high levels of expectation of success. Time urgent perfectionists would then fall within the context of the “all-or-nothing” exercises.

Food ingestion in the form of heightened salt intake and the abuse of carbohydrates, sugar and saturated fats that contribute to the development of hypertension and coronary heart disease, then also probably contributed greatly to the development of heart disease. It is here that the time urgent perfectionist has been shown to use more salt, carbohydrates, sugars and high saturated fatty fast foods. What was previously thought to be a lifestyle disease would now appear to be related to a contributor to lifestyle, namely time urgency perfectionism (TUP©) stress.

Because cynical hostility/ aggressive behaviour is relatively new, we need to explain it a little further. Cynical hostility is characterized by the following behaviours:

- An attitude of mistrust towards others;
- An air of suspicion towards others;
- An expectancy that others will frustrate you in your attempts at success;
- A belief that others are acting intentionally to distress you;
- A tendency to displace anger to innocent, unsuspecting people close to you;
- A tendency to always expect the worst;
- A tendency to react with anger to most problems;
- A tendency to want to rectify wrongs by aggressive behaviour;
- A tendency to be impulsive in anger;
- To have heightened and unrealistic expectations of others;

- To keep people at a distance and not share emotional intimacy with them.

In addition to numerous studies linking this to heart disease and high blood pressure, the following also emerged.

True to the nature of perfectionists where they cannot show aggressive behaviour in an impulsive or socially unacceptable context, the behaviour would rather manifest in cynically hostile attitudes and displaced aggression.

If unable to show aggression at the work place, the husband or wife could conceivably come home and respond with a cynically hostile attitude towards any situation or trigger at home. This may manifest in outward aggression, impatience or distraction.

Given the overview of the role of time urgency and perfectionism and the physiological mechanisms described above, it can now be seen why time urgency and perfectionism, not only are contributory but could be the main factors in the development of coronary heart disease and probably other cardiovascular diseases.

This is attested to by the role that time urgency perfectionism plays in the development of diabetes and hyper-cholesterolemia. It is also attested to by the role of time urgency perfectionism in smoking behaviour, exercise behaviour and diet.

Of great importance is the fact that time urgent perfectionists tend to use more salt and fatty foods such as the LDL related fatty foods in fast food outlets, when confronted with the demands on an urbanized high pressure work and lifestyle environment.

Similar research has also shown that people with predominant time urgent and perfectionistic lifestyles tend to smoke increasingly more in the context of even minimal stress.

Given the fact that hypertension, diabetes, diet and lack of exercise contributes to coronary heart disease, it now appears evident that this behavioural lifestyle factor possibly contributes the most to the development of coronary heart disease.

A case in point is the development of increasing amounts of heart disease amongst ladies who enter the corporate market. Here research found that women who entered the corporate work place and were highly motivated to succeed, showed high levels of time urgency and perfectionism. Of interest is the fact that they also showed high levels of cynical hostility in response to their attempts at achievement in the corporate work place being frustrated. It would then appear that their need to have their perfectionism acknowledged and accepted but frustrated in reality, would lead to an attitude of cynical hostility towards the work place.

Of special note is the fact that these ladies identified – in terms of work place behaviour – more with their fathers than their non-corporate peers or ladies in similar occupations preceding them.

It appears to be an important conclusion that time urgency perfection (TUP©) stress exists as a significant coronary heart disease risk factor even in women – where this was previously not acknowledged.

A scrutiny of our particular interpretation of the data relating to the above seemed to show that time urgency perfectionism would not only contribute a significant amount to the observed diseases mentioned above, but might possibly show even more importance than was previously thought.

Chapter Seven

Metabolic Syndrome and Time Urgency Perfectionism Stress

In order to understand the effect of stress on insulin levels it is necessary to understand the physiological processes that occur when sugars (carbohydrates), proteins and fats are eaten. This can be explained by analysis of past and present human diets.

How Diet Has Changed

Carbohydrates, fats and proteins, in varying proportions, are the three basic nutrients obtained through foods. Our basic diet throughout history has changed. Mankind started with a diet that was high in protein because we were hunters and fishermen. Then the diets changed to natural complex carbohydrate foods, such as grains, seeds, nuts, vegetables, fruits and dairy products, with a little meat and fish and then to a diet that includes some meat and large amounts of concentrated carbohydrates such as sugar and refined flour. Excess consumption of protein and refined carbohydrates has overloaded our metabolisms and is a major contributor to disease.

The Effect of Sugar in Our Diet

Our body uses sugar as the fuel to obtain heat and energy. Sugar is needed for all muscle actions, especially for our nerves and brain. When we eat sugar in the form of natural carbohydrates such as grains, vegetables, potatoes, fruits, bread and beans, our blood and tissues usually contain only the amount of sugar needed for normal function. These complex carbohydrates are changed into glucose, which is absorbed slowly through the wall of the small intestine and then carried to the liver where it is converted into glycogen and stored.

When our body needs sugar, the glycogen is reconverted into a glucose and transported by the blood to the areas of the body where it's needed. When we eat food with refined, white, commercially produced sugar, it is absorbed almost

instantaneously through the membranes of the mouth and stomach, causing a sudden rush of glucose into the bloodstream causing a large strain on the pancreas, liver, adrenals and other endocrine glands.

Occasional ingestion of excess sugar can be handled by the pancreas. The pancreas destroys the excess sugar by releasing insulin into the bloodstream. However, excess sugar in the diet on a regular basis strains and may damage our body's sugar-regulating organs, causing them to function abnormally, which may be a major contributing factor to the development of hypoglycaemia. The excessive insulin not only brings the sugar level down, but it lowers the sugar level much too fast and far below normal. When this happens it may be responsible for unpleasant symptoms and personality changes. The heart and muscle action are weakened and the brain and nerve activity are deranged. An individual's energy and endurance level is lowered and emotional stability is lost. At this point, a hypoglycaemic will crave a quick pick-up. If they choose sweets, caffeine or alcohol, the blood sugar level will go up, but it will raise the sugar level too high and the pancreas is again forced to overreact and counteract this by over-producing insulin, creating a vicious cycle for the hypoglycaemic. While their sugar level is high, they are hyperactive, energetic and happy for a short time. But then they become totally exhausted, confused and "mad" a short time later when they again experience the rapid drop in blood sugar level.

Other Factors That Contribute to Hypoglycaemia

The malfunction of the sugar level regulating organs may be caused by factors such as emotional and physical stresses, allergies, alcohol, caffeine, smoking, nutritional deficiencies, overeating, and drugs. Imbalances in secretions of hormones from the pituitary and thyroid may also be responsible.

Studies have shown that caffeinated coffee drastically lowers a hypoglycaemia's blood sugar level. Coffee has a stimulating effect on the adrenal glands that, in turn, encourages the liver to release more sugar into the blood. Combining coffee and sugar is especially harmful. Sugar enters the bloodstream quickly and directly. Coffee

adds to the total sugar level by acting through the adrenals, brain and liver. Cola drinks are also harmful due to the combination of caffeine and sugar.

Alcohol can also induce hypoglycaemia. Almost all alcoholics are hypoglycaemic. A hypoglycaemic can become an alcoholic when they get caught in the vicious cycle of drinking to improve their sense of well-being and to feel symptom free from low blood sugar. The uncomfortable symptoms experienced with a "morning after" hangover displays all the classic symptoms of hypoglycaemia. Low blood sugar can become a chronic condition because alcohol reduces the output of glucose by the liver which may exaggerate low blood sugar. When an alcoholic stops drinking, he usually substitutes sweets because they are able to achieve the same "high."

Emotional stress can cause hypoglycaemia and is characterized by a "flat glucose-tolerance curve." Flat curve hypoglycaemia has a devastating effect on a person's life. When an individual finds no challenge and no sense of accomplishment in pursuing their unpleasant, unrewarding, and inescapable duties, their body responds to the situation with feelings of aimlessness, disinterest, and a loss of zest for life. They lack motivation, are bored, experience constant fatigue and feel half alive. These symptoms are experienced when the adrenals and pancreas are weak and do not work in coordination with each other. This creates a chronic low-grade cerebral starvation. Flat-curve hypoglycaemia is not dramatic or extreme. However, if left untreated, it may develop into a more serious case of hypoglycaemia or into diabetes. It can be treated with lifestyle changes, dietary therapy and psychological counselling. Individuals with this condition often go undiagnosed because they don't feel sick and don't seek treatment.

Smoking has also been shown to cause a rapid rise in blood sugar with just as rapid a drop shortly after the cigarette is put out. Nicotine has been identified as the culprit. A smoker must totally stop in order to return their blood levels to normal and eliminate their symptoms.

Premenstrual Syndrome (PMS) Similarities

The symptoms of PMS and hypoglycaemia have some similar symptoms such as headache, irritability, increased appetite, carbohydrate cravings, anxiety, fatigue, depression, crying spells, difficulty in concentration, mental confusion, cravings for sweets, and lack of coordination. Women who suspect they have PMS may also have tests to rule out hypoglycaemia. PMS researchers are looking into whether some PMS symptoms may actually be caused by abnormalities in carbohydrate metabolism. Some researchers have found that insulin receptors are doubled in concentration during the first half of the menstrual cycle among women with PMS. This could result in impaired glucose tolerance during the second half of the menstrual cycle, when PMS symptoms typically appear. Salt and sugar binges may exacerbate the hypoglycaemic effect. Dieting to offset the fluid retention and bloating associated with PMS may make the problem even worse.

Time Urgency Perfectionism Stress

and it's relation to hypoglycaemia and metabolic syndrome

The physiology of TUP stress is fully described in Chapter 2.

In summary TUP stress leads to a chronic daily release of noradrenaline and cortisol from the adrenal gland. People that have TUP personalities will usually have poor dietary habits. There are two extremes with the one group eating poorly as they do not enough time to eat and the other group eating excessively as a means of coping with their stress. However, the long term problem for both these groups will be the same.

Group 1

This group eat very little. Their dietary habits revolve around no or minimal breakfast, high caffeine input, eating or drinking refined carbohydrates (sweets, bread, fast foods), alcohol, large meal at night, inadequate intake of essential minerals and vitamins. How do they survive their day with minimal meals. The components of their poor diet will ensure that insulin is secreted in high quantities from the pancreas. This

will lead to the blood insulin remaining normal due to the liver releasing stored glucose in the form of glycogen. This effect on the release of glycogen is enhanced by the constant release of noradrenaline and cortisol from the adrenal gland. Both of these hormones increase insulin which then promotes the conversion of glycogen to glucose in the liver. The raised insulin levels increase the release of serotonin in brain cells. Serotonin is a natural occurring mood enhancer and gives us a sense of well being – in other words our own “morphine”.

The TUP personality is addictive as it ensures survival even with a poor diet and increased noradrenaline and cortisol secretion.

This group often remain thin or normal weight until the scales are tipped and the years of excessive insulin lead to sudden weight gain and risk of many diseases.

Group 2

This group eat excessively. TUP stress is the primary problem. The physiology is the same as the group above. The difference is that the excessive insulin produced by the intake of refined sugars leads to fat being deposited in large amounts. This group of people are overweight. The intake of sugars leads to massive increases in insulin which in turn leads to serotonin release in the brain. Sugar becomes the means of getting a drug high, the so called “sugar high” related to eating refined carbohydrates.

Although overweight and obese people are aware of their problem, the high induced by eating carbohydrates far outweighs the pain and lows related to attempted weight loss.

What are the Symptoms related to Hypoglycaemia and Increased Insulin

MAJOR SYMPTOMS

- ✓ Fatigue

- ✓ Headaches
- ✓ Drowsiness
- ✓ Concentration problems
- ✓ Irritability
- ✓ Sleeping difficulties
- ✓ Dizziness
- ✓ Anxiety
- ✓ Forgetfulness
- ✓ Depression
- ✓ Fainting/blackouts
- ✓ Craving for sweets
- ✓ Shakiness
- ✓ Indecisiveness
- ✓ Mood swings
- ✓ Mental confusion
- ✓ Nervousness
- ✓ Exhaustion
- ✓ Temper outbursts
- ✓ Sensitivity to light and noise
- ✓ Allergies
- ✓ Negative thoughts & attitudes
- ✓ Suicidal thoughts or tendencies
- ✓ Lack of sex drive
- ✓ Waking up tired and exhausted
- ✓ Obesity
- ✓ Premenstrual tension (PMS)
- ✓ Alcoholism
- ✓ Visual disturbances
- ✓ Family history of diabetes or low blood sugar

These symptoms are caused by TUP due excessive noradrenaline and cortisol release from the adrenal. The resulting poor diet increases the symptom profile.

The eventual outcome of TUP stress and poor diet is Metabolic Syndrome.

Metabolic Syndrome

The Office of the US Surgeon General reports that the risks of overweight or obesity may soon cause as much disease and death as cigarette smoking. Current data indicate that 1 in 4 adults in the United States is obese. These conditions, which cost the nation \$117 billion in 2000 alone, are responsible for as many as 300,000 premature deaths each year.

An overweight or obese adult is determined by body mass index (BMI), defined as weight in kilograms divided by the square of height in meters or as weight in pounds multiplied by 705 and then divided twice by height in inches. A BMI of between 25 and 29.9 indicates that an individual is overweight, whereas an obese adult has a BMI of 30 or higher. In children and adolescents, overweight is defined as a sex- and age-specific BMI at or above the 95th percentile, based on revised growth charts by the Centres for Disease Control and Prevention (CDC). There is no generally accepted definition of obesity for children and adolescents.

The risk of death, although modest until a BMI of 30 is reached, increases with an increasing BMI. Obese adults have a 50% to 100% increased risk of premature death compared with adults with a BMI of 20-25. However, even moderate weight excess (10-20 lb for a person of average height) increases the risk of death, particularly among adults aged 30-64 years.

In the Western world, growing numbers of people recognize that being overweight and obese is associated with health problems such as heart disease and stroke. People are also becoming increasingly aware that nutrition plays a critical role in maintaining good health. At the same time, most overweight or obese people don't know which foods best meet their nutrition and weight loss needs. All too often, they also underestimate their energy intake and show poor judgment on portion sizes.

Many people have a constellation of major risk factors, life-habit risk factors, and emerging risk factors that constitute a condition called the *metabolic syndrome*. Factors characteristic of the metabolic syndrome (also known as dysmetabolic syndrome X) are abdominal obesity, atherogenic dyslipidemia (elevated triglyceride [TG] levels, small low-density lipoprotein [LDL] particles, low high-density lipoprotein cholesterol [HDL-C] levels), raised blood pressure, insulin resistance (with or without glucose intolerance), and prothrombic and proinflammatory states.

Approximately 47 million Americans -- about 1 (23%) in 4 adults -- have the metabolic syndrome. This figure includes 10 million to 15 million individuals with type 2 diabetes (evidence suggests that insulin resistance and impaired glucose tolerance [IGT] may be the link among all the manifestations of the metabolic syndrome) With the incidence of the metabolic syndrome comparable to that of hypertension (24%), practitioners are likely to see metabolic syndrome frequently, in about one quarter of patients.

Diagnosis of metabolic syndrome requires the following criteria:

- Abdominal obesity (waist circumference > 102 cm [40 in] in men, > 88 cm [35 in] in women)
- Hypertriglyceridemia (\geq 150 mg/dL)
- Low HDL-C (< 40 mg/dL in men, < 50 mg/dL in women)
- High blood pressure (\geq 130/85 mm Hg)
- High fasting glucose (IGT [blood sugar \geq 110 mg/dL and < 126 mg/dL] without diabetes)

In order to avoid the development of this life shortening syndrome we need to aggressively manage TUP stress and poor dietary habits.

An immediate way of improving dietary habits is to replace the typical western diet with a prudent diet

Western Diet	Prudent Diet
Red meat	Vegetables
Processed meat	Fruit
French fries	Fish
High-fat dairy products	Whole grains
Refined grains	Poultry
Sweets & desserts	

However we must realise that Western Diet is addictive and hard to change.

Metabolic Syndrome -- Causes Mental Health Symptoms?

People who have the following three symptoms -- depression, anger, and tension -- were more likely than those who did not have them to develop metabolic syndrome during 7 years of study observation. However, in addition, women who had metabolic syndrome are more likely than those without the syndrome to *develop* symptoms of **anxiety** and **anger** even when those were not present at the beginning of the 7-year period.

In other words, psychological symptoms are associated with developing the syndrome; *and* the syndrome is associated with developing symptoms, at least anxiety and anger. Whether the symptoms themselves somehow cause the syndrome; or whether the symptoms come along with some other condition, such as severe sustained stress, which causes the metabolic changes. The physiology of sustained stress leads to increased cortisol and noradrenaline which both cause

increased insulin levels. This in turn leads to metabolic syndrome. Stress also leads to a poor diet with secondary increases in insulin levels.

A common theme in metabolic syndrome research is "stress". One of the leading theories in this research is that sustained stress leads to high levels of stress hormone release that can lead to increasing abdominal fat. The physiology of sustained stress leads to increased cortisol and noradrenaline which both cause increased insulin levels. This in turn leads to metabolic syndrome. Stress also leads to a poor diet with secondary increases in insulin levels.

The problem is compounded by a "positive feedback" feedback mechanism or snowball effect. In this medical syndrome, the more the problem develops, the more it can lead to conditions which cause the syndrome to develop *further*. The problem *builds on itself*. In the case of metabolic syndrome, starting from weight gain or starting from stress hormones or starting from a medication-induced metabolic change, the syndrome seems to become one which builds on itself. Stress cause weight gain by increasing insulin and weight gain causes increased abdominal fat that also changes insulin sensitivity. In women insulin resistance changes the hormone control of ovaries and estrogen; and out this comes increased male hormones. This is a positive feedback loop. Such loops can multiply all the factors involved very quickly -- which seems especially to be the case if the stressors that contributed to starting this problem are still there.

This "positive feedback loop" seems to go along with what patients describe: at some point usually in association with a really severe stress; patients report "my weight just took off".

Many patients say that once they gained that weight, they couldn't lose it despite using diets that had worked for them before, as though they were somehow metabolically different after this medication-induced weight gain.

Patient who are stressed and develop metabolic syndrome may show the extreme symptoms of being bipolar. This can be explained by swings in serotonin levels that are extreme. Treating the syndrome may allow better control of bipolar syndrome.

Chapter Eight

Endometriosis and Time Urgency Perfectionism Stress

I introduced myself to Jane and Peter who were new patients attending my fertility practice. Jane was perfectly dressed but slightly irritated for having been kept waiting for 15 minutes. She relaxed after my apology. I looked at the information before me but specifically taking note of Jane's handwriting - it was impeccably neat, almost like print. I have carried out this ritual for the last 600 new endometriosis patients. My first questions, much to their surprise, focused on whether she was a time urgent perfectionist. Her reply was an immediate yes and I entered a note that she was a patient at a high risk for having endometriosis.

In our clinic this information of time urgent perfectionism leads to a confirmed diagnosis of endometriosis 99.9 % of the time.

THIS RISK FACTOR IS SO SPECIFIC AND SENSITIVE THAT IT NEEDS TO BE ASSESSED AND NOTED IN ALL WOMEN WITH PELVIC RELATED PAIN OR INFERTILITY

The term endometriosis has become a household term. The incidence of this disease is increasing exponentially every year. Eighty percent of the patients presenting to our clinic for pelvic pain or fertility problems end up with an end diagnosis of endometriosis. A large proportion of these patients have had symptoms over many years that have been called normal by our colleagues. These patients were found to be time urgent perfectionists in 100 % of the cases in a comprehensive study carried out at our clinic.

This fact allows doctors the opportunity to categorize patients as been high risk for endometriosis if they have the personality type consistent with time urgent perfectionism.

Two simple questions will lead to a high suspicion of endometriosis .

1. Are you a perfectionist at work ?

2. Are you time urgent ?

If these 2 questions are asked by all doctors, this disease will be diagnosed early and treated appropriately. Doctors will no longer be accused of missing the diagnosis as is so often the case . We need only assess the thousands of patients who post their stories on the internet regarding delayed diagnosis.

WHAT IS ENDOMETRIOSIS?

This is the presence and growth of endometrial tissue outside of the uterine cavity. Endometrial tissue consists of cells that make up the lining of the uterus (uterine cavity). These cells are benign (not cancerous) but behave like a localised cancer.

Diane is a patient at our clinic . She is 26 and is a practicing attorney. She excelled at school both academically and at sport. Law school was not considered difficult and she's easily managed the high demands of the legal profession. She was by definition a successful professional.

She gave a history of having severe painful menstruation since the age of 17. This symptom was diagnosed as normal by the doctors she visited including specialists gynaecologists. She needed contraception since the age of 22 and was prescribed the oral contraceptive pill which initially decreased the severity of her painful menstruation. Intercourse was painful from the start of her sexual activity and was once again described as normal by her doctors.

She presented to me after a recommendation by a friend. My primary questions to her were "are you a time urgent and are you a perfectionist". Her reply was "I need to have things perfect and time is critical to me. I hate been late and can't stand being kept waiting " . The last comment eluded to the fact that I had kept her waiting , a comment I often get .

On the basis of her behavioural type and her history of painful periods, painful intercourse and abdominal pain I diagnosed a high probability of endometriosis. This was confirmed by a clinical examination, transvaginal scan and a laparoscopic

examination. The clinical examination revealed tenderness in the deep parts of vagina as well as a definite swelling between the vagina and rectum. A transvaginal ultrasound (Sonar scan done through the vagina) showed obvious endometriosis (chocolate) cysts of the ovary called endometriomas.

Diane had a laparoscopy to confirm the diagnosis and the areas of endometriosis were removed by surgical means. The disease was extensive and she required further medical therapy to control the disease. She was counselled regarding the chronic nature of the disease and its possible effect on future fertility. The 9 year delay in diagnosis and treatment had contributed to the extensive stage of the disease.

Endometriosis is increasing in incidence throughout the world.

It's presence leads to :

- painful menstruation (dysmenorrhea).
- painful intercourse (dyspareunia).
- abdominal pain ,abdominal swelling and nausea, vomiting and diarrhoea during menstruation.
- It is also responsible for a large proportion of the increasing incidence of infertility.
- It can also present with blood in the urine and /or blood in the stool during menstruation due to the endometrial cells penetrating either the bladder and/or the rectum. In rare circumstances the endometriosis can spread to other organs.

What are the effects on the stakeholders involved ?

The symptoms described above account for a large amount of illness in young women. The effects of this illness impacts on all stakeholders involved including the individual, her husband or partner, her family, society, health insurance companies and the corporate world.

- The individual experiences pain, discomfort, relationship problems, absenteeism, multiple operations, expensive medication together with their side-effects, and infertility with its concomitant physical , financial and psychological traumas.
- The husband or partner experience relationship problems due to intercourse being painful, having to deal with the treatments including operations and medication, and coping with the infertility.
- The family needs to cope with the persistence of this debilitating benign disease.
- Society is affected by the disease occurring in middle to upper class working women, that is, the group of women who are critical to the success of business - now and in the future.
- Health Insurance Companies will have to contend with the rapid growth in incidence which is only the tip of the iceberg. This has led to endometriosis becoming one of the largest drains on medical insurance resources in recent years.
- The Corporate World includes women have taken up their rightful place in the success of this world. The nature of this disease is that it can become all encompassing and lead to absenteeism and inefficiency due to pain as well as infertility treatment that is intensive and time consuming. This will affect all business processes that have become so reliant on professional women.

How does this Disease come about?

Endometrial cells are found outside the uterus in almost 100 % of women during their menstruation as demonstrated in our fertility practice when doing pelvic ultrasound examinations on the second day of the menstrual cycle. This is a normal phenomenon resulting from the backward flow of blood through the fallopian tubes (the tube that joins the abdominal cavity to the uterus). The endometrial cells will come to lie around the ovary, behind the ovary, between uterus and rectum and between the uterus and the bladder. The resting place of these cells is dependent on the position of fallopian tubes and the effects of gravity.

If these cells are not removed in time by the immune mechanisms of the pelvis then the body's cell development systems will produce growth of these endometrial cells in the areas that they have come to rest on.

This process is therefore dependent on

1. Backward (retrograde) flow of menstrual blood
2. Delayed removal of menstrual (endometrial) cells from the pelvis by the immune system.
3. A hormonal environment that allows the cell to grow .

The symptoms that have been described are due to:

1. **Adhesions** (sticking together) between all the organs of the pelvis including the ovaries, fallopian tubes, uterus, rectum and bladder. These adhesions are due to the release of inflammation causing chemicals. The growth of these cells and the adhesions caused by them lead to extensive disease in the pelvis much like a benign localised "cancer".

2. The **release of prostaglandins** leads to

- Abdominal pain,
- Abdominal bloating
- Diarrhoea
- Nausea and vomiting

- Tightening of the chest
- Pelvic pain
- Uterine contractions

The wide nature of these symptoms often leads to incorrect or delayed diagnosis by attending physicians.

3. The symptom of infertility is related to :

- a. Distortion of the reproductive anatomy such that it interferes with the egg (oocyte) and sperm coming together.
- b. Environmental changes in the pelvis causing thickening of the egg, failure of release of the egg from the ovary, changes in the fluid in the fallopian tubes, uterus and cervix.
- c. Autoimmune disease where the body develops antibodies against its own cells(autoantibodies). This leads to antibodies developing against the uterus which effects both the mucus in cervix (therefore killing the sperm) and the implantation of the embryo in the uterus.

What are the recognised Characteristics of endometriosis patients ?

1. It is known as the Professional women's disease but we see it as the working women's disease including housewives , school children and students.
2. The incidence is increasing in the reproductive age group and it is estimated that 10 to 15 percent of women are affected at present but this is growing exponentially every year.
3. It is less common among women who have children.
4. It is much more common in infertile woman. Eighty percent of women presenting to our clinic will have a final diagnosis of endometriosis.
5. At our clinic we are seeing more and more endometriosis . The age range for diagnosis is 20 to 45 but there appears to be an increasing number of woman in their teens. They are often not diagnosed as opposed to the condition not being present. Studies have shown that greater than 50 percent of teenagers complaining of abdominal pain will in fact have endometriosis.

6. Our patients have a strong family history of the disease , in keeping with the findings of studies showing that there is a 7 fold increase in the risk of endometriosis in sisters and mother's of patients with endometriosis. In addition the risks of endometriosis is significantly greater in woman of Asian descent.
7. A concerted effort is being made to seek the "endometriosis gene" and although it may not be found, there is definitely a familial tendency.

The Immune System and Endometriosis

If retrograde menstruation occurs in the majority of woman with each cycle WHY do only 10 to 15 percent of woman develop endometriosis?

It appears that the answer may lie in abnormalities of the body's immune mechanisms in women who develop endometriosis compared to those who don't. This has been demonstrated in a number of studies and found to be the case in our patients as well .

In women without endometriosis , the implants of endometrial tissue outside the uterus are destroyed by a variety of immune mechanisms and inflammatory reactions including:

1. The Activation of the Cell Mediated Immune (CMI) System.

This includes the following physiological processes:

- a. An increased production and activation of **cytotoxic T cells** . These cells respond to foreign invaders , in this case endometrial tissue , by killing them.
- b. Stimulation of **Natural Killer Cells (NKCs)** which have the capacity to spontaneously kill many different cells including the bodies own cells without having to learn about the particular cell.

In woman with endometriosis the function of T cells and NKCs are decreased. This will allow endometrial implants to survive, be stimulated by hormones and grow in the pelvic cavity.

- c. **T Suppressor cell activity is increased in endometriosis** compared to women without disease. These cells reduce the immune response to an outside (foreign) or own body (host) cells known as antigens. This will reduce the ability of the immune and inflammatory cells ability to identify or destroy ectopic endometrium (that is endometrial cells outside the uterus).
- d. In woman with endometriosis there is an accumulation in the peritoneal fluid of **Macrophages** that are a type of inflammatory cell that is responsible for tissue removal (phagocytosis) and healing. These Macrophages do not appear to be as active in the 'vacuum cleaning ' of cellular debris in women with endometriosis.
- e. A high concentration of a substance known as **Transferring Growth Factor type beta (TGF-beta)** is secreted from platelets and other immune cells in patients with endometriosis. These cells inhibit NKCs and increase scarring and adhesion formation (sticking together of cells) . The TGF beta cells also promote new blood vessel formation called angiogenesis. This development of new blood supply is essential for ectopic cells to grow independently.

The above discussion of the changes in the cell mediated immune response to extra-uterine (outside the uterus) growth of endometrial tissue are similar to the changes that occur with the development and spread of cancer cells. In both conditions the immune - surveillance systems are inadequate or unable to respond to the seeding of tissue.

2. B Cell Antibody

Alteration of this immune system also occurs in endometriosis. Antibodies against endometrial tissue can be found in blood, cervical and vaginal secretions. These antibodies may have an effect on fertility by damaging the uterine lining and changing the environment of the cervical mucous. The latter will lead to destruction of sperm at the cervix.

The Diagnosis of Endometriosis

The patients history consists of a working women, including housewives, who complain of one or more of the following symptoms :

- 1.Painful periods (dysmenorrhoea)**
- 2.Painful intercourse (dyspareunia)**
- 3.Abdominal pain**
- 4.Infertility**

An internal examination reveals tenderness in the pelvis including tenderness of the uterus, ovaries and utero- sacral ligaments.

A Vaginal ultrasound (ultrasound probe placed in vagina) can show endometriosis of the ovary (endometrioma) and endometriosis between the vagina and rectum.

A Laparoscopy involves an operation which allows a camera vision of the pelvic organs. Endometriosis is diagnosed by seeing the growth of endometrial cells on the covering of the pelvic organs.

Diagnosis can be confirmed by biopsy of the areas of endometriosis.

The visual picture seen at laparoscopy includes:

1. New blood vessel formation.
2. Growth of endometrial cells.
3. Early healing of endometriosis (chocolate spots).
4. Old healed endometriosis-scarring (fibrosis).
5. Chocolate cysts- cysts of endometriosis in the ovary (endometrioma).
6. Adhesions of pelvic organs to each other.

Treatment of Endometriosis

- 1. Medical treatment** relates to medication that prevents hormones, including oestrogen, from being secreted by the ovary . The lack of these hormones will cause the endometriosis cells to shrink and disappear .

This medication includes :

- a. Intramuscular contraception such as Depo Provera and Nurestrate.

- b. Male hormone like drugs that stop ovulation including Danazol and Gestrinone.
- c. Drugs that inhibit the pituitary hormones FSH (follicle stimulating hormone) and L H (luteinizing hormone) including Lupron , Synarel , Zoladex and Suprafact.

The problem with these forms of treatment is both the side effects and high recurrence rate of disease once the treatment is stopped.

These side effects include:

- Weight gain
- Skin problems
- Menopausal symptoms such as hot flashes, depression, anxiety, decreased libido, dry vagina and vaginal infections.
- Osteoporosis(thinning of bone) - but this is reversible if treatment is not greater than six months.

The recurrence rate is high after medical treatment and may recur as short as one month after treatment has been completed.

Surgical treatment

1. The use of Laser or Electrosurgery during a laparoscopy to ablate (burn away) all the areas of endometriosis.
2. Surgery to normalise the anatomy of pelvis and to get rid of areas of scarring.

The recurrence rate after surgery is equivalent to that after medical therapy.

Endometriosis and the Psychoneuroimmune (PNI) System

The previous discussion has centred around the patient characteristics, causes, diagnosis and treatment modalities available in patients with endometriosis. A study carried out by the authors has shown that patients presenting with endometriosis have a highly specific personality type or behavioural style. This is consistent with a

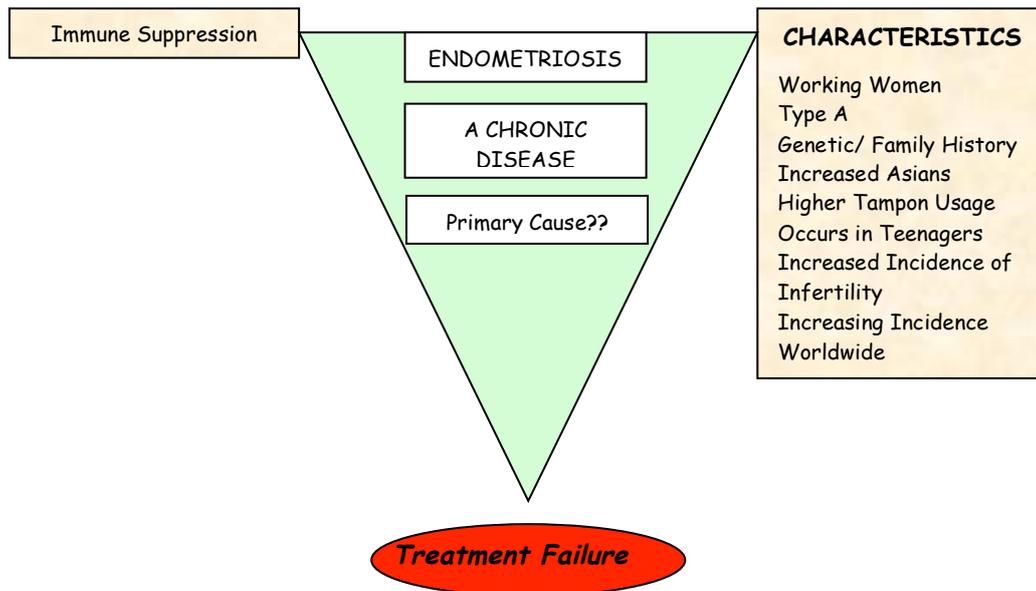
large number of studies that confirm endometriosis's position as the "working woman's" disease associated with Type A personalities.

However the author's study has gone a step further by clearly defining the personality type that occurs in 100% of women with endometriosis.

This personality type has 2 critical elements:

1. Perfectionism
2. Time urgency

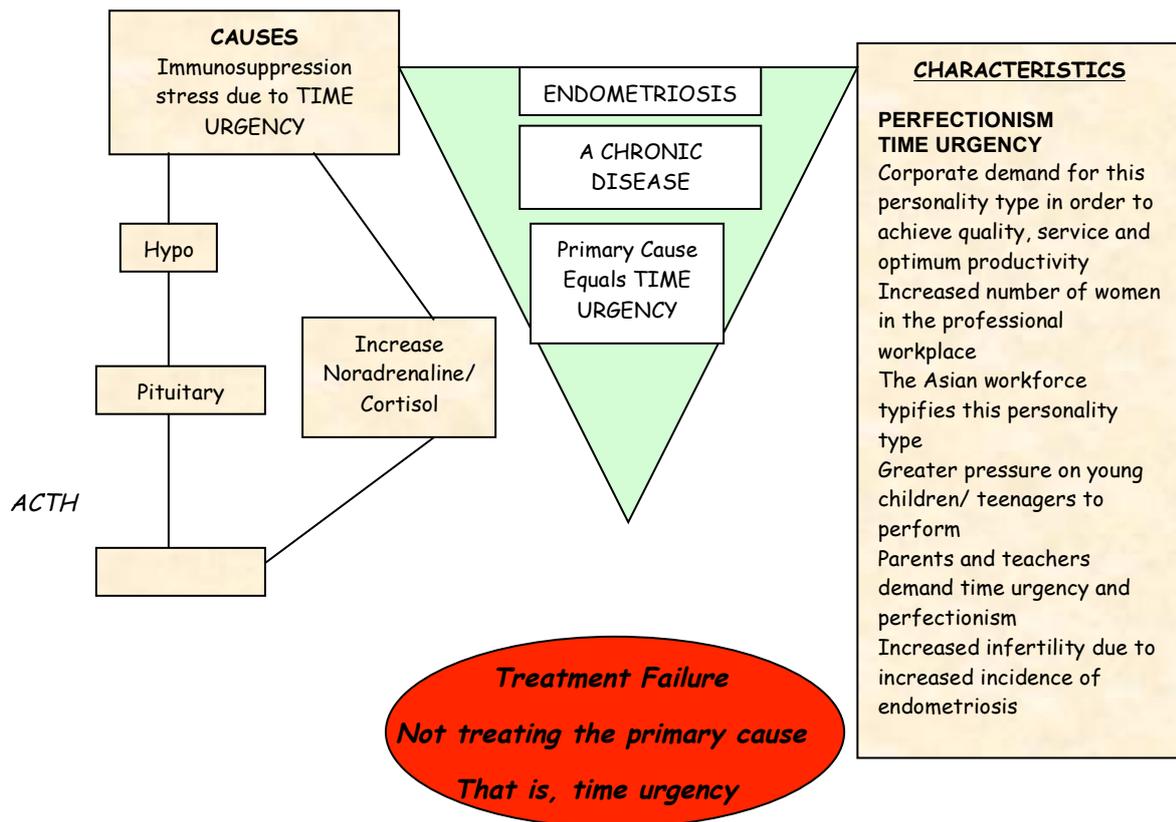
The Psychoneuroimmunological mechanisms that result from stress of time urgent perfectionism gives us a primary cause for endometriosis. The previous proposed causes of endometriosis, patient characteristics and reasons for treatment failure are clearly understood by assessing the mechanisms involved in the stress caused by time urgency perfectionism stress.



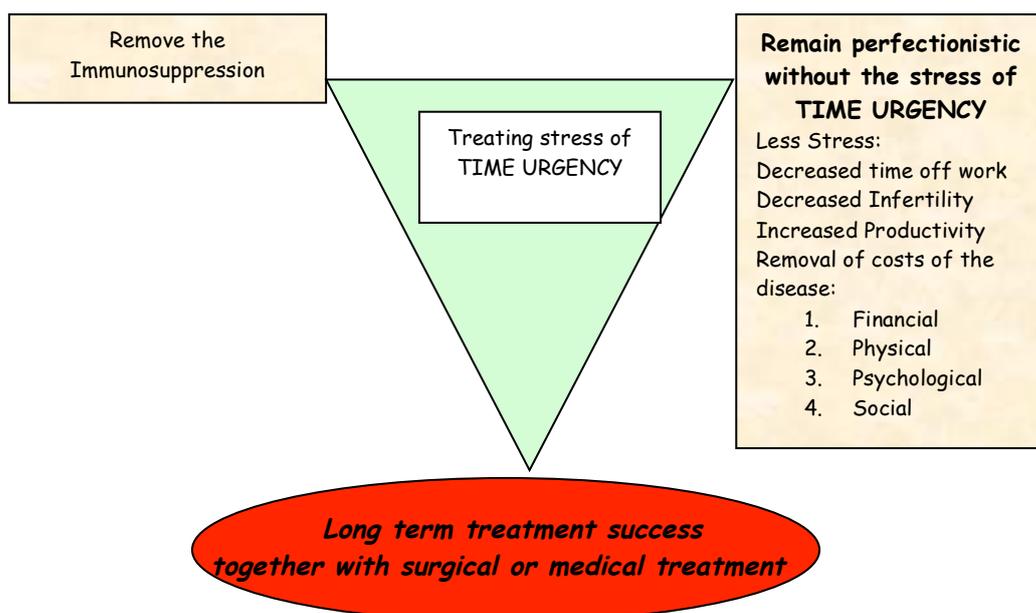
The above diagram portrays the 3 essential elements that surround this enigmatic chronic debilitating disease. These elements include immunosuppression, specific patient characteristics and treatment failure.

Years of study have gone by in an attempt to marry these elements in order that a primary cause could be identified.

A primary cause for endometriosis has been identified by the authors. This revolves around the stress induced by time urgency perfectionism. The diagram below outlines how time urgency stress leads to immunosuppression secondary to pituitary gland stimulation of adrenal hormones including noradrenaline and cortisol. It also highlights how the characteristics of the endometriosis patient ties in with time urgent perfectionism. Treatment failure is related to not treating the primary cause.



Treating the Stress of Time Urgency together with the standard therapies is depicted in the diagram below.



Diane was 29 when she was referred to our fertility clinic having been diagnosed as having a fertility problem related to endometriosis as discussed in the earlier part of this chapter. Since the diagnosis of endometriosis she had needed to have a further operative laparoscopy to control the disease. When she presented to the clinic further investigations of her and husband revealed that her husband had an extremely low sperm count. She was also found to have autoantibodies against her thyroid gland which resulted in low levels of circulating thyroid hormone.

Due to the extensive nature of the couple's problems it was decided that the only way that a pregnancy could be achieved was by in-vitro fertilisation (IVF) together with injection of sperm directly into the egg known as intra cytoplasmic sperm injection (ICSI). The first attempt was not successful as only a small number of eggs of extremely poor quality were retrieved.

A repeat Laparoscopic showed recurrence of endometriosis which was treated surgically. A further procedure was once again carried out. Only one embryo of relatively poor quality was replaced in the uterus but a pregnancy did not result.

Diane agreed to take part in a research project by the authors . The purpose of the research was to identify the possible personality type of endometriosis sufferers . The project identified the personality trait of endometriosis patients. All the patients were time urgent perfectionists and this included Diane. She agreed to take part in the second part of the . This involved a ten week course on behaviour modification to limit the stress created by time urgent perfectionism. A further IVF - ICSI procedure followed the course. This resulted in improved egg quality and patient was pregnant.

The discovery that the stress of time urgency is a primary cause of endometriosis answers all the questions that have resulted in this disease having remained an enigma. The added therapy of time urgency stress management is mandatory to control and eradicate this debilitating disease. The present tried and researched methods of treatment need to be used to gain immediate control of the disease to allow the added therapy of time urgency stress management time to work.

The prevention of disease is the core of medical management. From the above discussion it is apparent that in order to prevent this disease becoming endemic throughout the world we need to urgently look at the management of the stress that occurs as a result of the personality type that is a time urgent perfectionist.

It is imperative to start educating parents, teachers and employers in the ravishing effects of this personality type. The incidence of endometriosis will only decrease if urgent steps are not taken to accelerate this education. The enormity of the financial, physical, psychological and social ramifications of endometriosis has not been clearly understood. A reversal of this trend of an increasing incidence of endometriosis will limit the overall impact of a potentially debilitating disease.

Protection of an important asset, that is the working woman, is critical to the future health of society throughout the world . Emergency measures need to be taken to stem the tide of this epidemic.

Chapter Nine

Time Urgency Perfectionism Stress:

Issues Related to Fertility and Childbirth

Although not all time urgent perfectionists struggle to conceive naturally, as seen in prior chapters, they are at higher risk than the average population to developing fertility issues. In addition, they have a more difficult time, emotionally, in coping with their infertility or their struggles to conceive. The physiological reasons for this include the following in women:

- Endometriosis;
- Polycystic ovaries;
- Insulin difficulties;
- The presence of anti-bodies;
- Thyroid difficulties;
- A deficiency in their human growth hormone.

In men, the following have been found amongst time urgent perfectionists:

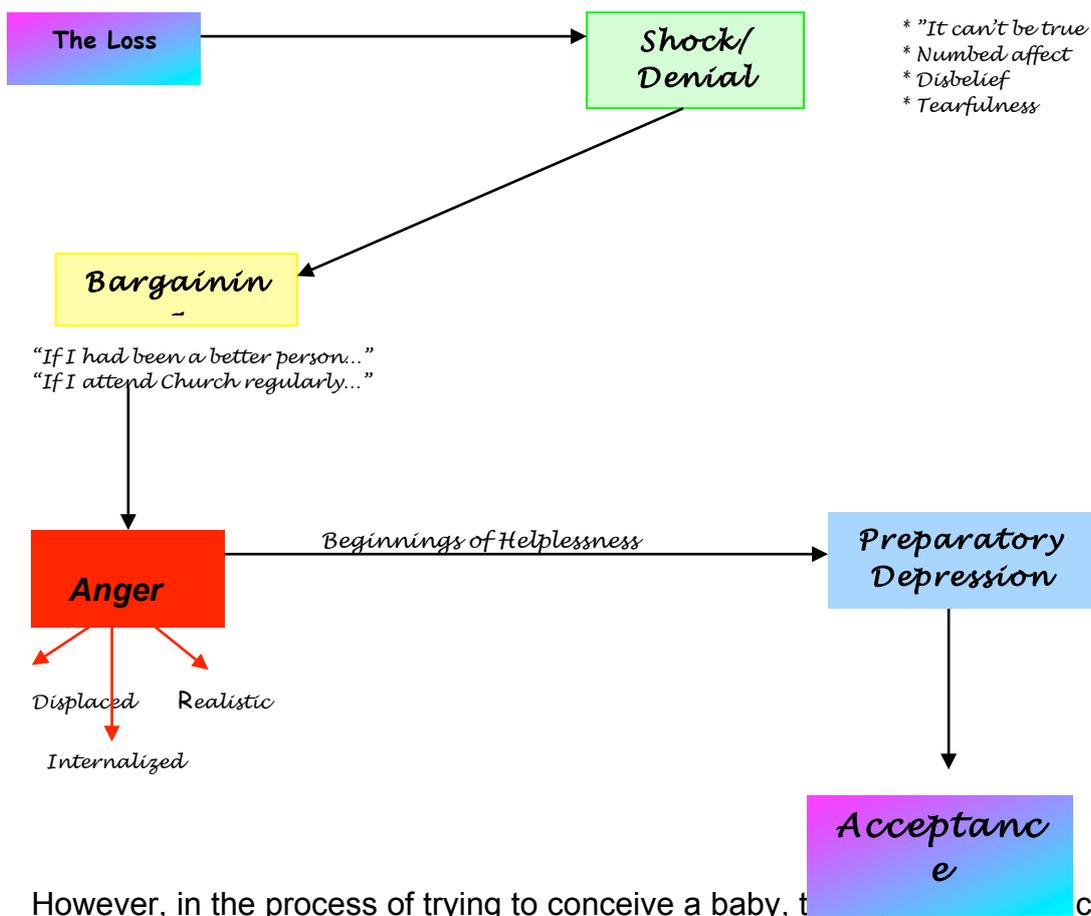
- Low sperm count;
- Poor motility and morphology of sperm;
- The possibility of anti-bodies;
- Deficiencies in human growth hormone;
- Insulin difficulties.

These factors are further exacerbated or worsened by the following lifestyle factors, namely:

- ❖ Poor diet;
- ❖ Lack of exercise;
- ❖ Time Urgent Perfectionistic (TUP©) Stress;
- ❖ Smoking and alcohol consumption.

When a couple is faced with the possibility of infertility or obstacles in conceiving, they undergo the normal reactions of shock or denial, bargaining, anger, depression and finally acceptance – as identified in the normal grieving cycle. This grief is due to the loss of a normal developmental stage or normal physiological process, namely, that of having a baby or a family (*see grief cycle below).

THE BEREAVEMENT CYCLE



However, in the process of trying to conceive a baby, the cycle is complicated as the beginning of a new cycle brings about more expectation and hope. Thus, acceptance is rarely attained as the opportunity is once more offered each month, only again to be followed by disappointment. Many couples state that they would cope better with the inability to conceive children if they were told they had no chance of ever conceiving, such as following a hysterectomy.

For time urgent perfectionists, the case is even more disturbing due to a number of factors:

- They become urgent each month that the conception should happen immediately;
- Their perfectionism makes them doubt themselves and the processes they are undergoing, causing them either to personalize their infertility (internalize and blame themselves) or to externalize it (scarcity thinking whereby they might blame their spouses, or specialists/ doctors assisting them or the inability of medical science which has failed them thus far);
- As time urgent perfectionists, they do not like the lack of control they have over the process of trying to conceive as well as the perceived lack of emotional control when they, once again, receive a negative result. The roller-coaster of infertility makes it very hard for TUP© individuals to foster some sort of prediction and control over their emotions.

For many TUP© individuals, infertility is possibly the first obstacle they have faced where they have little control over the outcome. As perfectionists, they have probably always had a preconceived notion of what paths their lives would follow. They studied, entered a career, settled down in a stable relationship, and believed children would be the next logical step in this predetermined plan. However, despite having attained and achieved well in other areas of their lives, they are suddenly thrown into the possibility of their plans not working out as they were meant to. This exacerbates feelings of despair and helplessness. And society is sometimes insensitive to the needs and concerns of an infertile couple. Others are quick to say: “just relax and it will happen”, “go away for a romantic holiday and forget about it”, and “I had a friend who also battled and now has three children...”. These well-intentioned individuals do not realize the torment each of those statements actually creates for the woman/ man who are battling now to conceive.

A sad consequence is that many couples start isolating themselves from social contact in an attempt to avoid such interactions, and thereby have even more difficulties when they in fact need the social support. There is also sometimes embarrassment by one or both spouses about their infertility, and they thereby avoid talking about the experience with others, and can in fact begin withdrawing from one another, as each partner is sensitive to the others' emotions. Look at the example below:

Sandy was a twenty age year old woman who had always been a time urgent perfectionist but this had not caused any subjective distress in the past. She attributed her career success to her drive and competitiveness. She had always achieved well, received awards at school and finally married and decided it was the right time to start a family. She visited her gynaecologist, who stopped the contraceptive pill and said she would be pregnant in six months. However, Sandy did not like to think she had to wait six months, and decided to see a specialist in the field to 'speed up the process', not yet believing there was a problem at all.

Suddenly Sandy finds out that she has endometriosis and this might complicate the process of trying to conceive. She undergoes the necessary treatment, but still is not pregnant within three months. It is the first time in Sandy's life that she has little control over the process. She starts to think about pregnancy, and the failure to achieve one, constantly. Every month, her last two weeks of her cycle are fraught with despair and helplessness as she tries not to obsess about conception. However, as a perfectionist, she begins to structure her life and her goals, including her career, around gearing for a pregnancy.

This is one of the main difficulties with a TUP©, as they find that much of their life gets put on hold. The main priority and the main goal is simply to achieve a pregnancy and almost all else – such as holidays, career, spousal relations – are all put aside. There is a lack of peace of mind in relation to her life in general which pervades all areas of the individuals life. She becomes more acutely aware of all bodily symptoms, finding that she vacillates between hope and despair.

The TUP© individual or couple find that they have difficulties trusting the entire process to be managed by a specialist, and gather information off the internet and other sources to assume some perception of control.

A further complicating factor is the often occurring reaction to social support systems amongst infertile couples. We know that social support is an integral part of coping

through difficult life stressors, but time urgent perfectionists, initially, seem to keep their fertility difficulties to themselves. They don't want others to sympathize, or be aware of their perceived failures, and they prefer to go without the well-intentioned phrases of others to "simply relax" or "you're still young" or "the problem is you put everything on hold for your career."

It is then very difficult – as an infertile couple – to hear that their time urgency and perfectionism probably played a major role in the cause of their infertility. This impacts on the bargaining stage of the grief cycle, where they begin to question the past or current behaviour and its impact on their current situation, such as "if I hadn't focused on my career for so long..." , "if only I had eaten properly and started trying for a baby sooner..." the anger then becomes internalized as self-blame and recrimination. A perfectionist then tries to do everything possible to remedy the situation. The couple attempts to eat properly, exercise, manage their stress and follow all the advice they can gather, but they do so almost obsessively, and want it done **immediately** with **immediate effect**. This input of time urgency causes more stress and perceived lack of control. Even though it is recommended and necessary to re-assess certain lifestyle factors contributing to the infertility, the individual needs to also maintain a realistic outlook, by believing they are doing everything to enhance their chances of conceiving, and to attain a peace of mind about when the pregnancy will happen.

Attaining peace of mind is far easier than the common condolence of "just relax and it will happen" or "just forget about it, and you will fall pregnant." Many people do fall pregnant after recently adopting or deciding to give up on their treatment or moving house. This is not due to the fact that they have simply relaxed, but because other issues are in the foreground at that time. The authors have found that by assisting individuals to write down their short-, medium- and long- term goals in a list as well as their fertility plans or options on another list, they are forced to incorporate all life goals together. In this way, the fertility issues do not dominate or over-ride other important goals. Neither do they negate the importance of other needs in the individuals life. They now are able to incorporate both fertility, and other, issues in their life plan. In this way, infertility gains a perspective and a place, without replacing or neglecting other important areas.

A further way of managing fertility difficulties is to have a realistic plan of action in terms of treatment, options, and back-up plans should the current treatments fail to work.

Let's have a look at Sandy and her final attainment of a pregnancy, and this proceeded to conclude in a post partum depression.

Sandy finally managed to conceive via treatment. She had always believed that once she had conceived and was pregnant that she would be able to relax and enjoy her pregnancy, however, she became anxious for each gynaecologist visit, and worried that she might miscarry. In addition, she felt guilty complaining about any troublesome pregnancy symptoms as she believed she shouldn't complain as she had struggled to conceive this baby. Even without complications, she knew her pregnancy was deemed high-risk as she had struggled for so long to conceive. This caused constant worry and anxiety. However, she also imagined holding her baby and nursing her baby, and could not wait for it's birth. As a perfectionist, she had an idealistic view of taking care of a new baby. She had read all the relevant books, and believed she could manage in terms of routine, structure and organization as well as bliss and enjoyment and fulfillment.

Once little Liam was born, she was overjoyed and managed very well in the hospital and the first few days at home. However, after three weeks, the fatigue had gotten bad, and she was struggling with putting Liam in a routine. She believed she couldn't speak to anyone about it, as everyone else around her seemed to have coped so easily with little complaining. Her husband began to worry when Sandy was frequently tearful when he left for work, and had lost her appetite. In addition, she dreaded going out with her baby as she feared he would cry and she would be unable to console him. She found herself bound to the house, existing between feeds, burping the baby and changing nappies. At her six week check-up, her gynaecologist hinted that she might be suffering from some type of post partum depression, which

distressed Sandy even more, as she could not believe that after wanting a baby for so long, she was not coping.

These types of scenarios happen more often than we like to imagine. Post partum depression is often undiagnosed, as the women frequently do not mention to anyone how bad they feel. They don't want anyone to perceive that they are 'not coping', especially if they battled to conceive. What factors put us at risk to developing a post partum depression:

- Lack of social support;
- Perfectionism;
- Anxiety;
- A history of depression;
- Death of someone significant during the pregnancy.

The TUP© individual might realistically have no social support or may isolate herself due to a perceived sense of failure. She is often loathe to ask for too much help, and others may therefore believe she is coping well. As a perfectionist, she had idealistic notions of having a baby, especially in terms of routine, structure and organization, and also has high expectations of herself to manage perfectly. The reality of having a baby is not so idealistic. Guilt issues come into play when she feels frustrated or takes a nap, and this exacerbates her feelings of inadequacy. Oftentimes, a TUP© individual is also an anxious individual, which is a further risk factor. She has always been a 'coper' and is now faced with little control when it comes to settling a baby, getting enough sleep, managing a home and sustaining a relationship with her spouse which has inevitably changed.

This gives us more reason as time urgent perfectionists to change our behaviour before we conceive. This would hopefully reduce the chances of infertility as well as post partum depression. We would be far less insistent on being perfect in our role as mothers and parents, as well as less insistent on routine and organization right at the beginning. We would be more realistic in what a new member to the family entails, and probably better able to prioritise what is more important in terms of our various roles and tasks. Normalizing our feelings is the first step. Suffering from a

post partum depression is not a sign of failure, but simply a reaction to a difficult situation which we have not being socialized into believing is normal. Having children is joyful, fulfilling, but also hard work and emotionally and physically draining, and once we know this, we are better prepared to cope with the reality.

Chapter Ten

Other Diseases Associated with Time Urgency Perfectionism Stress

A large number of immune related diseases are increasing in incidence. These conditions include all the **autoimmune diseases** , **including chronic fatigue syndrome and fibromyalgia as well as the entity of chronic candida syndrome.** It is immediately apparent that the commonest behavioural style associated with these conditions is time urgency- perfectionism. This is the single most important epidemiological factor that has changed over the last 25 years. Its prevalence is increasing exponentially, and its association with these disease processes makes it the most important, urgent health problem facing the industrialised world. The immunosuppression allows the development of these debilitating diseases. A discussion of each of these processes will take place in order to reveal the pattern that has developed regarding time urgency- perfectionism stress.

Autoimmunity and Autoimmune Diseases

Autoimmune diseases occur when the body's immune system mistakenly identifies cell belonging to the body as being foreign invading cells and attacks them. There are appropriate mechanisms present in the body to prevent recognition of 'self' components as antigens by the lymphoid system, but as with all machinery, there is always a chance these mechanisms might break down. The older the individual, the greater the chance of a breakdown. When this happens autoantibodies - those are antibodies capable of reacting with self components - are produced. While antibodies can act in this way, we are concerned here more with autoimmune phenomena which appear in relation to certain defined human diseases. There is a tendency for more than one autoantibody disease to occur together suggesting the possibility of a common primary cause.

How do autoantibodies arise?

Normally the body's immune mechanisms do not recognise the 'self' as abnormal and therefore does not make antibodies against its own cells. In order for an immune reaction to take place against the 'self', a change in the immune mechanism needs to take place. Abnormalities of the lymphoid system will allow the body to develop antibodies against itself. The development of auto - antibodies against the self will occur if the control over the B-cell system is inhibited. The control of this system is derived from T- cell function and an increase in T- suppressor cell function will allow the B- cell system to recognise 'self' as abnormal. Autoantibodies will then be formed against different cells of the body. These antibodies will then cause disease by disrupting the normal function of the specific organ involved. This can also be a multi-organ disease where the antibodies affect a number of organs.

A dramatic increase has occurred in the incidence of certain autoantibody diseases. A direct link between these diseases and time urgency- perfectionism stress can be made. From the discussions in the preceding chapters, it is evident that time urgency perfectionism stress can lead to decreased T- cell function and increased T-suppressor cell activity. This takes away the surveillance of T- cells on the B-cell system and autoantibodies are formed. The Autoimmune diseases that have increased will be discussed individually.

Thyroid Autoantibody Disease

The prevalence of this disease has increasing dramatically. The presentation includes the classical symptoms of weight gain, tiredness , hair loss , constipation and dry skin. However, a much more subtle presentation is occurring in patients. The patients fall into all weight groups, they are continuously tired and can present with either infertility or recurrent miscarriages. The only indication of a possible thyroid problem is the presence of thyroid autoantibodies. An abnormality of thyroid function can often only be detected by a sophisticated test called thyroid release hormone pituitary stimulation test.

Crohn's Disease

Crohn's disease is a chronic inflammatory autoimmune bowel disease, characterized by severe and persistent inflammation of the lining or wall of the gastrointestinal tract. The part of the gastrointestinal tract most commonly affected is the segment between the ileum and the rectum. Although Crohn's disease can be difficult to manage and to live with, it is usually not life threatening.

Crohn's can affect anyone, although persons of Jewish descent are afflicted three to six times more frequently than others. The disease usually involves young adults between the ages of 15 and 35, but it can also be seen in young children as well as the elderly. The male and female ratio is equal. There is a genetic predisposition to develop the disease, and up to 25 percent of persons with the disease are likely to have a close relative with either Crohn's disease or ulcerative colitis. It is not unusual to find other autoimmune diseases in the person with Crohn's disease or in their family members.

Ulcerative Colitis

Ulcerative colitis is a non-specific inflammatory disease of the bowel which is strongly suspected of having an underlying autoimmune factor in some cases. The disease is characterized by chronic ulceration. The chief characteristic of ulcerative colitis is chronic, bloody diarrhoea. Due to the chronic inflammation of the wall of the colon, it may become thickened and develop scar tissue. The disease is usually chronic, with repeated periods of flare-ups and remission.

The first signs of ulcerative colitis may begin at any age; however, the highest incidence is between the ages of 18 and 30 years of age. There is also an appreciable increase in frequency during fifth and sixth decades of life. Although all ethnic groups may develop the disease, it is most prevalent among people of Jewish descent.

The exact cause of ulcerative colitis is unknown. The disorder may be related to an autoimmune factor or immunological agents, or it may be caused by an unknown environmental agent. Ulcerative colitis seems to run in families. A family member of a person with inflammatory bowel disease has an increased risk of developing the disease, suggesting a genetic predisposition. Stress may aggravate the condition, but has not been considered a cause up to now. Time urgency perfectionism stress may play a role by interfering in the immune mechanisms that recognises 'self cells'.

Lupus

Lupus is a chronic autoimmune disease in which the body's immune system, instead of serving its normal protective function, forms antibodies that attack healthy tissues and organs. For most people, lupus is a mild disease affecting only a few body organs; for others, it may cause serious and even life-threatening problems. There are several types of lupus. Discoid lupus affects the skin, causing a rash and lesions, usually across the face and upper part of the body. Systemic lupus erythematosus, usually more severe than discoid, can attack any body organ or system, such as joints, kidneys, brain, heart and lungs. If not controlled, systemic lupus can be life-threatening. When medication is discontinued, the lupus symptoms usually disappear. The number of Americans diagnosed with lupus is estimated at 500,000.

Antiphospholipid Syndrome

Antiphospholipid antibody is an autoantibody made against one's own normal body chemicals. Lupus patients as a rule have many autoantibodies, the best known of which are the antinuclear antibodies (ANA) made against the centre parts of the body's cells and anti-DNA antibodies, which react with the major chemical contained in the nuclei. Antiphospholipid antibodies are similar in that they react with a type of fat (lipid) that contains phosphate. The outside walls of all the body's cells are made of phospholipids. This type of fat is not the type which is responsible for weight (having antiphospholipid antibodies will not help you lose weight.) Cardiolipin is merely one of several normal body phospholipids. Historically, anticardiolipin antibody was the first antiphospholipid antibody described; but because antibodies can be found against many other phospholipids, the general term antiphospholipid antibody is now preferred to the more historical term, anticardiolipin antibody. There is probably no difference between anticardiolipin antibody and antibodies to the other phospholipids.

Mixed Connective Tissue Disease

Mixed connective tissue disease (MCTD) is a chronic inflammatory autoimmune disease. The term MCTD is used to describe overlapping groups of connective tissue disorders that cannot be diagnosed in more precise terms. Whether MCTD should be considered a distinct clinical entity is still a matter of debate. Diagnosis of MCTD as a different entity from lupus or rheumatoid arthritis is difficult. The syndrome is characterized by joint pain, muscle weakness, cardiac, lung and skin manifestations, kidney disease, and dysfunction of the oesophagus. Mixed connective tissue disease can occur at any age, with the average age of onset in the third decade. Eight out of ten patients are women. The disease occurs in all races and is found worldwide.

Fibromyalgia

Fibromyalgia has only recently gained recognition as a distinct clinical entity, with the establishment of diagnostic criteria in 1990. This common disorder, which superficially resembles other disorders such as rheumatoid arthritis, has often been dismissed as an imaginary or psychiatric problem or just faking illness. Patients commonly complain of widespread pain and tenderness, fatigue, and exhaustion after minimal effort. Often they feel unrested after sleep, and sleep laboratory tests are usually normal. A diagnosis can be confirmed by a characteristic pattern of specific points on the body that are exquisitely tender to palpitation. Fibromyalgia has not been identified as an autoimmune disorder itself. However, it is well known that it often accompanies other endocrine and rheumatic autoimmune disorders.

Fibromyalgia is a common and perplexing clinical condition. In the United States, 3 to 6 million people may be afflicted with its symptoms; and an estimated 15 % to 20 % of patients - 90 % of them women - seen in rheumatology practice have fibromyalgia.

Fibromyalgia is characterized by the constant presence of widespread pain so severe that it is often incapacitating. This disease has a patient base that has a high incidence of time urgency perfectionism behavioural type . The symptoms of this disease can be explained by the physiological changes that occur in people who are time urgent perfectionists . This is described in detail in the chapter on TUIDS - Time Urgency immune deficiency syndrome.

The most important factors seen in this disease include :

- Severe Muscle Pain and Tender Points
- Chronic Fatigue and Difficulty in Sleeping

The physiological occurrences that take place with the release of Noradrenaline and Cortisol in patients with time urgency perfectionism stress can explain these symptoms.

In order to cope with the time urgency aspects of this behavioural type, chronic intermittent contraction of the skeletal muscles will occur, triggered by the stress of time urgency. Time urgent perfectionists can all identify with being caught in the traffic, late for a meeting. The response is massive contraction of all the muscles of the body. The nature of these contractions is isotonic - that is the muscle contracts against a fixed force eg. the steering wheel . The isotonic contraction will stop when the person relaxes. The simultaneous release of Noradrenaline will decrease the blood supply to the muscles by causing constriction of the blood supply. Patients with fibromyalgia have chronic intermittent isotonic contraction of muscle together with decreased chronic intermittent blood supply . This will lead to intermittent release of “FACTOR P - Lewis factor” which is known to cause pain. When the time urgency stress goes, the muscle relaxes and the blood supply returns to normal - washing away factor P.

Muscles are known to regenerate during sleep. The sleep disturbance associated with fibromyalgia will not allow sufficient time for muscle regeneration .In fact these patients, due to their time urgency perfectionism stress, wake up after a short sleep in a time urgent stressed state, thinking about all their unfinished business.

The point tenderness over the insertions of the muscles is explained by the chronic intermittent isotonic muscle contraction with secondary stress over the points of insertion. This will lead to tenderness with pressure much the same as any inflamed ligament .

The severe fatigue is due to two factors namely:

- Poor sleep patterns
- Decreased reserves of thyroid hormone due to the chronic intermittent release of noradrenaline.

The reason that the general investigations are normal including blood counts, muscle biopsies , sleep monitoring is that the cause of the problem is an oversupply of physiological factors . This in turn causes a chronic intermittent overactivity of the effects of this oversupply.

If you are a time urgent perfectionist then management of the stress caused by this personality type will improve your symptoms and probably cure them.

Chronic Fatigue Syndrome (CFS)

This is a chronic disabling disease and there are over 150,000 estimated cases in the UK alone. It is also known by many other names:

- PVFS (post or persistent viral fatigue syndrome)
- M.E. (Myalgic Encephalomyelitis)
- CFIDS (chronic fatigue immune dysfunction syndrome)

If you do not recognise these names you will probably recognise the name 'Yuppie Flu'. This name is despised by those people suffering from this disease. CFS is a strange illness with many symptoms which cannot be diagnosed using traditional methods. The main symptoms are fatigue and pain. There has been no known cure for CFS, but people do recover. CFS can attack anyone, male or female, young or old, there is no discrimination between age, creed or sex. However a persistent recurring factor in these patients is time urgency perfectionism stress.

These patients present with excessive debilitating tiredness, joint pain, pyrexia, muscle fatigue, mood swings, enlarged lymphatic glands. The characteristics of the patient include all people that are high achievers, goal oriented, driven individuals. The occurrence of the symptom profile leads to an inability of the body and mind to continue to cope with their expectations. They present to the doctor and are diagnosed as suffering from chronic fatigue syndrome. The management is generally a modification of lifestyle with or without extended leave from work. An association between viral infections such as Cytomegalovirus or Epstein Barr virus has been suggested.

What causes CFS?

Nobody knows the cause of CFS, but scientists are investigating whether it is related to a virus, pollution, the failure of the immune system or is a genetic disorder. What is known is that the condition occurs together with a collapse of the immune system. It has not been clear why this happens, but stress seems to make it worse. It is our opinion that time urgency perfectionism stress is the primary cause of this disease.

It can be triggered by a stressful event or viral infection, but it may have been latent in the body beforehand.

The profile of the “Yuppie” is characterised by the behavioural style of a time urgent-perfectionist. The disease manifestation is explained by the chronic adrenal stimulation that takes place due to time urgency perfectionism stress. The secretion of noradrenaline from the adrenal gland will lead to an equivalent sustained increase in secretion of T3 and T4 hormones from the thyroid gland in response to the increased demand for the bodies cell drivers. This will, with time, deplete the bodies T3 and T4 levels.

The history given by my patients is that: “I can cope during the day but collapse at night as soon as I relax.” The removal of the noradrenaline driver - which is inherent in the daily activities of time urgent- perfectionists - leads to the inability of the body to cope and sudden severe fatigue sets in. This is usually relieved by sleep but continuous, sustained time urgency- perfectionism stress will eventually lead to chronic fatigue syndrome. The factor that tilts the balance into full-blown CFS is usually a viral infection. The psychoneuroimmunological aspects related to time urgency- perfectionism stress can explain the full symptom complex of this disease. The common denominator is that these people are time urgent perfectionists. The management of this syndrome will be complete if time urgency- perfectionism stress is managed appropriately.

Chronic Candida Syndrome

(Candida Related Complex)

Chronic Candida Syndrome is the result of intestinal Candida proliferation. It has recently sparked much attention as being a cause or a factor in various health problems. Candida is a fungus of the yeast category. Candidiasis - an infection with yeast - has been most noted in AIDS or cancer patients under chemotherapy in which the body's ability to defend itself from pathogens is weakened. It has been seen to be extremely serious in these immunocompromised individuals, and primarily originates from the gastrointestinal complement of Candida. Infants, diabetics and individuals with various immunological dysfunctions have also been seen to be more susceptible to candidiasis.

The Chronic Candida syndrome is a series of vague, sometimes seemingly unrelated symptoms. The patient may even be referred to a psychiatrist for their "neurotic condition" and the failure of "modern science" to find a physiological diagnosis. Routine blood tests usually don't reveal anything unusual.

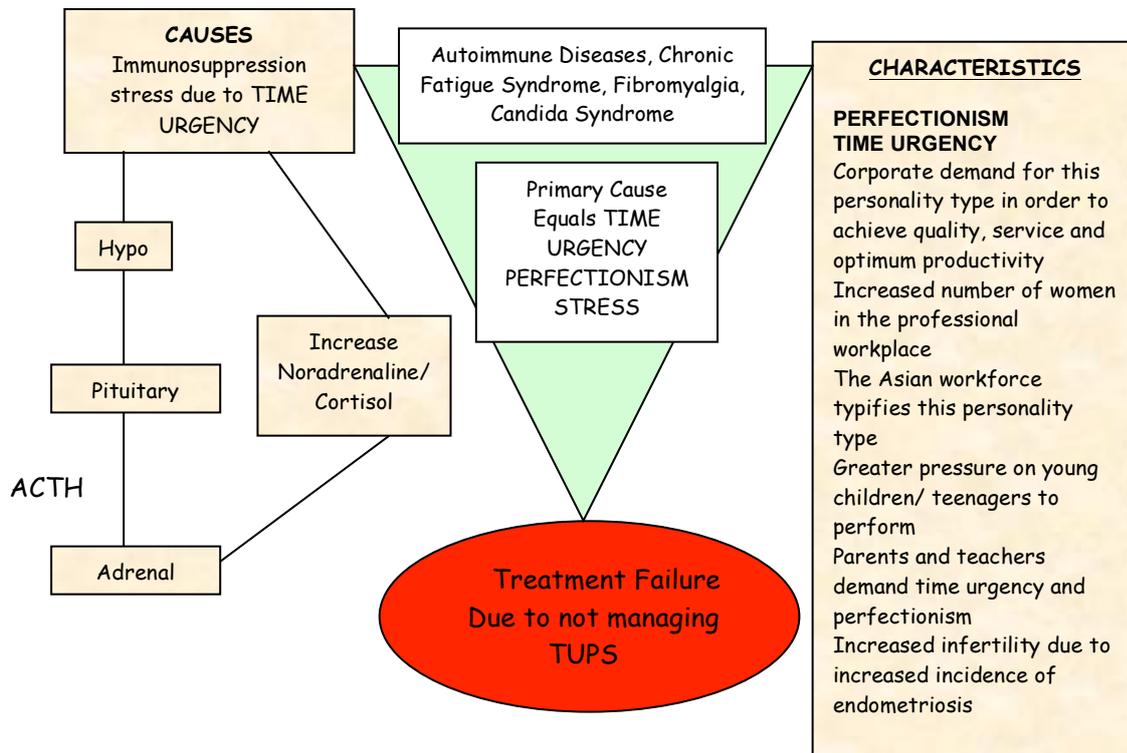
The existence of Candidiasis, and especially intestinal Candida proliferation, has recently come to light as a pathogen that can strike immunocompetent individuals, that is, those who have "normal" immune systems. It has been subject to much debate, lack of understanding and has brought about new thinking and research. The entire etiology of the disorder is not fully understood as of yet, however thousands of patients with chronic illnesses have been helped or cured with antifungal and diet therapy. The contentious issue with this syndrome is that the people affected are said to be immunocompetent and yet have a chronic fungal infection. It is important to note that time urgent perfectionists have a higher incidence of this disease. The immunosuppression in these people could lead to a chronic fungal infection. The other symptoms associated with this syndrome can easily be explained by all the problems that can occur as a result of immunosuppression and chronic noradrenaline output associated with time urgency-perfectionism stress.

In this day and age where many physicians increasingly and liberally prescribe oral antibiotics, often unnecessarily, intestinal Candida proliferation is becoming an ever-increasing problem. The treatment of teenage acne with such drugs as tetracycline has been implicated as one of the most important factors in the Chronic Candidiasis Syndrome. The proponents of this syndrome need to take cognisance of the immunosuppression of time urgency- perfectionism stress. The fungal growth is classically associated with the related immunosuppression. Doctors who have tried antifungal and diet therapy with their patients - maybe as a last resort - have seen their patients lives dramatically turn around in a matter of a few months or less and can no longer deny the existence of this problem. This treatment will be effective, as it gets rid of the infection and at the same time modifies the patients lifestyle.

Conclusion

This group of diseases occurs as a result of immunodeficiency related to time urgency- perfectionism stress. They have a similar primary etiology , namely TUIDS , and require a further factor that discriminates one disease process from the other. Like cancer, a predisposing factor needs to be present for a particular disease to occur. It is noted that women with endometriosis have a higher family history of cancer, a higher incidence of autoimmune diseases including chronic fatigue syndrome and fibromyalgia , an increasing incidence of autoimmune related fertility problems and now a higher incidence of “Candida Syndrome”.

The Problem



* Adrenocorticotrophic hormone

Part Three:
Time Urgency- Perfectionism Stress:
Origins, Contexts and the Future

This part of the book concerns itself with the origins, the contexts and the future of time urgency- perfectionism stress as it relates to health and disease. The first chapter discusses the causes, development and maintenance of time urgency perfectionism stress. The issue of raising children is dedicated to it's own chapter as this is an important factor to address in detail. We all learned or acquired our time urgent perfectionistic traits in different ways. By understanding how it emerges in childhood gives one a better notion of where or what triggered the traits initially, and assists in trying to prevent us to raise our children in the same way. Furthermore, adolescence is a developmental phase which has it's unique stressors which are further compounded by time urgency perfectionism stress.

This next chapter is dedicated to the differences between men and women in time urgency and perfectionism, and how time urgency and perfectionism stress impacts on the marriage. This is followed by the specific 20th Century causes of time urgency perfectionism stress, namely the demands of the corporate environment. The final chapter in this book concerns itself with the implications for the future. Herein, the role of health providers, parents, teachers, broad governmental influence and societal factors, is discussed in terms of the future of this condition.

Chapter Eleven
Time Urgency Perfectionism Stress:
Causes, Development and Maintenance

Linda returns home to what is known to all of us as the normal suburban home situation. Her husband isn't home yet but her children have been waiting for her and are looking forward to spending time with her. However, the first thing on Linda's mind are the responsibilities that she has in regards to her children. She knows that given the way the world has changed in the last decade or two, that all resources have become increasingly scarce, and that the need to strive against others to get what one needs is becoming more and more difficult. Although she believes and knows that life must have an element of fun and joy in addition to work and achievement, there is the need for one to constantly prove oneself - especially if you want to maintain the standards of living that she knows her children have been born and raised in.

This goes against her need to go home and just love her children, play with them and experience the wonderful love and togetherness that mothers, fathers and their children have. She even gets a little irritated at the fact that necessity has taken the place of the natural needs to relax and enjoy leisure time when the family is together outside of what usually used to be "working hours".

Linda arrives home, tired, looking forward to seeing her children but underneath this, goal- directed. She greets them and hugs them, and after looking into what is available to make for supper, asks them how their day had been. Unfortunately without being able to listen as attentively as she would have liked to the children's recounting of their day's activities, and feeling guilty because of that, she disciplines herself to ask about school work and homework.

As children usually are, they want to avoid discussion about things they might not have achieved to the standard their parents desired. However, Linda insists upon getting clear information about the nature and level of their scholastic achievement and homework expected of them. She appears, and experiences herself, to be hard on the children like her mother used to sometimes be towards her - constantly

reminding herself that the world out there is much more harsh and unforgiving. In an attempt to be the good mother that she would like to be, she praises their achievements and questions her children intensively in terms of less than the desired levels of achievement in their schoolwork.

Although, to some extent, this behaviour is not totally consistent with her need to just love and care for her children, Linda perceives her loving and caring to also include preparing her children for a world and a life that is more competitive than the world that she grew up in. She remembers with a degree of thankfulness her mother who had the capacity to foresee the major socio- economic changes that would change their world, and who provided an example of a person that could achieve success against major odds. Linda recalls how she respected her mother, and her ability to cope with all her responsibilities in a seemingly effortless manner, and hopes that she is providing a similar role model for her children.

Linda checks the children's homework with a sharp eye, criticizing shortcomings and lavishing praise for good achievement. However, she makes sure that the children don't become complacent, and always reminds them that they can do better. This happens even when their achievement is reasonably good. She notices the children being a little anxious about their homework and school achievement and wonders if the teachers are perhaps criticizing them unjustly. However, she knows that her children are going to be excellent achievers and that the teachers' influence will be less than growing up in a good family.

Although this almost typical example of family interaction in any normal suburb of normal cities does not indicate or predict on the surface the development of anything but disciplined and achieving children, there are many examples of mother- child interaction in the description that would give rise to and maintain a sense of perfectionism and time urgency in the children that would in later years be detrimental to their health and well being.

It is these seemingly normal and even desired interactions between mothers and their children that, in a gradual and insidious manner, potentially create the

perfectionistic and time urgent behavioural patterns characteristically underlying so many health problems of people at the millennium.

Time Urgency and Perfectionism is a Family Matter

In analysing the seemingly normal interactions between parents and their children, parents who exhibit time urgency and perfectionism as prominent behavioural characteristics tended not only to foster these behaviours in their own children, but also tended to come from families where the parents showed similar behavioural patterns.

This poses a very important question. What are the origins of time urgency stress as well as perfectionism as a stressor? Is it a characteristic of modern day society? If so, why do all people not manifest this behaviour in varying degrees? Also, if this is so, what are the major socio- cultural factors that influence this?

There are very specific and definite factors inherent in modern day industrialized and information- as well as service- orientated societies that would cause time urgency and perfectionism to be highly desirable and success- producing behaviours. On the other hand, the increasing gap between the 'haves' and the 'have- nots' would show that not all people in these countries subscribe to this behavioural pattern. Given the fact that information provision by means of radio and television at a very affordable level could have caused all people to be subjected to time urgency and perfectionism as those behaviours that would lead to success, lack of opportunity or skill cannot account for the huge differences between the rich and the poor, in not only the developing countries but also in the first world.

This then begs the question: are the highly desirable, economically successful traits of time urgency and perfectionism perhaps not inherited?

A study of twins of parents with high indices of time urgency and perfectionism provides science with the most stringiest experimental control over the relative influence of heredity, that is genetics, versus environment, that is the influence of parents, upbringing, siblings, school and work environments. If identical twins are

reared separately, differences in their behaviour would indicate the role of parents, upbringing and the wider world. However, similarities in their behaviour, to some extent, would indicate the role of genetic influences. Thus a natural laboratory is provided wherein the relative influence of heredity versus environment can be studied with great scientific rigour - thereby providing answers for the eternal nature versus nurture debate.

This study, conducted simultaneously in the United States of America and Sweden, tended to indicate that the need to achieve perfectly and with a great degree of timeliness, that is the degree with which this was enforced with vigour and sometimes aggressiveness, was indeed the factor that was inherited. Thus, the potential towards time urgency and perfectionism was not inherited as much as the ability to exert these characteristics on the environment. Of importance is the fact that given time pressure and perfectionism to be strongly genetic and inherited, it's hard-driving pressure and ambitious manifestations would be the most likely to be genetically determined.

Now, once again, why aren't children of the same family similarly predisposed towards time urgency and perfectionism? Additionally, if these traits are so strongly genetically predisposed, the question needs to be asked whether attempts to change these behaviours as well as their detrimental effects on health are not futile and a waste of time?

Time Urgency and Perfectionism: Temperament and Character

The genetic factors underlying time pressure and perfectionism are not inherited as such, but that the tendency or predisposition towards these abilities were indeed genetically determined.

Taking the example of Linda, one is reminded of the fact that in addition to her behaving in a certain way towards her children, she could also reminisce about her mother's behaviour and influence on herself. This gives rise to the notion of a certain amount of choice in the manifestation of time urgency and perfectionism in one's daily life, and more specifically in one's child rearing practices.

Perfectionism and time urgency appears to be a broad predisposition to behave in a certain style that emerges early in life, to be relatively consistent over time and to have a heritable component. Building upon this predisposition are the early familial and cultural factors that shape the specific ways that individuals perceive, understand and respond to their environment. Therefore, in addition to inheriting certain predispositions towards time urgency and perfectionism as behaviours that would cause stress leading to disease, there appears to be the necessity for certain environmental influences to precipitate the manifestation of these behaviours.

Mothers, Fathers, Perfectionism and Time Urgency

Due to the commonly accepted notions that fathers exert the dominant influence on families and families' behaviour, it would be important to analyse the effects of fathers on the development of time urgency and perfectionism in their children.

Time urgency and perfectionism in children appear not to be directly related to similar behaviour in fathers. Of importance is that there was a difference observed in how daughters and sons perceived their fathers influence as opposed to their mothers influence. Time urgent and perfectionistic sons are more inclined to view their

fathers as attaching great importance to achievement, as setting hard to meet expectations, and as being unimpressed with achievements in addition to relating in a competitive way when compared to non- time urgent and non- perfectionistic people. These perceptions aren't as marked in terms of their mothers' behaviour. What is important is that the mothers of perfectionistic and time urgent sons made positive evaluations of their sons behaviours less often than the mothers of non- time urgent and non- perfectionistic sons. This was especially when the mothers were also time urgent and perfectionistic. A factor to note here is that when the child was perfectionistic and time urgent and the mother not, the mothers still made fewer positive evaluative comments than they did to the non- perfectionistic and non- time urgent child. This means that its possible that the genetic factor discussed above would cause mothers to engender time urgent and perfectionistic behaviour in children who are predisposed in that direction. It would appear that the interaction between time urgent and perfectionistic mothers and their similar children would not only be less positive, but these mothers tended to induce and urge repetitive approaches to high achievement more often than non- time urgent and non- perfectionistic mothers.

What underlies this pervasive and problem- generating behavioural pattern? From the above, we know that child rearing practices and inherited tendencies produce a tendency to behave and engender time urgent and perfectionistic behaviours. However, what maintains this?

Time Urgent and Perfectionistic Marriages: Maintaining the Problem

It is common knowledge and common wisdom that marriages are the melting pots of differential temperaments in husbands and wives, towards producing behaviours that would reflect the nature and culture of the marital union more readily than the individual characteristics of its contributors. Therefore, husbands and wives, bringing their own individual characteristics to a marriage, would tend to rub and chafe each other to finally produce not only more rounded individuals, but a common family style. This family style would then be a common way of perceiving, understanding and behaving in the world.

How does this reflect on the marriage of persons who are more or less time urgent and perfectionistic, and how does it cause them to impart this onto their children?

Married couples consisting of both partners showing high degrees of perfectionism and time urgency, displayed more hostile and dominant behaviour during discussions of marital conflict than did other types of couples. If a high conflict problem was addressed, there was a marked increase in hostile and dominant behaviour in these couples. This would be consistent with the notion that time urgent and perfectionistic people respond to threats of their self esteem with attempts to assert interpersonal influence and control. Although this kind of behaviour could be expected in such a marital union, the question needs to be asked whether it is the husbands or the wives influence that produce this problematic behaviour. Time urgent and perfectionistic wives tended to elicit increased hostility and dominance from their husbands whether they were time urgent and perfectionistic or not.

These findings do not serve to put the blame on the women, but rather that men are typically, at least in first world environments, predisposed towards controlling and dominating relationships - even though this may be potentiated in the case of time urgent and perfectionistic husbands.

These findings would seem to indicate that, in terms of the development of action-potential behaviours over time, time urgent and perfectionistic behaviour were the domain of males in the society more than females. The recent influx of women into the traditional male dominions, requiring of them to exert similar influences on their male as well as female counterparts, could very well be one of the most important causes of the increased incidence of specific stress related illnesses.

However, as it relates to children, it is now clear that early familial and cultural factors, typified by the marital interactional patterns of a specific marriage would shape the specific ways in which the individuals perceive, understand and respond to their environments. Thus, in the case of time urgent and perfectionistic individuals, early familial and cultural factors may build upon the proposed genetically determined

temperament substrate to shape the way in which the child perceives, understands and behaves in our time urgent and perfectionistic society.

Given the temperament substrate underlying time urgent and perfectionistic behaviours, parents have a very powerful impact on similar behaviours in their children by modelling certain behaviours and by using specific child rearing practices.

Modelling as a procedure for creating new behaviour, has been described as a cornerstone of the development of personal and social behaviours in people. The old saying 'as the hens cluck, the chickens chirp' belies the time honoured perspective that parental behaviours are mirrored and modelled by children - learning these behaviours by imitation without the benefit of critical evaluation - to the extent that these behaviours are unchangeable.

The like- father like- son truism, shows the powerful effect of child rearing practices and modelling on the creation of time urgency and perfectionism. Adults who exhibited high indices of time urgent and perfectionistic behaviour, received fewer positive evaluations of their task performance and their attempts to perform from their mothers than non- time urgent and non- perfectionistic adults.

At a group session one evening - when looking at the possible origins of time urgent-perfectionistic behaviour in the group members, Jenny recalls that as a child she was highly responsible, and achieved well at whatever she did. She describes herself as a time urgent- perfectionist. Her younger brother, however, was unconcerned about his performance, and very relaxed in terms of how he related to not achieving well. It didn't seem as important to him. Jenny recalls how her parents would encourage him to do well, and would praise and reward him for small achievements. She always performed outstandingly, yet her parents rarely praised her for her effort. She remembers not understanding why the two of them received such different evaluations of their respective performances. Jenny simply worked harder, and delivered neater work, in the hope of receiving her parents' praise - like her brother. She became more perfectionistic in her behaviour, and more time urgent, in the hope of receiving the same encouragement her brother did. It was only years later that she came to the realization that her parents knew she was responsible and would

motivate herself to do better. They were never concerned about her performance as she always delivered excellent results. However, in relation to her brother, they felt they had to give him more positive feedback - even when he did not achieve well - in the hope of motivating him to do better.

Caryn does not recall any direct effort on the part of either her parents or her teachers to instil in her a time urgent perfectionistic behavioural style. However, when she describes her mother, the group identifies that she herself was time urgent and perfectionistic. Caryn describes her feelings for her mother as being those of immense respect. Her mother was a positive role model for her, who juggled the roles of mother, wife and career women in a seemingly effortless manner. She never directly demanded of her children to be time urgent or perfectionistic. However, Caryn remembers wanting to be like her mother, and perhaps perceiving that she coped so well with her many responsibilities by exhibiting a behavioural style consisting of both time urgency and perfectionism.

The connection between parental behaviour and the childhood roots of perfectionistic and time urgent behaviour, however, remains somewhat unclear. Although a fair amount of the behaviour transmitted from parents to children would occur by means of direct modelling of specific behaviours, it appears that the more subtle effects of the modelling of thinking patterns would exert the greatest influence.

As man thinketh, so will man doeth:

The Cognitive Transferring of Time Urgency and Perfectionism

Given the powerful effect of genetics, as well as the equally powerful influence of behavioural modelling, the following question remains unanswered: what is the essential factor that causes a behavioural predisposition towards time urgency and perfectionism to become manifest to such an extent that it will induce deleterious health effects?

Three basic beliefs in parents and children who share high levels of time urgency and perfectionism have been identified. These are:

- Belief One: One must constantly prove oneself
- Belief Two: No universal safeguards against failure exist
- Belief Three: All resources are scarce

These beliefs are put into activation and practice in both parents and children who share time urgency and perfectionism as traits by means of acting on fears related to these beliefs. The corresponding fears of these beliefs are:

- Belief One: The fear of being judged unsuccessful and unworthy
- Belief Two: Success isn't automatic
- Belief Three: There is an insufficient supply of life's necessities (achievements, recognition, and time) to go around.

Referring again to Linda's interaction with her children, the vehicle by means of which these beliefs and fears are socialized into individual children to the extent that they produce time urgency stress and perfectionism stress, appear to be the following practices in child rearing - which also reflects the nature and quality of marital interaction.

They are a family environment characterized by:

- Somewhat unresponsive and unpredictable parents
- Parental approval being contingent upon exceptional performance
- Parents attending to the results rather than the process of the child's behaviour
- Parents criticizing behaviour that does not meet expectations
- Direct urging of time urgent behaviour
- Parents exhibiting time urgent and perfectionistic behaviour.

As can be seen in Jenny's upbringing, her parents appeared to only praise and reward her for outstanding performance. Jenny recalls how she worked harder and tried to deliver even more exceptional work, in the hope of receiving some sort of response from her parents. Furthermore, as can be seen with Linda's interaction

with her children, these parents are often more concerned with the results achieved by their children than the actual effort and hard work put into achieving these results. Oftentimes, the end result does not reflect the immense effort required to complete the task. The families of time urgent- perfectionists often consist of at least one time urgent- perfectionistic parent who either directly encourages and urges the child to be time urgent and perfectionistic, or - as in Caryn's case - the child models on behavioural traits they perceive to be highly desirable in the parent. Herein, the child may mistakenly attribute positive connotations to behavioural styles they perceive to be responsible in achieving desirable results.

It would appear that these family interactive behaviours would engender the beliefs and fears referred to above and that this would assist in creating a stable and consistent pattern of time urgent and perfectionistic behaviour to the extent that it would engender sufficient stress to produce ill health.

Stability and Persistence of Time Urgency Perfectionism Stress

Once the behavioural components of time urgent and perfectionistic behaviour have been established, this behaviour will remain stable into adolescence and adulthood.

Teachers' as well as employers management of these behaviours would serve to stabilize these behaviours to such an extent that it would be largely unchangeable.

However, given the fact that heritability does not account for an excessive amount of the effect of the behaviour, the resultant effects are caused by the learning of behaviours in a family and work context. This would mean that these behaviours are acquired in the same way as other behaviours. The existence of a powerful behavioural technology then provides the necessary technology with which science can change these behaviours, and contribute to health promotion in spite of inherited tendencies towards disease.

Chapter Twelve

Time Urgency Perfectionism Stress: Raising Children and Origins in Childhood

In order to avoid teaching our children to be time urgent perfectionists and to put their health at risk in later years, we need to understand where we learned and acquired our own traits of time urgency and perfectionism.

According to learning theory, we acquire our behavioural patterns through various channels. Children learn through observation, modeling and reinforcement, but risk factors such as a genetic predisposition can speed up these processes or place them more at risk to developing certain difficulties.

If we think of our time urgency and perfectionism and where they developed, it is probably best to look at each one separately.

Let us address our perfectionism firstly. There are a number of ways in which perfectionism is learned. In the first place, perfectionism is learned from as early as the early childhood years in the same way that all other behaviours are learned, namely by the *observation* and *imitation* of significant people in the child's life. A child observing a father being over meticulous in doing a task, and the father being an important person in the child's life, might not only cause an *imitation* or *modeling* of that behaviour directly, but stores that behaviour. When similar circumstances occur later in the child's life, the child may now show the perfectionism it learned so early in life. This is called **social modeling**.

Another way in which perfectionism is learned is by means of the *shaping* and *rewarding* of perfectionistic behaviour. A teacher with a high need for perfectionism might – even unwittingly – form or shape the children in the classes behaviour towards perfectionism by consistently only **positively responding** to increasing levels of perfectionistic behaviour in the children.

A third way is more indirect but involves a child who believes that performing perfectionistically might help him/ her to *avoid being reprimanded or rejected* by

significant others in his/ her life. Even an innocent remark such as “daddy’s going to be angry if he comes home and sees the tv room in such a mess” could cause a child to unconsciously believe that his father’s anger is related to his lack of perfection. Thus, perfectionism becomes a *learned behaviour* by means of which children, and later adults, mistakenly believe they are **avoiding punishment**.

Often, if not mostly, children, and even adults, are not aware of the circumstances under which perfectionistic behaviour was learned as many of these learning experiences can be very subtle in nature. As adults, these people often believe that their perfectionism is **self- induced**. This is even more true under the modern societal credo of people having to accept responsibility for their lives and behaviour and not “blame” parents or other significant people in their lives.

Although there is no direct scientific research supporting the *inheritance or genetic determination* of perfectionism, indirect evidence shows some support for the **inheritance** of perfectionism. The tendency to respond with greater levels of tension in tasks has strong evidence for it’s inheritance and **genetic basis**. Furthermore, given the fact that people with the illness Obsessive Compulsive Disorder (OCD) , which has been shown to have reasonably strong genetic links, often show their compulsive behaviour to be an extreme form of perfectionism. Perfectionism is then seen as a way to relieve tension and anxiety by means of excessively ordering one’s life or work.

When the word perfectionist is used, one often believes it only involves attention to detail, neatness, organization and the like. These are defined as behavioural indices of perfectionism. However, an even more enduring and deep-rooted variant of perfectionism is the cognitive component. Some of the traits below – those marked with an asterix – might only be limited to those who exhibit such behavioural and observable traits. However, in the context of our concept of perfectionism, we are seeing more people who can be described as cognitive or thinking perfectionists.

If one looks at the scale below, one can see that perfectionism occurs on a linear scale, where the cognitive traits or characteristics occur more frequently but are most often dismissed and overlooked as components of perfectionism. As one gets more

anxious – if one is a perfectionistic with a genetic predisposition for the trait – one moves further along the continuum towards the obsessive compulsive disorder (OCD's) which have been proven to have a strong genetic link.

Diagram 1: Perfectionism on a linear scale

<i>Thinking/ Cognitions:</i>	<i>Behaviours:</i>	<i>Obsessions/ Compulsions:</i>
<ul style="list-style-type: none"> * Black versus White * High expectations - self/ others * Others don't do it as well as me * Do not delegate * Take too much responsibility * Cannot say no * Dislike making mistakes * Do not like critique 	<ul style="list-style-type: none"> * Neatness * Attention to detail <ul style="list-style-type: none"> * Appearance is neat * Value rules/ structure/ routine * Like to be organized 	<ul style="list-style-type: none"> * Ruminative thinking (extreme) * Checking things <ul style="list-style-type: none"> * Rigid behaviours * Obsessive Compulsive Disorders (OCD's)

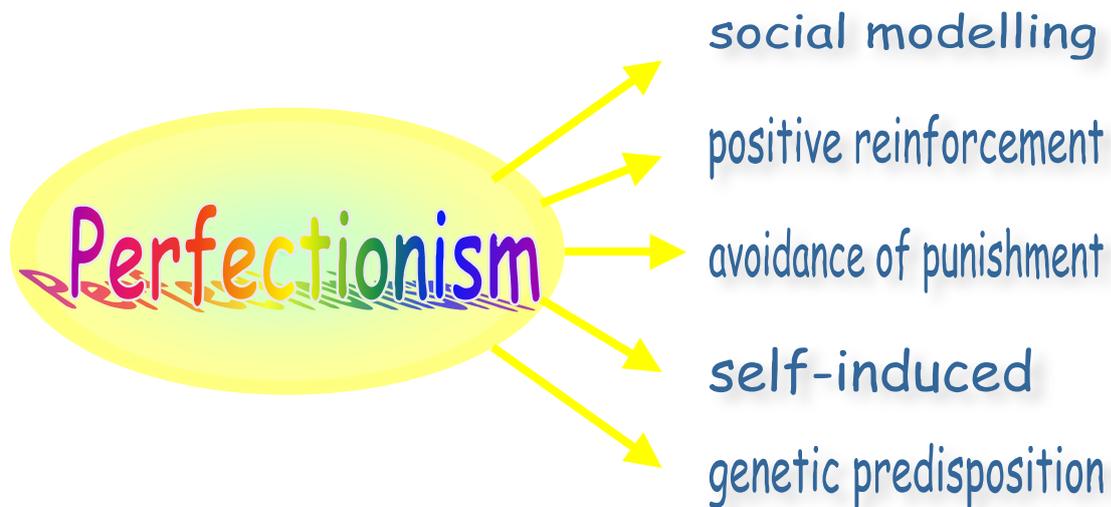
AS ONE GETS MORE ANXIOUS, ONE MOVES ALONG THE SCALE TOWARDS THE EXTREME!

Consider a possible worse- case scenario of parent- child transmission of perfectionism. If a parent who inherited the trait of perfectionism to some extent transmits the potential for perfectionism - partially genetically to the child – also shows the child perfectionistic behaviours to model on and rewards the child's perfectionistic behaviour because of the parents' own need for extreme ordering of his environment. The perfectionistic behaviour becomes an automatic and easily adaptive behaviour for the child who then perpetuates in all areas of his/ her life and the child's normal behaviour.

In conclusion, there appears to be five ways in which parents, teachers and other significant role- players in the child's life engender perfectionistic behaviour. These are:

- Social modeling;
- Positive reinforcement;
- Avoidance of punishment;

- Self induced drive to perfection; and
- Genetic predisposition.



The second important factor in time urgency perfectionism stress is time urgency. Similar to perfectionism, the basics of time urgency are also acquired in the context of early childhood learning. In this regard, children probably learn the need to rush by modelling on their rushed parents and the parents and other significant role players in the child's life, rewarding "children doing things quickly." Therefore, the *modelling and learning principles* described for perfectionism also hold for time urgency. However – an observation of groups of children – will show the interested reader the truth of this statement that time urgency as such does not easily manifest itself as such in childhood behaviour. Other factors namely, the successive and consistent build-up of both modelling and social reinforcement of time urgency caused this to become a clinically manifest condition.

On a broader level, the development of our social industrial society, by means of creating increasingly quicker means of transport, manufacture, service delivery and information access and transfer, places an increasingly high premium on time urgent behaviour. At the level of children, each successive school year requires children to do more tasks in less time. This is also found in extra-mural activities. Not only is success in terms of sport activities mostly measured in time, it is also the availability of numerous extra mural activities that necessitate parents to increasingly rush children from the one activity to the other.

So pervasive is time urgency in today's society, that even intelligence tests contain a time- measured input to determine level of intelligence. Therefore, without us being consciously aware of it, speed or time urgency is taught and rewarded in our children on a daily basis as a significant input in their ultimate qualification and success. Whereas basic skill acquisition forms the core part of the primary school curriculum, the emphasis towards higher grades strongly focuses on increased multi-tasking and time urgency. The change from a slower non-cursive to the faster cursive writing style, and now the even faster computer keyboard evidences this. Computer literacy with it's emphasis on speed and multitasking has become – for many parents – the ultimate in basic skill acquisition.

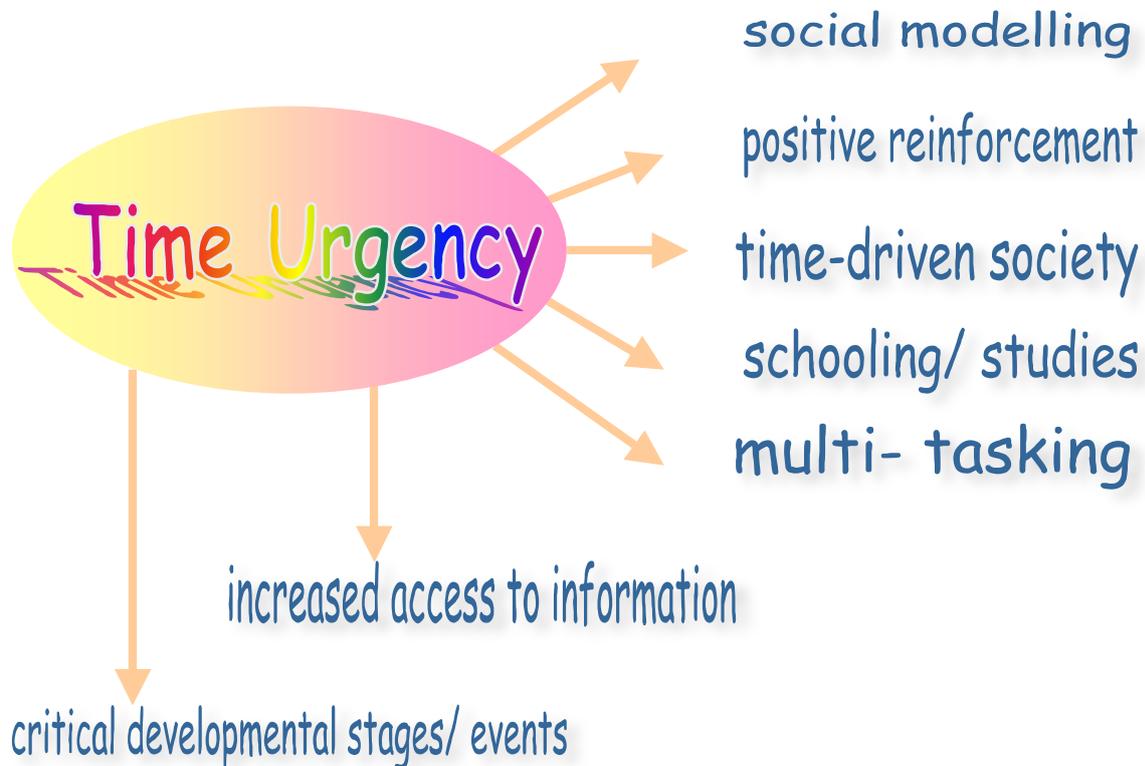
In high school, specific disciplines also focus on the acquisition of ever- broadening curricula in shorter time periods, thereby necessitating the virtual automatic acceptance of time urgency as a core competency.

Further **critical developmental events** serve to exacerbate the already well engendered time urgent behavioural pattern.

Speed of acquisition of work-related skills often determines whether a job is kept or promotion is attained. It is at this point in time, that the time urgency skills, and time urgency as an inner drive, becomes manifest. It is here that the time urgent person finds the inner drive towards speediness and urgency. This can be further exacerbated by the high levels of competitiveness inherent in any work place found nowadays in society. A simple lesson, based on the vast learning in pre- and primary- school, of the association between time urgency and success, is now reinforced to the extreme. What was once an admirable work ethic based on integrity and loyalty, has now been transformed into the time urgency doctrine of bigger, better and faster. This is further exacerbated by a **time driven society with multi-tasking** at its core. The more television channels that need to be watched in order to keep up with the “Jones” is matched only by the speediness of the number of internet based websites visited in a given night.

Finally, time urgency is also exacerbated at certain **developmental stages** in life. These include career, getting married, starting a family and facing potential problems

such as infertility or potential retirement. These significant stages cause an urgency and a need to multi-task and play multiple roles which may even spark time urgent tendencies in individuals who were never so before.



From this chapter and the rest of the book, it should now be clear to you the decisive role that time urgency and perfectionism play in the development of not only personal discomfort and disorganization, but also physical disease. It is then also evident that parents, teachers and other childhood care-givers and role players can play an extremely vital role in the prevention of these problems.

How can we do it?

Two basic issues have been found by the authors to be crucial in the management and prevention of these problems. The first is that we should become aware of the effects of modern society on a way of thinking about life and success. The second is on determining for ourselves what it is, in the form of life skills, that we want the children in our house and community to value and acquire.

In thinking about society, its change and transformation, we need to balance society's increasing focus on material issues rather than core values. Should we accept that something needs to be done faster in order for it to be better? It is only output and the speed of it that matters rather than quality? Do we want our children to be the best achievers in the most subjects and extra-mural activities or do we want them to grow up as well – balanced and healthy individuals? In this context, the core question to be addressed is: what are my basic values as parent, teacher, or caregiver? Do my values focus on quality or quantity as outcomes of activities?

Based rather on values than quantifiable outcomes, I should direct my attitude and comments towards the young child I'm dealing with.

In terms of life skills, do I want my child to value achievement at all costs as a basic life skill? Do I want my child to learn how to behave with integrity and care for its fellow human being in order to ensure good relationships and mutual interdependence that would benefit both? Do I teach my child to speak the truth rather than those words that would ensure success?

It should be clear to you by now that there are no hard and fast rules and no perfect solution. This chapter serves only to make you aware of what and how you think and how society's emphasis on time urgency and perfectionism has affected all of us. A later chapter will be dedicated especially for teenagers, and how to manage their time urgency and perfectionism as during this developmental stage, there are special areas and values at play which make the adolescent more vulnerable and more tricky to manage.

Chapter Thirteen
Time Urgency Perfectionism Stress and Adolescence
A Critical Stage

Apart from being a much-maligned stage of development, adolescence is probably one of the most influential stages of one's life in the development of your personal future.

There are many reasons for this. The first being that adolescence is not a "natural" stage of development. It is a stage of development that modern industrial society created to encompass the need for training physiologically mature, but psychologically immature, young adults to be effective in society. In this developmental stage, the individual becomes physiologically mature. Marked changes occur in terms of hormonal functioning as well as changes in brain structure and functioning. These changes enable the individual who had been a child up to now, to start thinking like an adult. The individual learns to think abstractly and is able to compare values, norms and moral issues with those of others. It needs to be emphasized that the biggest changes occur in terms of brain functioning which impacts on the individual's ability to think and evaluate totally like an adult while society still considers him or her a child.

It is during this stage that the newly formed ability to think abstractly is molded to finally prepare the individual for adulthood.

This poses the following major challenges for the individual:

- The most important challenge is the development of a personal sense of being that differentiates us from others; one's personal identity;
- This is accomplished by the individual's ability to see and understand his or her functioning in the context of his or her parents and society as a whole – thereby loosening his or her ties with the family of origin and the formation of one's own way of thinking about life and oneself;
- It is therefore a highly volatile and fluid period of change for the individual in which ideas, values and norms as well as goals and ideals are entertained,

considered and finally condensed into a personal, social and occupational identity;

- The important areas of change encompass the following:
 - ❖ The development of self image, that is, how one presents to others;
 - ❖ The development of self esteem, that is, how one perceives oneself;
 - ❖ The development of a personal sense of values and morals;
 - ❖ The need to belong or to be a part of a social grouping;
 - ❖ The need for acceptance by others.

This stage of change is therefore a highly influential one that cements one's future goals, roles and behaviours in the personal, social and work context.

It is here that parents face their greatest challenge as not only is this their last opportunity to prepare their off-spring for future life, but it also is the stage in which they have the least control.

Referring to the previous chapter on the development of personal, social and work habits in the context of family and society, not only positive but negative attitudes and habits can be developed at this stage.

Personal identity encompasses:

- Values – those ideals which guide one in terms of their behaviour in all areas of life;
- Roles – one's conceptualization of what is expected of you to do and accomplish in the personal, social and work life;
- Goals – those ideals towards which we strive.

It is here that the critical balance occurs. Intrinsic in most cultures is the need for our children to have a better life and to be more successful than we are. We want our children, when they become adults, to fit into society – notably that part of society that we consider socially acceptable and valuable for their future.

We would like our children to have those values which would guide them to lead happy and fulfilled lives for themselves and their future families. We want our children to be effective and happy in the various roles they play.

Knowing that we live in a competitive world with values and roles focused on achievement, success and material wealth, it is all too easy to teach our young-becoming adult children, to use the easiest route to success, and what we view as self- fulfillment.

While wanting to do good, we very easily teach our children to become time urgent and perfectionistic in our endeavor to make them happy.

We might not be aware of the deeply entrenched sense of time urgency and perfectionism that characterizes our behaviour and influences the adolescents' development.

Where previously we might not have noticed the isolated aspects of time urgency and perfectionism in our child's behaviour, we now see this form of stress being a part of our adolescent's total identity as a person. We also, unwittingly, praise the adolescent for his "mature work ethic" where the behaviour actually is highly achievement orientated time urgency perfectionism. We might similarly criticize the adolescent for being lazy when he does not show time urgent and perfectionistic behaviour.

It is also at school level where increasing emphasis is placed on the ability to achieve at a fast pace with increasing usage of tests and exams based on time, as well as reward for completeness or perfectionism in the management of assignments. Unwittingly, parents reinforce time urgent and perfectionistic behaviour in our competitive need for our adolescent to achieve at his best level by helping too much.

It is critical that parents should be careful in their interaction with their adolescents so as not to reward time urgent and perfectionistic behaviour for it's own sake as this is the critical stage for the final formation of personal lifestyles and work habits for the entire adult life.

Chapter Fourteen
Time Urgency Perfectionism Stress
Male and Female Differences

In the course of her adjustment to professional and marital life as well as being a mother, Kim sometimes wondered why she sometimes had such a difficult life while it seemed that her husband and the men that she worked with in the company were sailing through life with minimal problems and hassles. However, when she did think of her husband and her male colleagues, she did notice that instead of the almost continuous and brooding disenchantment that she felt a fair amount of the time, the men's behaviour were characterized by shorter, more explosive bursts of what seemed liked time urgent, but more hostile- like behaviour. She thought that this behaviour was normal as she had grown up to think that this was typical "men's behaviour" as her mother and the women before her had often thought and had accepted as the cultural norm - that man "the hunter" is a hostile and competitive animal and that man had survived as such over the many eons that characterized the evolution of the human homosapiens.

However, Kim also noticed, especially in her husband, that these periods of aggressive behaviour were highly intense and were often associated with complaints of chest pain and dizziness. This gave rise to a discussion that she had with her family physician. The discussion came in general when she mentioned to him that she was experiencing stress and he reflected upon her that women don't experience stress, but men do. He then informed her that those periods of dizziness and pains in the chest that she had often noticed in the very infrequent intimate disclosures by her colleagues at work, that is, her male colleagues - that these were actually symptoms of cardiovascular disease - though these were considered by her family physician to be benign rather than pathological. He did caution her, however, that if she noticed this kind of problem in her husband on a more regular than occasional basis, she should bring her husband in for a check- up of his heart. The doctor then said that this kind of reaction to stress often characterized men who had or later developed coronary heart disease.

This now raises the question: aren't time urgency and perfectionism similar in men and women?

The answer is both yes and no. The reason for this is that both of these behavioural patterns that are associated with diseases of various kinds, are products of the increasing industrialization and consumer- orientated time urgent nature of work life and society. Put in a simplistic manner, it could be said that time urgent and perfectionistic behaviour in women as well as the equivalent in men, could be seen as modern industrial society's capitalizing on human kind's worst weaknesses in their evolutionary determined genetic- based psychophysiological adaptation to their environment.

When humans want to adjust to improve their lifestyle or improve their economic ability and viability, they would have to change their behaviour to adjust to those increasingly speedy machines and techniques that would dominate economic activity. It would appear from an analysis of the correlation between industrialization and health behaviour over many centuries that especially over the last few decades, there exists a high correlation between the so- called 'speeding up' of economic and work related activity and the development of chronic lifestyle related diseases discussed earlier in this book.

The very interesting thing in Kim's thinking about her husbands behaviour as well as the behaviour of her colleagues, when it is associated with what her house doctor called cardiovascular risk factors, is the fact that this behaviour contains many of the elements that we have now observed in her behaviour and have related to diseases specifically associated with women. The common denominator here would seem to be time urgency. Of importance, however, is that time urgency itself or alone, does not constitute a necessary and sufficient risk behaviour for the development of specific illnesses in women. Similarly, it also does not constitute a specific necessary and sufficient risk factor for illnesses in men. In women it would appear that perfectionism needs to be added to this construct while in men it would appear that hostility needs to be added to time urgency in order to make it a risk pattern for the development of illness. Of note is, however, the fact that in men, this behaviour is more specifically related to coronary heart disease; while in women it is related to

the immune suppressant diseases. However, it would seem, increasingly, that these behaviours in both men and women are related to the development of the immunologically related diseases such as cancer and autoimmune diseases.

The important issue in Kim's mind was: does this problem also affect men? The answer is yes. However, as we see from what was mentioned above, men and women have adjusted differentially and sequentially in time historically to the burgeoning industrialization and increasingly time urgent nature of society.

This anecdotal or clinical wisdom thinking, however, was firstly systematized in a body of knowledge on the development of heart disease in men by the two renowned cardiologists doctors Meyer Friedman and Ray Rosenman in the mid fifties of this century when, in their cardiology practice, they'd had their worn chairs in their waiting room reupholstered. The upholsterer who reupholstered the chairs in the waiting room noted to their office receptionist that there was great uneven wear of the upholstery on the chairs. Only the front ends and the front edges of the seats were badly frayed while the rest of the upholstery towards the back, especially the backrest, appeared virtually brand new. When she related this to Dr.'s Friedman and Rosenman, they started discussing what this might mean. The receptionist noted that the men who were waiting to see them, who had had heart attacks, always sat on the front edge of their seats getting up to pace around nervously, sitting down paging restlessly through books, and when speaking, used to speak in explosive and clipped tones and seemed "always in a hurry".

Characteristic of people, especially men, who developed coronary heart disease included:

- almost obsessive attempts to achieve many poorly defined goals;
- the love of competition;
- a strong need for recognition and advancement;
- a consistent preoccupation with time and a need to get things done in a hurry;
- intense concentration and alertness.

However, research by the authors and Magdel Alberts , have recently found the female counterpart of the Type- A behaviour, notably females exhibiting traits of time

urgency and perfectionism, is indeed associated with immunologically related infertility as it is found in endometriosis related infertility as described elsewhere in this book.

It is this finding that heralds in the “immunosuppressive age “

Chapter Fifteen
Time Urgency and Perfectionism
In the Marriage

In conducting group psychotherapeutic interventions for time urgent and perfectionistic women, the authors found themes reported by women regarding their intimate relationships with significant others to occur with alarming regularity.

When Helen reported she felt very tense that evening as her husband had driven her to the group, the rest of the members nodded in agreement and empathy. What ensued was a lively discussion about the spouses of the women in the group. They all reported having difficulties driving with their husbands. They said they could not control their urge to remark on their spouses' driving, the route he chose, the speed with which he drove at, and the lane within which he chose to drive. One woman stated that her husband only accompanied her in a car if she drove. This way, they both arrived at their destination relaxed.

Some of the women reported that going out, when having to be at a certain place at a certain time, was chaotic. The wives often felt compelled to constantly remind their spouses to 'hurry up' and kept a running commentary on the time left before they had to leave. Oftentimes, the husband tended to ignore the constant nagging of the wife, and simply proceeded to get ready in an orderly fashion. Almost without exception, the couple were rarely late, but arrived at their destination feeling drained.

It was interesting, that even the very passive ladies in the group, tended to show an aggressive interactive style with their partners more often than with other people in their lives. There seemed to exist this need for control.

This, probably the most typical interactive pattern in interpersonal relationships, where one or both partners show time urgency and perfectionism as consistent behavioural traits, would not have sounded unfamiliar to the ladies in the case vignettes described in this book. In actual fact, perfectionists ponder the question of why do their marriages seem so different from the marriages of some of their friends and so similar to other friends of theirs?

This conclusion by time urgent- perfectionistic women would seem to be the most normal of conclusions made by any woman in an intimate relationship with a significant other: namely that their intimate relationships are strikingly dissimilar than that of some of their friends, yet so similar to those of other friends. This reflects the risky and insidious nature of time urgent and perfectionistic behaviour as it manifests in people and their environments.

As has been seen in previous chapters, time urgency and perfectionism does seem to have a genetic component to some degree, providing at least a foundation for the development of this behavioural pattern. The problem however, that we now face, is that of once manifested in individual behaviour - how far will it affect the individuals intimate relationships with spouses, significant others, intimate friends, families and children?

As was seen in the chapter on the development of time urgent and perfectionistic behaviour, children who develop this behavioural pattern would seem to elicit not only the condoning of such behaviour by significant adults such as parents and teachers, but in actual fact the encouragement and strong reinforcement of this behavioural pattern. Herein, components of behaviour that are inherited, namely the genotype, not only reflects a tendency to respond to events or stimuli in a specified manner, but more the tendency to construct a life situation that would accommodate and reward such behaviour. It is for this reason that we see time urgent and perfectionistic people to seek out jobs and vocations that would accommodate and reward their behavioural patterns as well as interact with those colleagues that would specifically reciprocate and reinforce such a behavioural pattern.

If a perfectionistic and time urgent mother would tend to reinforce and reward similar behaviours when they see the potential in their children, would she not choose a spouse or partner that also exhibits such behavioural styles?

Brian was always regarded as a perfectionist at school, and his work was always neat and orderly. He achieved well, and went on to university. He met a lot of different women his age at university, but most of them seemed to be very

unconcerned about their performance, and appeared to be there for a good time. In his second year, he met Sandra who seemed to be very conscientious about her work. She always attended lectures, and handed in her assignments before their due dates - just like himself. Sandra and Brian found that they had a lot in common. Both had been achievers in school, and both of them had very high standards for themselves. Brian felt more comfortable being around Sandra than the other women in his group, as he felt he had more in common with her. Brian found that similar contexts would trigger off a stressful reaction in the both of them. He also noted that Sandra was very similar to female colleagues at work that he got along with, and who he admired for their success and performance.

This very typical life story would certainly sound very familiar to time urgent perfectionistic individuals who would continue on this train of thought to indicate to themselves that their partners appear to be so similar to those colleagues of theirs at work that they admire and respect so greatly for their business and professional acumen and success.

This would provide sound support for the scientific findings that people of certain traits or behavioural inclinations to seek out spouses or enduring intimate partners that could engage in a reciprocal and mutually supportive behavioural interaction - further strengthening the deleterious personal styles leading ultimately to illness. Furthermore, this also widens to include the selection of friends and groups of friends that would, once again, reciprocate and strengthen the time urgent and perfectionistic behavioural pattern.

A typical time urgent perfectionistic individual would question this statement, because being perfectionistic, and to the individual's mind, a logical and scientific thinker, it goes against the Darwinian theory that would promote improvement in the species - the increasing "survival of the increasing fittest". If time urgent and perfectionistic behaviour leads to negative health outcomes, then ultimately the natural selection described above would lead to the destruction of the highly effective and productive time urgent and perfectionistic section of our population.

The question now becomes philosophical - and can only be addressed by making some logical leaps from medical epidemiological studies. Medical epidemiology is the science that studies the why's and wherefore's of the occurrence of a specific disease occurring at a specific time and a specific place to specific people in the world.

As the stress associated with time urgency and perfectionism causes personal distress and disease, similar movements in medical science compensated by sometimes artificially propping up humans to adapt to increasing industrialization - thereby, in the short term stalling the deleterious effects of retroactive Darwinian selection. It is then possible and probable that the time urgent and perfectionistic behavioural style would be rewarded and reciprocally supported in the so-called "highly effective family" - leading to the clarion calls in the popular press of time spent with children to be "quality time" as the illogically opposite of "quantity time". The same would go for interaction with spouses and significant others. "Quality time" has come to mean time urgent and perfectionistic, quick "highly satisfying" contact between spouses and family members. What behavioural scientists - serving the god of industrialization - seem to have not taken into consideration is that contact between significant people need to be both quantity as well as quality time: therefore causing relationships to bask, grow and be nurtured by significant quantities of quality time.

Susan and Steven both have very demanding jobs. They are both expected to work long hours, and are often away on business. They try to spend what they term "quality time" together once a week, but this does not often happen. At least once a month, though, they both make a concerted effort to spend a few hours in the company of one another - with no interruptions from work, and the sole purpose of the time spent together is to talk about each other, and not to mention work at all. However, these highly intense, infrequent periods of time spent in each others' company always end up with an argument. The argument is most often unimportant. Susan admits that she actually forgets what the original case in point was. Yet she confesses that she continues to argue so as not to back down and admit defeat. She says that if Steven would be prepared to leave the argument, then she would too. But she gets the feeling that both of them are too stubborn to back off, and to

relinquish their point. Once the heat of the argument is over, Susan oftentimes feels guilty as she realizes that their time together was spent fruitlessly arguing. Susan is beginning to wonder if the fact that they work such long hours is not a blessing in disguise. She is worrying that without their respective careers and busy lives, they would actually not have much in common to keep them together.

If we spend so much quality time together, why are we divorcing?

This vignette describes with clarity the pathological patterns now emerging from scientific research to be found in the time urgent, perfectionistic and sometimes cynically hostile marriage.

**The time urgent, perfectionistic and cynically hostile marriage:
specific marital styles**

From the above, it appears that women who are time urgent and perfectionistic could seek out those situations which would encourage and support their time urgent and perfectionistic behaviour. This would occur, not only in the work environment, as has been demonstrated in the chapters before, but would also seem important in the personal, marital and family environment. Herein, as was shown above, it appears that women who are time urgent and perfectionistic would not only seek out those situations where their time urgent and perfectionistic behaviour would be acceptable, and even condoned and reinforced, but where it would have an effect, and where it would alleviate some of the basic insecurities associated with their condition. It actually seems that they tend to create a situation which includes a job or marital situation wherein their time urgent and perfectionistic behaviour is accepted and supported. However, in the context of the most interactive and reciprocally dynamic of all social situations, the marriage, this type of behavioural style would assume and achieve the most singularly identifiable kind of interaction.

From research conducted, it would appear that women who are time urgent and perfectionistic are not less happily married than women who do not have this behavioural style. However, their marriages, under some circumstances, would seem to be characterized by more conflict in the form of hostile or aggressive

interactions as well as dominant behaviours than the marriages of women who are not time urgent and perfectionistic in their basic nature. The fact that this does not cause them to report less marital satisfaction than their counterparts who are neither time urgent or perfectionistic, indicates that they, in a sense, seek out those behaviours and that those behaviours do not render them unhappy but would rather seem to be a part of their general behavioural style. It is therefore important to view the marriages of individuals who are time urgent and perfectionistic from a different perspective than one would view the marriages of individuals who don't show these behavioural characteristic traits.

Although there are literally thousands of possible interactional styles or permutations of types of time urgent and perfectionistic individuals and their partners, it would appear from the research that the following four types would serve to describe these interactional styles as being quite difficult:

- the time urgent, perfectionistic and cynically hostile marriage
- the time urgent and cynically hostile husband and the non- time urgent and easy going wife
- the time urgent and perfectionistic women married to easy going husbands
- the non- time urgent husbands and wives: the marriage made in Heaven.

The time urgent, perfectionistic and cynically hostile marriage

When individuals who are time urgent and perfectionistic marry individuals who are time urgent and cynically hostile (these men are described in a different chapter as been the equivalents of time urgent and perfectionistic women- but engage in coronary- prone rather than immuno-suppressive behaviours), it would appear that their marriages are characterized by more conflict than other possible interactions between men and women who marry. It seems that their marriages are characterized by their contacts or interactions showing a significant increase in hostile and dominant behaviours. Herein, whenever there seems to be a problem or an area that needs to be addressed, the two partners in the marriage would struggle to have their own view of the situation carried forward as being the major characterization, and therefore, solving procedure for the problem. Each of these

partners would seem to want to protect their own lack of self esteem and fear of loss of control by making such a case for the description, analysis and management of the problem that it would dominate the other partners view of the situation. When they interact, or engage in the reciprocal engagement, they seem to challenge each other, to force each other into corners and to dominate the interaction in order to make their point of view be the valid point of view.

Valerie and John had been married for four years. John cannot recall a time when they were not arguing about some point. But he says this kept their relationship from getting boring. John mentions a recent incident where him and Valerie went shopping together, and she was driving. As they neared the shopping centre, John spotted a parking bay and pointed it out to Valerie. She calmly said she would find one closer to the entrance and drove past it. John said he felt infuriated as he felt that Valerie was being stubborn, and did not want to heed his advice. She drove around, and found a bay 10- minutes later. She calmly pulled in, which simply angered John more. He began arguing that the 10- minute wait was a complete waste of time to wait for a parking bay 2- minutes closer to the entrance. Valerie disagreed with him calmly, which simply elevated John's levels of anger even more. He reports that he could not believe how she could not see his point of view.

From the above, it appears then that not only do they struggle for dominance, but they also do so in a rather hostile fashion. This means that if one is to eavesdrop on their discussions (which seem more than altercations) one would easily assume that they engage in great and severe vociferous interactions or fights. However, when questioned they do not report less marital satisfaction than other pairs of husband and wife couples. Their aggressiveness is therefore normal to them - although it would seem to us, to be really hostile and dominant. They would then seem to browbeat and dominate each other in a never ending struggle between the two of them to end up as being the dominant and successful partner.

If we assume that the goal of their hostile and dominant interactions is to alleviate or manage perceived threats to their ability to control situations, one would assume that their attacks on each other and their attempts at dominating each other does not relate to the other partners problem but rather to their own insecurity and

incapability's. These marriages then are characterized by two people whose personal problems cause sufficient stress in their marital interactions as to make themselves sick.

Therefore, whilst they do not report less marital satisfaction, they do seem to fall ill more frequently with more severe illnesses- especially those of an immuno-suppressive kind in women as well as in men.

The time urgent and cynically hostile husband and the non- time urgent and easy going wife

One would expect marriages between men who are cynically hostile and time urgent and women who are easy going and non- perfectionistic, nor hostile, to be so much dominated by the man's problems that it would create illnesses in both of the partners. This is, however, not the situation. It would appear that women who are non- time urgent nor perfectionistic do not respond in a reciprocal fashion to their husband's time urgent and cynically hostile behaviour. It would appear then that they show very low levels of hostility and dominance- related behaviour when compared to other marital interactional styles. This occurs only up to a point, where altercations could ensue. It is also true that both spouses in these marriages show lower incidences of physical illness. This would therefore show that these marriages would appear to be as 'normal' as would be found in the general population.

Patricia and Dean had been married for six years and had two children. Patricia stayed at home, and ran the household. She was effective in what she did, yet did not feel the need to be overly perfectionistic in what she did or to hurry things up. But here Dean was totally different. He would often come home and, after a meal, begin tidying up the dishes and stacking them away, when Patricia would have liked to leave them until the morning and spend time with Dean. On weekends, he was also very busy - always tidying up the garden, in spite of the gardener being efficient, and rushing around everywhere even when not required to do so. Dean would get home from a days work, and settle down for a while to unwind before he became amicable and friendly. Patricia respected his need to be alone and to de- stress after working a long day, and she ensured the children would not bother him. In addition, she always attempted to downplay any potential conflict, and would rather not confront Dean on any issues. She knew that he was at times abrupt and irritable because of his long day, and Patricia was very careful not to engage in any confrontation.

She eventually began experiencing an aloneness in her life as Dean would spend longer and longer hours away from home. She wondered what it was about the home environment that made him want to work longer hours. She knew that they did not need the extra money that warranted the long hours Dean worked. Yet Patricia

was careful not to say too much about the lack of time he spent at home, as she knew he was the breadwinner and was successful in order for her to stay at home with the children. Patricia often wondered whether Dean still respected her as he had when she worked. She oftentimes wondered if they would spend more time together if they had more in common in terms of their daily lives. She worried a great deal about Dean's health and the affects of his stressful lifestyle; yet Dean always insisted that he was healthy and could deal with his stress - and that he enjoyed working hard and being successful at what he did.

Patricia felt grateful for their marriage with its lack of confrontation. She perceived herself to be fortunate to be able to afford her lifestyle, and did not feel she had anything to complain about.

Time urgent and perfectionistic women married to easy going husbands

Against all possible scientific expectancies, time urgent and perfectionistic women, when married to non- time urgent and non- cynically hostile men, show greater problems than one would theoretically expect. One would typically expect that when a non- time urgent and non- cynically hostile man weds a time urgent and perfectionistic women that their marital interactions would be similar to that when a time urgent and cynically hostile man marries a non- time urgent and non-perfectionistic women. This has proven, however, not to be the case. In fact, the reality dictates that these marriages are characterized by almost as much conflict and attempts at dominance as those marriages where both partners are time urgent and the women are perfectionistic and their spouses are cynically hostile. The question now arises: "why is this so?"

The reason has to do with the role model of men versus women and role model relevant behaviour. Where time urgency and cynical hostility would seem to be endemic in the roles of men in general, time urgency and perfectionism would seem to be a relatively new acquisition in the historical development of the typical feminine gender role. It would appear that when women adopt this more "masculine" role, that men would oppose that as, or would instinctively or intuitively view that as an infringement on their typical male role. Since time urgency, perfectionism and cynical

hostility are not considered historically or evolutionary as a female role behaviour, men are typically the "owners" of this role. So when men show that style of behaviour with women who do not show it, the marital interactions are "normal role and gender- specific interactions." However, when women show these behaviours, even men who are not excessively time urgent or cynically hostile, will become time urgent and cynically hostile in order to combat what would be intuitively and instinctively, become for them an infringement on their territory. They are, however, aware of their behaviours as it is an intuitive and instinctive response to a perceived environmental threat.

Given what has been discussed in this chapter, it would appear that the moderate level of time urgency and cynical hostility exhibited by all men across all cultures, is a typically gender related role, and that such a role will only lead to active opposition if it is infringed upon by the female counterpart in the marital situation. This could then lead to an abnormal contest between the two spouses for dominance by means of hostile interactions in the marital situation.

Shelley reports that on Saturday, she had invited guests around for lunch and everything was nicely prepared. But Mark was still in the shower 15 minutes before the guests were due to arrive. She had been reminding him for the last two hours to get ready, but he had been watching the sports on television. She now says he purposefully took his time. The more she yelled at him and told him to hurry up, the more time he seemed to take. Shelley rushed around overseeing last minute details, and felt a little resentful that Mark didn't seem in the least concerned about all the preparation she had done. She also knew that while she was anxious that everything was going to be okay, he would be enjoying himself with the guests - not in the least concerned about an empty plate or a guest in need of a drink. The more Shelley nagged Mark to hurry up and to get ready before the guests arrived, the more he seemed to ignore her. He always seemed to be ready just as the first guest arrived. When asked whether in fact Shelley thought Mark felt resentful at having being constantly reminded to get ready and constantly nagged, she said no - she perceived that if she did not nag and shout, that he would not be on time at all. Mark, in fact, felt very different. He said that if Shelley eased off a little, he would be on time. But

the more Shelley tried to control him and treat him like an irresponsible child, he would not respond to her nagging.

From the above, it seems that, whereas society predetermined the development of time urgency and perfectionism in women, the most essential interpersonal relationship in society, has not yet developed to the extent that it would accommodate this change in female gender behaviour. It is therefore not a surprise that when this behavioural style occurs in women that it is so singular, and met with such opposition in the women's primary relationship, namely the marriage, that it would lead to physical illness in the form of immuno- suppressive conditions.

The marriage made in Heaven

When the non- time urgent husband and wife are also characterized by the man being non- cynically hostile and the women being non- perfectionistic, this would be a marriage made in Heaven. This is theoretically true. Research also shows that these marriages do seem to have the best chance of being successful. However, and this holds true for the three marital interactive types described above, other factors that would cause marital disharmony do not cease to operate in any of the four marital interactive types described in this chapter. Other factors such as infidelity, financial and work stress operate independently of personality and behavioural styles. What is important, however, is the fact that a behavioural style associated with time urgency, perfectionism and cynical hostility does seem to, in certain circumstances, over- ride the effects of other factors operating in marital interactions. The reasons for this were described earlier in this chapter, namely that people who show a predominant style of time urgency, perfectionism and cynical hostility would create situations that would serve and promote these behaviours to the exclusion of other interactive styles. This serves to underscore the tremendously important role of interaction in marriages as it relates to individual happiness and physical health. It cannot be emphasized enough that the way in which non- gender role and non- historically typified behavioural types, once created by societal changes, would impinge on health and create the very essence of that which poses a threat to the future of human existence, namely the development of changed behaviour- related patterns of health and illness.

Chapter Sixteen
Time Urgency and Perfectionism -
A Corporate Demand

The demands placed on individuals in the corporate world have evolved over the last forty years. These demands are at their extreme at the present time and have been driven by corporate need for quality, service excellence and maximum productivity. These needs have resulted in the prerequisite that the successful individual needs to be a perfectionist to ensure quality and service excellence. The need to maximize productivity has resulted in time urgency. The perfectionistic time urgent person will be the corporate winner and will be proudly seen as the firm's success story. These successful people are proud of their achievements - and rightfully so. The drive for business and personal financial success is almost always achieved. They are people driven by quotes such as: "Time is money", "Success breeds success", "100 percent only", "It must be right no matter what" and "I can't tolerate fools or incompetence".

Why should a discussion take place around a subject that ensures global business success and the individual's place in this success? Financial rewards drive individuals so that they can ensure a life of luxury and a future for their children. Why is this under discussion?

Talking about the time urgent- perfectionist in a conversation with a CEO of a public company resulted in the following response:

"My requirements for success are precisely the factors you have mentioned. I demand this from myself and from my employees. I cannot succeed without perfectionism. Maximum effort is required to achieve a goal in minimum time. This goes without saying. I reward individuals who are goal oriented, take on as much as they are given and more and who are happy to work all hours. My question to you is why are you so concerned about these normal qualities?"

This CEO is wealthy and he epitomizes the very behavioural style that younger employees strive to copy. Further inquiry about his ability to cope with the stresses caused by time constraints elicited the following response:

"Although I am a perfectionist, I have always been able to work within the boundaries of time constraints. I am a time urgent individual, but I seldom get stressed by time."

It is apparent that the corporate demand for time urgent- perfectionism is here to stay. However, the stress that occurs as a result of time urgency and perfectionism has no part to play in the individuals success. It is the management of this stress that will lead to healthy, productive individuals who maintain their corporate positions as perfectionistic workhorses - the cream of the firm.

If we do not manage these successful individuals they will succumb to diseases that occur as a result of immunosuppression including recurrent viral infections, chronic fatigue syndrome (yuppie flu), fibromyalgia, cardiovascular disease, metabolic syndrome, autoimmune diseases including antithyroid autoantibody disease, endometriosis and cancer. What will the effects of an increase in these diseases be on the corporate world? Increased absenteeism from work and therefore decreased productivity as well as increased incidence of cancer- related deaths. The latter will lead to enormous replacement costs. These costs will be borne by all stakeholders including the family, the company and governments.

Why is this phenomena of stress induced by time urgency- perfectionism suddenly rearing itself? An assessment of the changes in the corporate world over the last 40 years reveals a direct correlation between the increasing demands over the years and the increased incidence of immunodeficient diseases as mentioned above.

The era including the 50's and 60's was an era where individuals remained with a company for many years. They were loyal hard workers and expected a livable pension for their loyalty. The work day was interrupted by tea breaks and lunch time was an hour to relax. These breaks were taken by everyone including top management. Although the business outcome needed to be right, the time urgency was not apparent. Professional people including lawyers, doctors and accountants did their work to exacting standards but time urgency was not rampant.

During the years 1965 to 1975, the era of Long Range planning moved to the fore. The companies carried out their business by using long term planning methods. Budgets were over a period of at least five years and markets were stable and industries changed slowly. Competition was fairly gentleman- like, limited to well known domestic firms and few international players.

The years 1975 to 1987 were known as the era of Strategic management. Staff involvement took place at all levels. Employees were given shareholding and profit sharing. A huge emphasis was placed on quality improvement programs and the need to be more market and customer focused. These demands increased the need for individuals to be perfectionistic in the workplace and began to exhibit increased time urgency

From the year 1987 and beyond, the era of strategic relationships existed. The product life cycles have shortened, production processes have become quicker and more flexible to customer needs. Markets and competition has become more volatile as a result of technological change. Technology including the Internet and satellite has made the world a global village with a 24- hour working day. In order to climb the corporate success ladder, the minimum need of the individual is the need to be a time urgent- perfectionist.

The Japanese introduced a magic into the corporate world that resulted from them excelling in the quality of their products and excellence of performance. Motivation and reward is driven by:

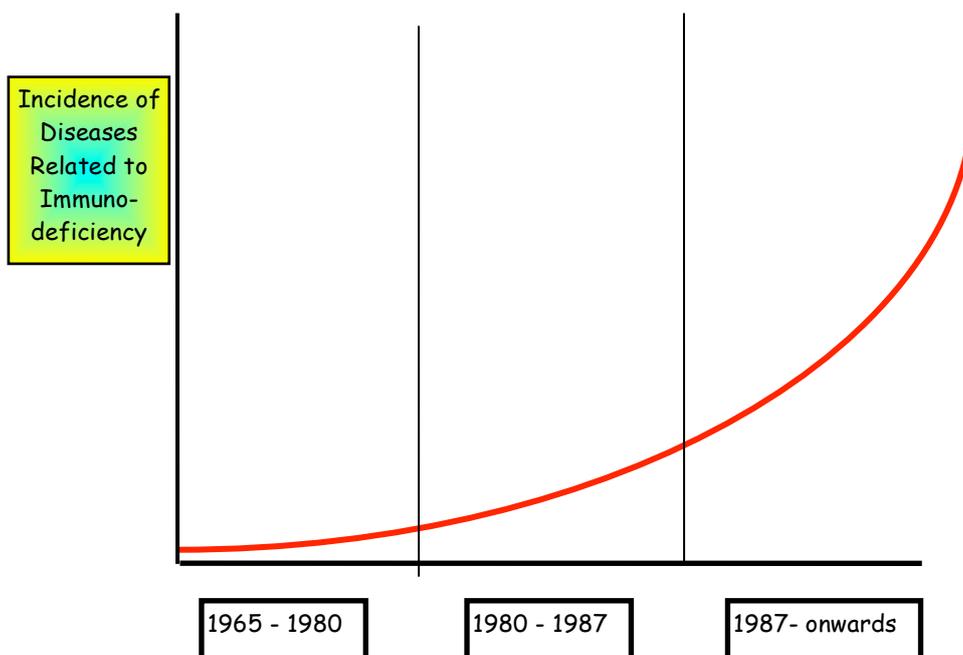
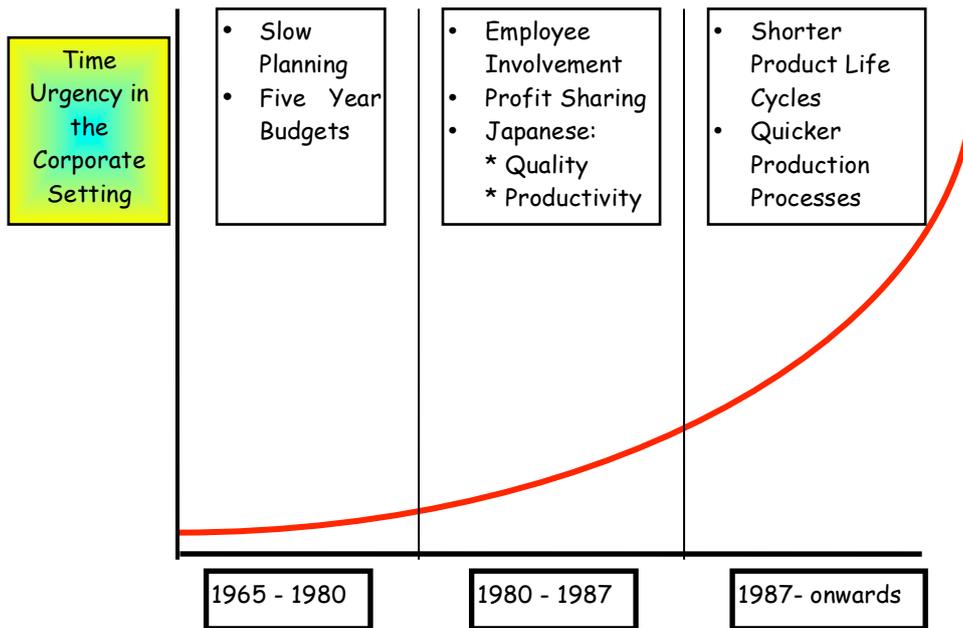
- Quality - this requires perfectionism
- Productivity - this requires time urgency

The success of individuals in the workplace driven by motivation and reward strategies of companies, is summarized by the following equations:



The changes that have occurred in the demands placed on the individual in the corporate world have increased the incidences of people who need to have a time urgent perfectionistic behavioural style in order to succeed. This behavioural style has been moulded and formed by parents, teachers and employers driven by the requirements for corporate success namely:

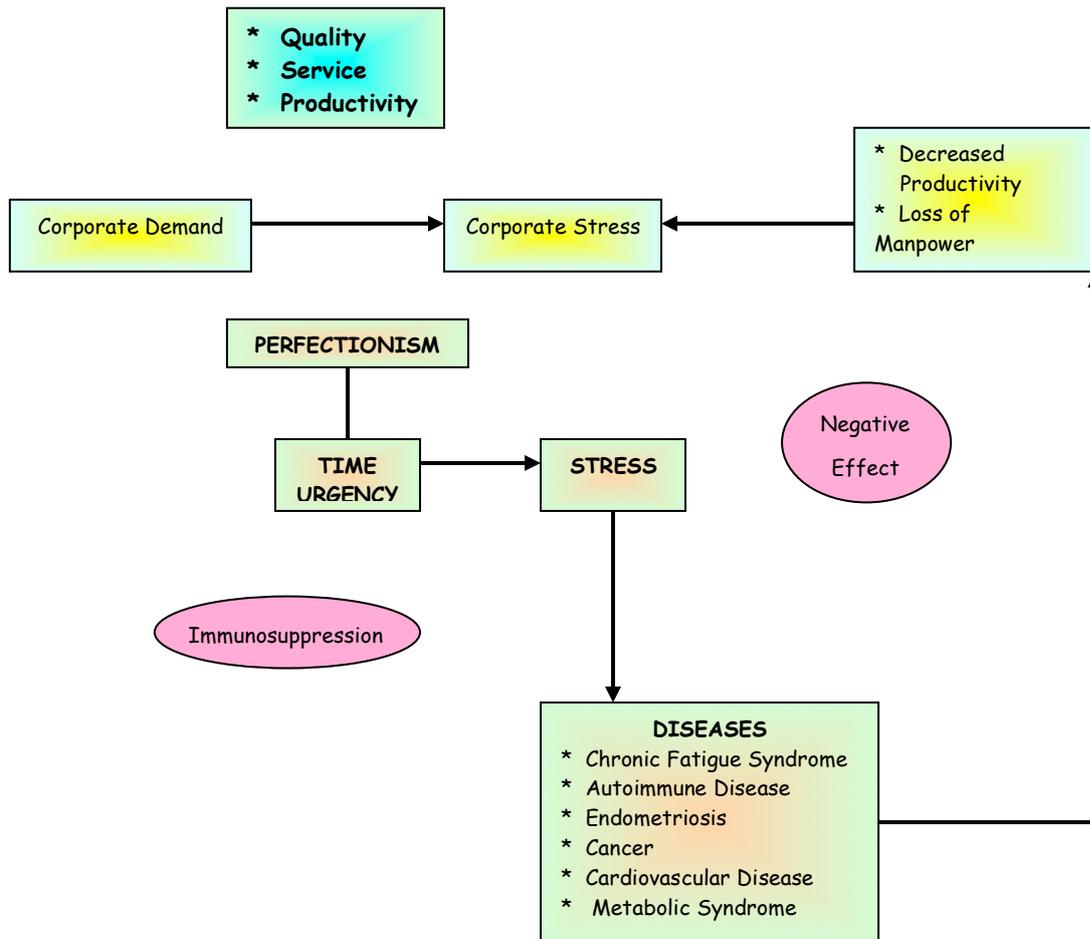
1. Total Quality - Perfectionism
2. Service Excellence - Perfectionism and Time Urgency
3. Productivity - Time Urgency



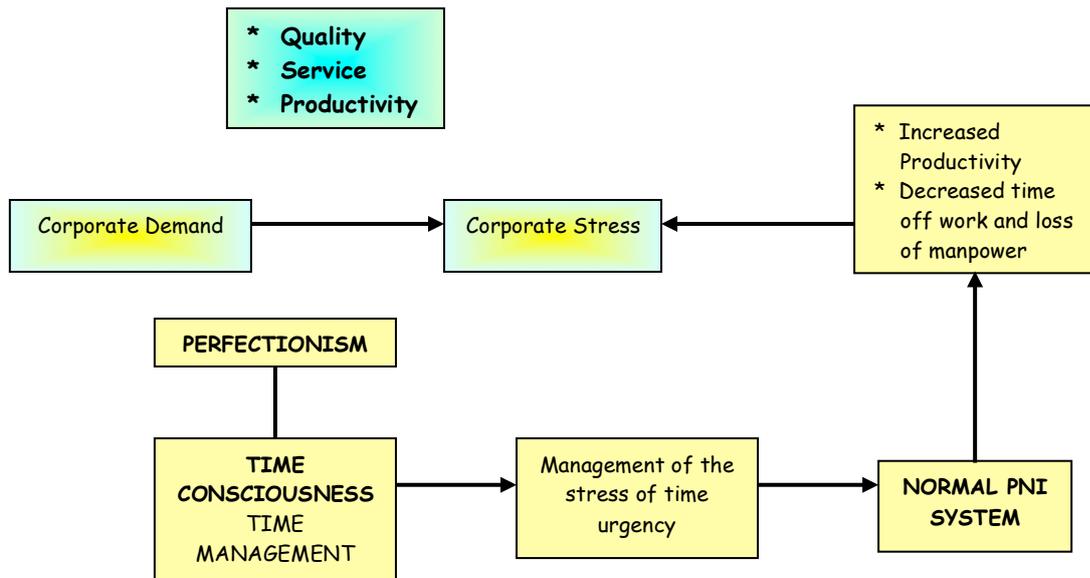
The globalisation of increased corporate demand for these qualities makes this a global problem. The extent of the diseases caused by the stress induced by this behavioural style has begun to rear itself. The diseases include autoimmune, benign and malignant conditions as mentioned above. An urgent need to control this stress pattern is reflected in the potential loss of human resources that will occur if the matter is not attended addressed. A critical balance between corporate demand and prevention of disease should be established and maintained.

Perfectionism is a behavioural style necessary for corporate success. Time consciousness and timeous work ethic is also important for corporate success. However, the stress related to time urgency- perfectionism and it affects on the psychoneuroimmunological system is not mandatory for corporate success. In fact the latter decreases productivity, increases time off work and loss of key personal due to chronic or deadly diseases.

The Problem



The Solution



The corporate demands placed on the time urgent perfectionist, in order to sustain competitive advantage and financial success, has led to a disease process that predisposes the working person to diseases both benign and malignant. An urgent intervention is needed by all key stakeholders including parents, teachers and employers to ensure continued corporate success without the catastrophic negative effects induced by the stress imposed by time urgency- perfectionism.

This intervention is needed for the workforce as a whole, and not for the relative newcomers - women - only. The reason being that the specific stressors inflicted on, and adopted by women, would hold for men too - in the same or different proportions.

Chapter Seventeen

Time Urgency Perfectionism Stress: Is There a Need for Change?

If the typical time urgent perfectionistic woman was confronted with the contents of this book up till now, she would probably have responded the way any normal human being would respond. She would deny vehemently that the possibility could exist that she suffers from time urgency stress and perfectionism. This is especially true due to the fact that this kind of behaviour is more often directly related to success in the business and social world - despite the fact that nagging worries about one's personal quality of life would tend to tug at the strings of one's conscience to say "yes, I do have time urgency stress, and I am perfectionistic."

However, fortunately and unfortunately, there is sufficient evidence that even when a behaviour, on the long term, would lead to deleterious health outcomes, it's short term association with positive outcomes will cause the person to deny that such a problem behaviour in actual fact does exist. The sad fact is that science recognizes this as a 'blind spot' in our personality make- up.

There is no denying that time urgency and perfectionism, on the short term, lead to highly desirable outcomes. People who have this behavioural pattern are often highly successful in both business as well as in social endeavours. Who does not admire the successful person who gets everything done 'just right', and perfectly on time? A glance at newspapers' business sections and business publications' descriptions of highly accomplished chief executive officers and managing directors would reveal descriptions of their work and interpersonal style emphasizing their abilities to achieve 'the impossible' (perfectionism) and 'quicker than anybody else' (time urgency).

Why then change such desirable behavioural traits?

It is only when the life courses of these individuals are followed that a realization occurs of the high price they had to pay for their business and social success.

If a time urgent perfectionistic woman had to honestly survey her life and her personal style against the background of the presence of time urgent and perfectionistic behaviours described in this book, as well as the deleterious effects on her health and personal life, she

would be in conflict as to continue with this lifestyle or to stop behaving in this manner that would so badly affect her personal life and health.

This is true for all of us. It is true for all behaviours that have short term positive, but long term negative outcomes. A good example is that of smoking. The person who smokes a lot and enjoys it, would be aware at some level of the damage smoking is causing. However, the age old defence of "it will happen to some other unfortunate person, not me" or "I can stop whenever I want to - just not now", operates to provide excuses for not stopping smoking. It is especially true that the most deleterious consequences of smoking are unobservable until it is too late, when cancer, emphysema, or high blood pressure occur at a time often not expected. It is at this time that the physicians' instruction to stop smoking is for the first time taken seriously.

Almost without exception, the person asks, before engaging in serious attempts to stop smoking, "why me?". Very often examples are cited of people who smoked heavily and lived to ripe old ages, as well as people who didn't smoke, but died of diseases usually related to smoking.

It is not easy to give up smoking's pleasures, as it is not easy to give up the inherent successes of time urgency and perfectionism.

I will become ineffective and slow

People can change their time urgency and perfectionism without becoming less effective or slower. In actual fact, the participants of our Xtime TUSM program, who numbered more than 200 , related that they were far more effective in their work, social and home environments.

So, instead of saying "why me?" it could be said "thanks for the opportunity".

Lessons from lessening time urgency and perfectionism

In the intervention program, patients are taught to identify, amongst others, their time urgency and perfectionism and change them through certain therapeutic techniques, the practice of relaxation exercises and behaviour change assignments.

Significant reductions are observed in time urgency and perfectionistic behaviours. However, the most important effect was that there was a greater reduction in patients presenting with symptoms and improved pregnancy rates .

Of note in this program the participants, without exception, reported that they were far more effective in their professional and business enterprises, as well as their social and personal lives than before.

Important 'lessons' are learnt as a consequence of decreasing time urgent and perfectionistic behaviours. They are:

- Lessons learned on how to be one's self, a secure self, to be more autonomous, and not to be driven by others expectations;
- Lessons learned about how to cultivate a forgiving lifestyle;
- Lessons learned about sociability skills; and
- Lessons learned about living a 'wiser' life.

One of the major themes of these 'lessons learned' concerns the acquisition of a sense of uniqueness as a coping skill. The participants of our therapy groups noted a discovery of personal uniqueness, and the subsequent re-establishment of self esteem, expressed often as ceasing to be a prisoner of the expectations of others.

This discovery is exemplified by a line in the Hebrew Prayer Book: "Pray as if everything depends on God, act as if everything depends on you."

The second major theme of the 'lessons learned' was the capacity for forgiveness. Dr. Kaplan indicated being particularly impressed by the recurring comments on "learning to be more forgiving". He recalls that most participants reported that they learned to judge themselves and others less severely and, hence, became remarkably less hostile. The freedom to accept human frailty freed them, Dr. Kaplan recounted, from the inner tyrannies of inhuman expectations.

Science, religion, and literature have for centuries commented on the connection between the strength of personal relationships, the capacity for forgiveness and healthy self esteem. Herein, participants in these studies developed skills for accepting interpersonal diversity.

Probably the most important but also the most difficult to describe 'lesson learned' by the participants is the importance of taking daily account of the evanescent nature of their existence. The lesson specifically teaches them to treat time preciously and not hastily.

The participants, as they progress in treatment, talked less about the future and more about the present. They indicated specifically that they want to treat time preciously, and therefore focus on a key element of social relationships, to foster a sense of forgiveness, instead of wasting time to wait for retribution and revenge for the slightest social misdemeanour.

A consistent finding is "I learned the precious value of friendships". They learn how to cultivate friendships, to take time for listening and revealing what a friendship invokes.

Altogether it would appear that a new 'wisdom' emerges from participating in the counselling sessions focused on decreasing time urgent and perfectionistic behaviour.

From 'why me' to personal, social and physical health

Without relinquishing their effectiveness and achievement orientation, participants in the programs noted that far from becoming less realistic, they could in addition cultivate that courage that liberated a person to act and to be true to oneself and one's values.

Whereas the ubiquitous 'stress management programs' would teach participants to be more assertive, the change engendered by becoming less time urgent and perfectionistic is to achieve a sense of personal courage.

It is in this context that a sense of autonomy, and a sense of uniqueness would contribute to self esteem that would result in behaviour not only improving on self but also the people and situations around oneself. Herein, a true sense of personal achievement would emerge allowing oneself to be successful not only in narrow materialistic or financial terms, but also in those human terms that would make you a socially accomplished and happy individual. It is here where material and financial success will not decrease but will stand side by side with a greater personal involvement in those around you - and their being involved with you out of love and without fear.

This sense of mutual social belonging and social support - a true sense of community - includes financial, business, personal and social success. However, it achieves a deeper meaning and a deeper sense of happiness and accomplishment.

When one acquires the wisdom of integrating the achieving and challenging brain with the forgiving and trusting heart, one achieves the greatest wealth of all: one finds oneself as well as any other achievement in whatsoever area of endeavour with the greatest success that one could wish to find.

Chapter Eighteen

Implications for the Future

Time urgent perfectionism is a demand placed on people who are ambitious, goal oriented and highly successful in their work. The modern corporate environment functions in a global world that operates 24 hours a day, preaches "time is money" and demands quality and perfectionism. These demands will increase in intensity into the new millennium. The speed of change that information technology is creating further enhances the need for time urgency. The management guru's preach quality control including service excellence and Zero defects. In order to remain competitive, these are no longer giving companies a competitive advantage, but rather these are now basic requirements for survival. The conclusion is that in order for the company to survive people need to display the attributes of time urgency and perfectionism. The pace of change and the extent of globalisation will not allow people the opportunity to suddenly modify their time urgency or perfectionism. In order for the individual to achieve in this modern, dynamic, unforgiving, competitive world the individual will have to remain bound by time constraints and requires a perfectionistic behavioural style.

The possible implications in the future can best be expressed by looking at 2 scenarios. The present trends and business environment is projected in Scenario 1 where no recognition of the disease processes associated with the stress induced by time urgent- perfectionism occurs; where one chooses to remain ignorant to the affects of time urgency- perfectionism on the individual. Scenario 2 recognizes the ramifications of the stress caused by time urgent- perfectionism and brings all the stakeholders into play to prevent the devastating effects that can occur. By assessing these two scenarios, society can assess the best alternative and it can give the individual a choice between ill- health or healthy longevity .

Scenario 1:

Ignorance in terms of the affects of time urgency- perfectionism stress

If the present trends are continued, an exponential increase in the number of people affected by the following disease processes will occur:

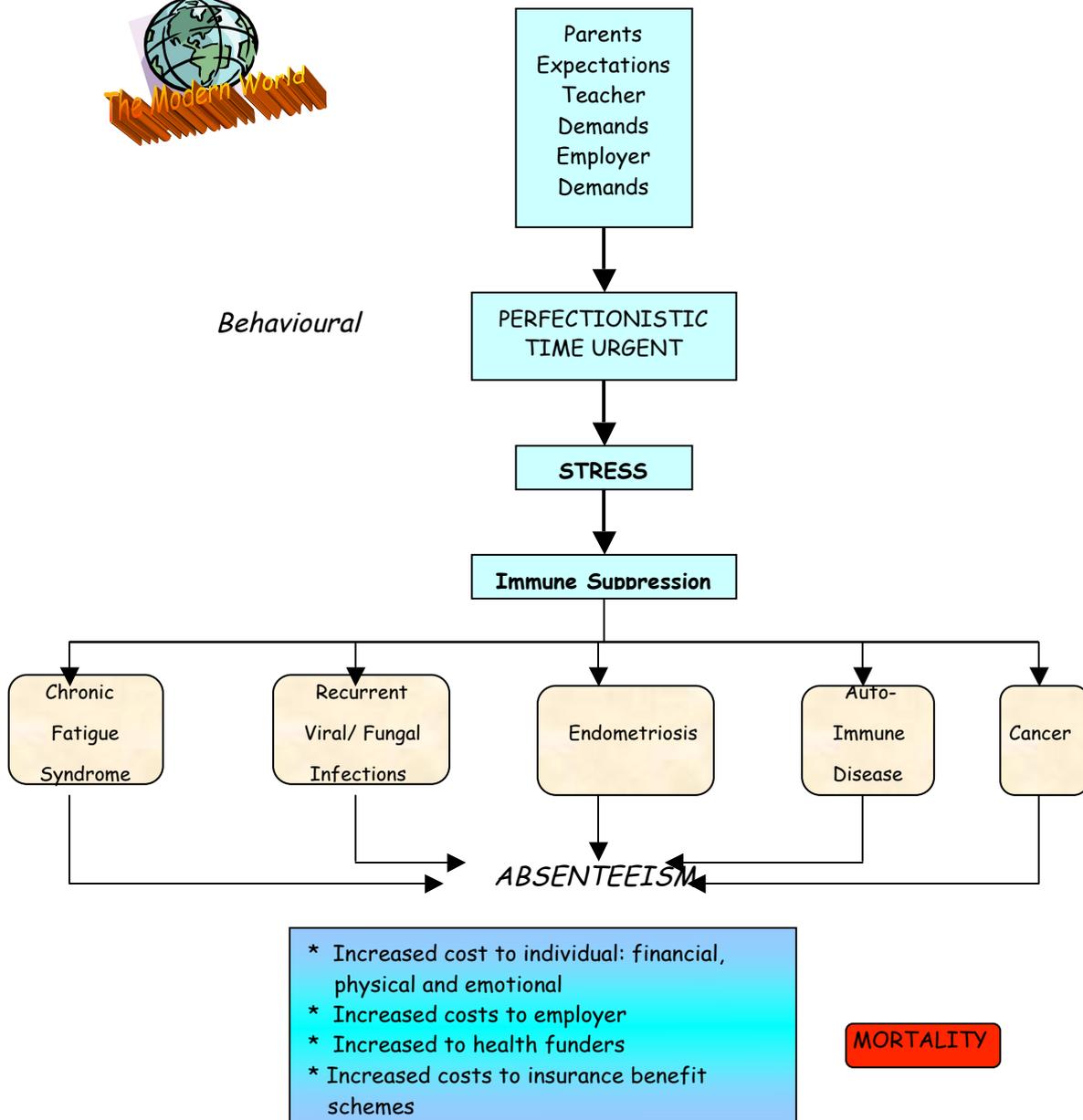
- Chronic fatigue syndrome
- Fibromyalgia
- Recurrent viral infections
- Autoimmune disease including hypothyroidism
- Cardiovascular Disease
- Metabolic Syndrome
- Cancer
- Endometriosis
- Infertility

The increase in the incidence of these diseases will lead to numerous stressors been placed on society. These stressors will affect the workplace, the family and Benefit Schemes. The specific stressors identified in the workplace include increased absenteeism and the increased loss of a highly skilled workforce to chronic illness and death. This will lead to higher business costs and more difficulty in replacing highly trained personnel.

The family will also suffer specific stressors such as an increased incidence of illness, followed by the loss of breadwinners. Family income's will increasingly become diverted to treating ill health. In addition, infertility rates will rise. A further possibility is an escalation in marriage problems and divorce.

The Benefit Schemes will also be affected in this scenario. What will occur is increased payout for disability and death along with more financial risk. Members of Benefit Schemes will have be faced with higher contributions, and decreased benefits. A restructuring of actuarial risk might come to the fore, with possible exclusion from schemes. These increased costs therefore increase the burden on individuals and governments.

Scenario 1 may be summarized as:



The number of people falling into the category of the time urgent- perfectionist is increasing exponentially in relation to the demands of the modern world. This exponential increase will cause an increase in the incidence of all diseases related to immune deficiency.

The seriousness of the problem is highlighted by the increase in incidence of endometriosis amongst professional women. Women have taken up their rightful place in the business world but at what expense? An important factor for determining successful companies relates to service and relationship marketing which require feminine gender characteristics. In America and Britain women are now more successful than men in opening and running small businesses. These women

represent the most powerful and inspirational force behind economic growth. Service business is becoming the most important aspect of GDP and women are the best at this form of business. Women own one-third of the firms in America and they have more staying power than the average business. The number of people employed in woman owned companies is rising faster than the average.

The downside is that women are forced to fulfil a multitude of roles including businesswoman, housekeeper, wife, child bearer and mother. In order to achieve this success that continues to outstrip the norm women need be perfectionistic, goal oriented, high achieving individuals. The demands of this behavioural style include time urgency and perfectionism. How much time does a person have to be a businesswoman, housekeeper, wife, child bearer and mother?

The woman with this behavioural style states that:

- “It's no problem”
- “I can manage easily”
- “I love the adrenaline, I'm an adrenaline junkie”
- ‘There’s nothing like success”
- “I love the challenge”
- “Give me more, I can cope”

This behavioural style comes as a package deal that breeds business and financial success. These women cope easily with the demands placed on them but at enormous expense to their health. The critical side effects of this behavioural style relates to the stress of time urgency and perfectionism. This factor has been identified as the core essence of multiple disease processes that have up to the present time had no defined primary cause.

- Time urgency- perfectionism stress provides the missing link.
- Time urgency- perfectionism stress is catastrophic due to it's disease producing profile.

- Time urgency- perfectionism stress has the potential to change the course of history by increasing the incidence of immune deficiency related diseases.

This is epitomized by the dramatic increase in the incidence of endometriosis over the last seven years. This disease causes chronic pain, infertility and with it, concomitant marriage problems. The implications of continuous complaints of pain both with periods and intercourse as well as infertility problems inevitably leads to stress within marriage. The efficient, effective, successful partner is now increasingly ineffective, avoids intercourse and has the added problem of infertility.

We desperately need to retain the successful goal oriented, perfectionist feminine presence in the global economic environment. We need to nurture this important asset. We need to understand and aggressively manage time urgency-perfectionism stress to eradicate this primary cause of a multitude of diseases that have progressively increased in incidence and morbidity.

We need to urgently look and live by an alternative scenario.

Scenario 2:

Awareness and management of time urgency- perfectionism stress

This scenario focuses around the concept of managing the stress associated with time urgency- perfectionism stress. We need effective, efficient woman who add value to business by their time urgent- perfectionism. The management of the stress created by time urgency and perfectionism will allow the creation of a balance between time urgency and time consciousness . The individual becomes time managed without the stress related to time urgency.

The focus of this scenario revolves around the management known as Time Urgency Stress Management (TUSM) first coined by the authors. This scenario requires immediate attention by all stakeholders including the individual (all ages), parents, teachers, employers, health providers, health funders and governments. The future health of all the people of the modern developed and developing countries needs

instant attention to manage the causative factor that has been identified as been the primary catalyst of a multitude of disease processes. We need to urgently focus on educating all stakeholders.

The means of achieving this scenario relies on each stakeholder sharing in the responsibility of this arduous, important task. The stakeholders include: the individual, parents, teachers, employers, health providers, health funders, and governments.

The Individual

Each person who has this behavioural style should identify its importance and the need to modify the time urgency and perfectionism aspect. Without this recognition and acceptance that there is a need for change - change cannot take place. The initial response of approximately 20 % of people will be that they do not classically fit this behavioural style and "it's not me". The modern trend is for women to seek alternative medical solutions to their problems together with or instead of conventional medicine. TUSM allows a mixing of the principles of these two dichotomous approaches to health care. The recognition of the problems caused by time urgency- perfectionism stress allows the individual to understand that the excellence of their behavioural style, which has ensured success and achievement of goals, has a deleterious effect on health. The most important aspect of this behavioural style is that because the individual is goal oriented, the recognition of a need for change, and subsequent change can occur. The individual has her health management in her own hands. Her future disease destiny is under her control. This book has emphasised that change involves decreasing the stress related to time urgency and perfectionism, and does not mean that we are attempting to change personality types. The change only involves changing a modern, endemic aspect of the behavioural style - that is the stress created by time urgency and perfectionism.

It is a relatively easy task to convince people who have a disease process such as endometriosis, cancer or other immune deficiencies diseases to understand the concepts that have been put forward. These individuals will be prepared to change in order to control the disease process. A modification of the stress caused by time

urgency and perfectionism will lead to an increase in the immune systems defence mechanisms. People who have chronic disease processes will generally be prepared to accept the options available to them and see the need for change.

It is the healthy individuals who has this behavioural style who will be difficult to convince regarding the potential dangers of time urgency- perfectionism. These individuals need to be educated regarding the potential problems that can arise in the future. They have to be convinced of the devastating diseases that can occur as a result of time urgency- perfectionism stress. The prevention of these chronic debilitating diseases will only occur with aggressive education programs. This education needs to take place urgently and globally. TUSM programs are the core to the future health needs of the modern world. This education involves not only the individual but all stakeholders.

Parents

The core of this behavioural style originates both from a genetic predisposition as well as environmental influences. We are of the opinion that the environment plays the predominant role in leading to the behavioural style characterised by time urgency- perfectionism. The modern world has created time urgency and this is not genetic. Education of parents should revolve around the understanding that achieving goals and academic success may require perfectionism and time consciousness but that the concomitant stress induced by time urgency needs to be managed at an early age. Input by parents regarding time management and episodes of time out should be emphasised and made to become a part of life from an early age. Parents offer the long term solution to preventing future disease processes in their children. We need to make all parents aware of the dangers of this behavioural style and therefore allow them the option of modifying these future disease processes.

Teachers

Teachers get a feeling of success when a scholar has achieved inordinate goals, both academic and sporting. This success allows teachers the opportunity to reflect

on their own achievement. The individual's success demands the teacher's emphasis on perfectionism and time urgency: "It must be right and on time" in order to achieve the best grades. Teachers will need to learn to teach a balance between achieving goals and the stress induced by this achievement. They will need to establish a means of actively teaching time management without the stress related to time urgency, and to facilitate the teaching of effectiveness without the stress related to perfectionism. Teachers will become the secondary line in prevention of later diseases related to time urgency- perfectionism stress.

Employers

The chapter on corporate demand for time urgent- perfectionism details the reasons why the corporate world has increasingly required people to be time urgent-perfectionists. The corporate world is not going to change its time urgency and need for perfectionism for the sake of people. However the strongest element of the modern corporate world is knowledge based wealth. Knowledge and therefore human resource has become the most important asset to the modern business.

Business needs to protect the future of its assets in order to remain profitable. This protection must take into consideration the demands that it places on its human resource. If wealth requires a healthy human resource base then it becomes essential that the directors of companies protect their shareholders profits. Knowledge-based wealth requires active management of the stress induced by time urgent- perfectionism. The business world has demands but they need to recognise the consequences of these demands. A workforce that is at risk of immune deficiency diseases can only be detrimental to shareholder value.

Health Providers

The most devastating diseases that doctors treat are diseases that are beyond their control. The disease that we have discussed can be controlled but will recur because the primary cause is not dealt with. Doctors need to be educated in psychoneuroimmunology and the disease processes related to time urgency-perfectionism stress. This will allow curative management of diseases, early

recognition of diseases and preventative medicine due to the risk profile of the time urgent- perfectionist.

Doctors need to categorise these behavioural styles and mark them as high risk in order to prevent and diagnose these diseases early.

Health Funders

The financial risk that funders have is directly related to the demographics of the population that they fund. Funders of people who are time urgent perfectionists are at financial risk due to the potential diseases that people with this particular behavioural style are vulnerable to. Funders need to recognise this risk and encourage preventative and curative measures in order manage the stress related to time urgency and perfectionism.

Governments

AIDS has captured the attention of the world and governments. The recognition by governments of diseases associated with the stress induced by time urgency and perfectionism is just as important. The preservation of human resource health is paramount to the future of every government.

The attention by all stakeholders in this discussion is critical and important. The change is urgent in order that human resource health is maintained.

Never before has there been a primary disease process that is totally dependent on all stakeholders for its management and final eradication. This will require superb effort by all stakeholders especially the individual. The future of the occurrence and growth in incidence of these diseases lies in our hands and we have the ability to win.

Part Four:
Conclusions... A New Beginning

The fulfilling of the promise of a new look at, and a new understanding of stress in individuals and how it affects their health, has proven to be a commentary on how the changing nature of society affects the modern person's thinking, their stress and their health. However, we have also witnessed that these changes affected the individual's work, their marriages and their families.

As society, the nature of stress and the nature of illness changes, medicine has constantly redefined and reinvented itself. The facts presented in this book have now begged the reinvention of medicine's view of stress as it impacts on human health and well being. Stress has now assumed an all important causative and risk condition for the development of diseases at the millennium. The concept of time urgency- perfectionism stress and it's harmful effect on the immune system has been defined within the boundaries of a new syndrome namely - TUIDS .

This book has clearly shown that medicine has now reinvented itself, and will in the future, study a new disease entity.

The authors have designed a specific, highly individualized course which deals in the management of Time Urgency Perfectionism Stress. The course was developed from the research conducted at Medfem Clinic, the Institute for the Care of Women, as well as from many decades of research on the relationship between physical illness and psychological well- being by the authors. The course can be conducted in one's own time, over a period of ten-weeks over the internet, and consists of a thorough testing procedure, a workbook component, audio and visual information as well as an instrument assessing levels of stress and the change thereof. The course is thorough and comprehensive in that it addresses all the components of stress as well as techniques to manage all the aspects involved in time urgency perfectionism stress.

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