

Personal fitness

The best-sellers in workout tapes

By Jack E. Wilkinson United Press International

America's passion to stay fit is becoming a private affair. Bypassing gyms and health clubs, many people now prefer to do their exercising at home — just them and their VCRs.

Exercise tapes are much in demand on the videocassette market right now, with sound advice for every size, shape and situation. The do-it-yourself fitness boom can be traced back to 1983, with the release of Jane Fonda's first Workout tape, which showed that something other than movies could make it big on home video.

Many exercise tapes have followed, including those by such personalities as Raquel Welch, Debbie Reynolds and Pat Boone, and such fitness experts as Richard Simmons, Kathy Smith, Callan Pinckney, Jake Steinfield and Deborah Crocker.

Convenience and privacy are the biggest advantages. As one consultant put it, "Some people will use these in the privacy of their rec room where they wouldn't dream of going out in a leotard in a group."

Preliminary figures for June, according to Billboard magazine, show Fonda's Low-Impact Aerobic Workout and New Workout and Pinckney's Callanetics outselling every video except the film Top Gun. And Smith's Body Basics makes it four fitness videos in the Top 10.

Workout tapes are only a part of a massive "how-to" video surge. There are tapes to help you find a job, buy a home and defend yourself. You can learn about cooking, landscaping and woodworking; how to overhaul your car, fix a leaky faucet or buy a home computer.

Growth potential

Industry sources say "how-to" videos made up 14 percent of all sales last year and are showing the greatest growth potential for 1987.

Fitness videos, representing by far the biggest chunk of that business, sell within a wide price range, from \$15 to \$40, though some are as low as \$9.95. All carry a warning: This exercise is not for everyone, and get your doctor's approval before starting out.

Fonda is leading the field, as usual, with Low-Impact Aerobic Workout, her sixth offering, buoyed by a huge advance sale. The tape mirrors the latest trend in exercise.

While standard aerobics employ running or jogging, "low-impact" exercises are more like marching or quick walking, which helps if you have shin or ankle problems.

Both types have the same goal: to burn off excess calories and to strengthen the heart. Low-impact, says Fonda, is "gentle to the joints."

An alternative to aerobics, and a sharp contrast to the Fonda friskiness, comes from Pinckney, 47, a fitness teacher who turned a best-selling book into a best-selling video, Callanetics, which promises to "make you feel 10 years younger in 10 hours."

She goes about it with a series of slow, gentle, precise movements designed to tone the body with, as one observer noted, "no bounce or flounce." Smith's low-impact Body Basics is a clever routine that contains isolation exercises for the arms, abdomen, buttocks and legs.

For older folks

The effusive Richard Simmons is riding high with Silver Foxes, which is designed for older folks. It includes a workout crew consisting of famous people's parents, including Simmons' mother, who proclaims, "I'm 75 and I feel great."

Simmons also has several other videos on the market, including Get Started, and one for the physically restricted, Reach for Fitness.

Welch's A Week With Raquel involves seven 15-minute sessions, one for each day. "A little bit every day is better than a whole bunch every once in a while," she says.

Steinfeld, known for his "Body by Jake" TV spots and as trainer to the stars, takes an athletic approach in Energize Yourself, a good workout for both men and women. Crocker is featured in The Esquire Great Body Series, leading a variety of exercises, some general and some for specific areas, such as Super Stomach and Dynamite Legs.

James Garrick, who helped develop the Fonda exercises, believes that "low-impact" exercises are safer than standard aerobics because "it's harder to abuse yourself." But Garrick, director of sports medicine at St. Francis Memorial Hospital in San Francisco, also says regular aerobics are safe when done properly.

"Both increase the heart rate. But the goal in the [low-impact] program is to get your heel down on every step," he says. "Some people complain that with standard aerobics, you're on your toes too much. With low-impact, both feet are never off the ground at the same time."

In etiquette, money becomes immaterial

By Judith Martin United Feature Syndicate

Miss Manners

Considering the frenzy of interest in consumer goods in this society, it is astonishing to Miss Manners that so many people presume that the gentle art of manners is based on a preoccupation with money.

Etiquette, it is widely believed, consists of forms of behavior requiring fortunes in silverware, evening clothing and unwieldy vehicles. Most people feel they need etiquette only on occasions when they are spending a great deal of money — putting on a wedding, for example.

Otherwise, they can apparently make do with rudeness. Dear, dear. You can imagine how upsetting Miss Manners finds this.

She doesn't know which offends her more — the people who seek to demonstrate their genuineness by eschewing manners or those who are scrambling to learn them to serve their social ambitions. They both end up rude.

The truth is that there is very little relationship between manners and money. Certainly, Miss Manners has never noticed any preponderance of politeness on the part of the rich.

Good manners are, first of all, free. And that is not generally true of status symbols.

Secondly, they cover all forms of outward human behavior, from those needed for the most routine daily encounters in households or on highways, to the special ones for special occasions.

And thirdly, the consequences of violating them in ordinary life are more unpleasant than the effects of small technical errors on formal occasions, when it would be rude of other people present to notice.

The same people who say they disdain manners are outraged when they are treated rudely by those who are of their own circumstances or whose services they are buying.

Why, then, does etiquette's reputation for abetting snobbery persist?

Miss Manners attributes part of it to the fact that one always thinks of familiar behavior as being simply natural, and strange behavior as etiquette. Everyday behavior is therefore classified as nice or mean, rather than good manners or bad, while the self-consciousness one has on special occasions leads one to identify the traditional practices associated with them as manners.

But there is also a mistaken belief that knowledge and possession of expensive things are themselves a demonstration of propriety. People sometimes try to lead Miss Manners into condemning inexpensive goods — especially clothing made of synthetic materials — as "tacky."

If "tacky" is intended to mean "im-

proper," they are quite wrong. Propriety and impropriety have nothing to do with how much one can afford to spend.

If "tacky" refers to taste, then there is a connection with money. Rich people may have not just the money to spend, but more leisure to learn to distinguish quality in material objects. Miss Manners has nothing whatever against such an educational activity, which can be great fun and is not unknown among people who do not have money.

None of this is within the province of manners, however. Etiquette's interest in taste, as that applies to consumer items, is chiefly in combating ostentation. What is improper is the diamond bracelet worn for tennis, the car or house referred to as a "limousine" or "mansion," the designer label — any inappropriate display of wealth, or preoccupation with the cost of one's own or other people's possessions.

A suit that may change psychiatry

SIFFORD, from 1-1

In 1979, believing that his world was caving in on top of him, Osheroff admitted himself to Chestnut Lodge, a Rockville, Md., private psychiatric hospital, where he was diagnosed as having narcissistic personality disorder and treated with intensive psychotherapy for seven months. In that time he lost 40 pounds, experienced severe insomnia, lost interest in his personal appearance and compulsively paced so much that his feet required medical attention.

Distressed by this, Osheroff's mother and stepfather had him transferred to Silver Hill Foundation, a New Canaan, Conn., private hospital, where his condition, which was diagnosed as psychotic depressive reaction, was treated with antidepressant drugs. In three months he was discharged, and he returned to Alexandria, where he was medical director of a dialysis center.

His psychiatrist at Silver Hill, Joan S. Narad, in a letter to support Osheroff's efforts to get life insurance at standard rates, described him as a "well-functioning" person who had had a "good response to appropriate treatment." Osheroff subsequently was insured at standard rates.

In 1982 Osheroff brought suit against Chestnut Lodge, alleging malpractice because, he said, the hospital failed to diagnose his "biological" depression and treat it with drugs. He alleged that the hospitalization cost him a lucrative medical practice, his standing in the medical community and the custody of his two oldest children.

The suit, which under Maryland law was heard by the Maryland Health Claims Arbitration Office, brought out for Osheroff an all-star psychiatric panel of expert witnesses, including Gerald Klerman of Harvard Medical School, Donald Klein of Columbia University and Bernard Carroll of Duke University.

The decision, in early 1984, found that the hospital had violated the standard of care for psychiatrists by treating with psychotherapy alone a patient suffering from severe clinical depression, when the accepted modern treatment for severe depressive illness was psychotherapy combined with drugs. Osheroff was awarded \$250,000, but both the hospital and Osheroff appealed, and a jury trial in the Maryland court system is scheduled for October.

Osheroff said that he appealed the arbitration panel's decision to the courts over the amount of damages because "certain issues were not presented. The board only dealt with the issue of negligence. It was not empowered to deal with the consequences of negligence. ... I had a tremendous practice. ... I made a lot of money."

The Osheroff case was termed "a landmark decision" in an article written by Katharine Livingston, executive editor of the California Law Review in Berkeley. It was the first judgment of negligence, she wrote, that was based on a psychiatrist's not

giving drugs, and it may have the effect of seriously damaging or even killing the "respectable minority rule," which for years has formed the basic defense to allegations of psychiatric malpractice.

The rule held that a physician did not violate a standard of care as long as the treatment used was accepted by a respectable minority of the profession.

Wrote Livingston: "The Osheroff case may indicate that once a large enough consensus exists as to the particular effective treatment for a given mental disorder, a practitioner who fails to administer that treatment will have fallen below the acceptable standard of care and will not be protected by the respectable minority rule."

The American Psychiatric Association's Peer Review Manual indicates that drug treatment is appropriate in 100 percent of cases of manic depressive illness or agitated depression. Treatment records introduced during the trial indicated that some Chestnut Lodge psychiatrists referred to Osheroff's condition as agitated depression. However, the prevailing opinion at Chestnut Lodge was that the depression was a symptom of Osheroff's diagnosed narcissistic personality disorder (difficulty in sustaining relationships because a person is wrapped up in himself), the treatment for which was intensive psychotherapy.

Philadelphia psychiatrist Paul Pink, who is president-elect of the American Psychiatric Association, described the Osheroff case as "seminal" and said that the message to psychiatry clearly is "you got to be more careful."

The case, he said, "will heighten awareness that correct diagnosis is critical" and perhaps push psychiatry into "some systematic policy to treat people with drugs while they get insight treatment. Some feel that if you're on drugs, you can't have psychotherapy, but that's not right."

Fink predicted that the case would "make the entire field of psychiatry arrive at a standard of treatment that is not liberal enough to allow exceptional treatment to take place. The respectable minority rule will go out — except for cases where diagnosis is difficult, where presentation of disease is atypical, or where there is no definite treatment for the disease. Then the respectable minority rule will stand up — because there's a reason to experiment."

Chestnut Lodge declined to comment and referred inquiries to its attorney, Alfred Scanlon Jr. of Baltimore. In an interview, Scanlon said that the impact on psychiatry of the case's going to court was "very difficult to predict. ... Unfortunately, it will make a number of psychiatrists fearful of how they treat patients, what modalities of treatment they give. It will make them gun shy and nervous. ... The result of the trial either will exaggerate or modify" this nervousness.

Scanlon said that "a lot has been said in this case about how places like Chestnut Lodge only use psychotherapy. But this is just not true. All reputable hospitals have different approaches. ... They may emphasize one over the other, but any competent psychiatric hospital uses all means when appropriate. ... The real question is not if drugs or psychotherapy are good or bad. The real question is: What is appropriate treatment? You have to remember that this is just a case of

alleged medical malpractice, although some would like to make it an attack on a certain type of psychiatry."

It is Scanlon's opinion that the respectable minority rule will not be affected by the outcome of the case because "if ever there was a case where the respectable minority rule had applicability, this is it. The mode of treatment [used by Chestnut Lodge] was in 1979 not used by the respectable minority but by the respectable majority."

Scanlon said that Osheroff's history of three marriages, five medical partners "and the general inability to sustain relationships" tended to support the hospital's diagnosis of narcissistic personality disorder.

In an interview, Osheroff said that his depression began in 1976 after he was told that his second wife was going to remarry and take their two sons to live in Europe. He often cried, felt sad and overburdened, he said. But then at some point, the depression "switched into something else, unlike anything I could have imagined. ..."

"This melancholia — that's what it was — was totally different, beyond my experience, the emptiness of feeling and bleakness. I had intense psychic pain, so overwhelming that death became one of the alternatives."

He was in a "state of constant motion," he said. "I couldn't control my pacing. When I'd lie down at night, my feet would move. ... I visited my mother in New York, and I couldn't sit at the table at the restaurant where we'd gone for dinner. I went out into the street and paced. At a movie, I'd have to leave my seat and pace behind the last row of seats."

In the months after his hospitalization, Osheroff wrote a manuscript titled "A Symbolic Death," part of which dealt with his endless pacing at Chestnut Lodge.

"I would pace for hours, all day long and well into the night, usually until an aide or a nurse would request that I return to my room and go to bed. ... I recall vividly the aides' joking about my continuous pacing. One day ... it was calculated that I would pace each day the equivalent of an 18-mile walk. Eighteen miles per day, 126 miles per week, 504 miles per month on foot ... in house slippers."

One day, Osheroff wrote, he went with other patients from the hospital to a picnic in a park below Washington's Shoreham Hotel, to which he had gone for many years to attend annual meetings of the American Society of Nephrology.

"I ate a few bites of chicken and cake ... and then I began my pacing ... and stood as a spectator of the bizarre aggregation of flagrantly psychotic, hallucinating creatures from another world. ... I looked at the window of the bus and saw my reflection. A dirty T-shirt, my pants roped around my body with a tie of a bathrobe, shoulder-length hair, unshaven. ..."

"I saw my reflection, and I knew that I was one of them ... the grotesque unnatural creatures. ... Here I was, once again at the Shoreham Hotel, a guest at a Mad Hatter's Tea Party, myself an apparition, a pacing, grotesque shell of the man who once was."

While he was hospitalized, Osheroff alleged, his medical practice was badly damaged by another physician who took over Osheroff's patients and tried to get his job as medical director at the

dialysis center. Osheroff filed a lawsuit against the physician and won a \$500,000 judgment, but, he said, "I'm not a whining rich guy." Half of the judgment went for taxes, he said, and his lawyer took \$170,000. This case and his efforts to get visitation rights with his sons have cost him legal fees of close to \$450,000, he said.

He is struggling in his medical practice, he said, because he lost many patients and because it's difficult for him actively to seek new patients. His confidence was "pulverized," he said, by the psychotherapy.

"After I came back into the world, I had to prove that I was sane. A lot of my patients defected because they thought that they would be in the hands of a nut, somebody from the loony bin. ... I don't have the entrepreneurial spirit I once had" when, in the early 1970s, he was among the first nephrologists who set up dialysis centers away from hospitals.

He has become something of a loner, he said.

Osheroff has been in psychotherapy three times a week since he came out of the hospital. "The goal of therapy is to help me feel connected to the world again. ... So much of the time I feel like the narrator in Our Town. I react to what others do, instead of being a mover myself. ... Therapy is trying to get me to think of the future, to think that I can have a future. To get me to think of the future has been a major task."

Obviously, therapy has helped Osheroff to believe that he has a future. This month he married a New York woman he has dated for the last two years.

The psychiatrist who has treated Osheroff for seven years is Francis Board of Washington. In an interview, he said that Osheroff suffered from "continuing bouts of depression that can be handled outside the hospital with medication."

Board described Osheroff as "very much an artist. He has the personality of an artist. He's very creative, very gifted in many fields. ... Certainly there are present what many would call narcissistic qualities, but nobody I know would seriously say that they add up to narcissistic personality disorder. They mean that he's an unusual person."

Board's prognosis for Osheroff: "I think it's good."

Family Album

LEVINE-ROSEN

Mr. and Mrs. Herbert Levine of Dover, N.H., announce the wedding of their daughter, Miranda B. Levine, to Dr. Michael B. Rosen, son of Mr. and Mrs. Frank Rosen of Wilmington, on June 7, 1987 at Adas Kodesh Shol Emnets Congregation, Wilmington, De. The bride is a graduate of Exeter Academy, Exeter, N.H. and The Johns Hopkins University. She is currently employed at General Accident Insurance Company, Philadelphia, as a technical writer. Dr. Rosen is a graduate of Brandyswone High School, Wilmington, The Johns Hopkins University and Hahnemann University Medical College. He is starting his residency in family practice at Chestnut Hill Hospital, Philadelphia. The bride wore a gown of white silk tulle with a four-length chapel train. She wore a fingertip veil of white illusion. Mrs. Abby Baumgardner and Mrs. Sandra Levine were the attendants. Mr. Neil Rosen served as best man for his brother Mr. Eric Exblatt was usher. After a wedding trip to St. Johns, Virgin Islands, the couple will reside in Philadelphia.

What's in the mail for Ann? Here's a sampling of letters

Dear Readers: Have you ever wanted to peek over my shoulder and see what crosses my desk every day? It occurred to me that you might find it interesting, so I've decided to share some samples from last week's mail. Here they are:

From South Bend, Ind.: Dear Ann Landers: My friend and I have a bet on. I say you wear a wig. Do you? We promise not to tell anybody. — J&S

Dear J&S: No wig, so help me. What you see is mine.

From Cincinnati: Dear Ann Landers: Please stick to problems, like man-wife, parent-child, boss-workers, etc. When you get into medical stuff it's boring. We have a doctor's column in our paper. He doesn't trespass into your territory so please stay out of his. — Plainspeak

Dear Plain: Thanks for your opinion. Here's another one.

From Chicago: Dear Ann: My husband is a physician. He says you are the nation's best source of medical information and that you educate millions of people every day. The good you do is inestimable. — Alice B.

Dear Alice: Kiss your husband for me.

From Edmonton, Alberta: Dear Ann Landers: Do you use a word processor? Aren't they wonderful? — K.L.J.

Dear K.L.J.: I do not use a word processor. My trusty IBM Selectric III has served me well for many years

By ANN LANDERS



and I see no reason to change.

From Omaha, Neb.: Dear Ann: How many pieces of mail do you get every day? Who screens it for you? — Nosy in Nebraska

Dear Nosy: I receive over 1,000 pieces of mail every day. One-third are booklet requests. Nobody screens my mail. The only way I can know what's going on out there is by reading the mail myself, and I do.

From Newark, N.J.: Dear Annie Baby: When are you going to retire? Not that I think you're over the hill or anything, but I know a lot of people who would love your job. — Kelly

Dear Kelly: Sorry, but I have no plans to retire. I, too, know a lot of people who would love my job. Those folks don't have the foggiest notion of what it takes to put out 365 columns a year. They're welcome to try it.

From Greensboro, N.C.: I've seen various pictures of you around the country and they all look ridiculously young. Why don't you use a

photo taken in this decade? — Truth in Labeling

Dear Label: We keep sending current pictures to our client papers and beg the editors to use them. If they refuse, it's not our fault.

Dear Ann: I saw you when you spoke in Palm Beach in February. You look better than your picture. — Dorothy R.

Dear D.R.: Thanks, dear. Tell it to "Label."

From Ashtabula, Ohio: Dear Ann Landers: What do you do in your spare time? — Just Wondering

Dear Just: Spare time? What's that? From Racine, Wis.: Dear Ann Landers: Who makes up those cutesy sign-offs, such as "Heartsick in Huntsville" and "Gagging in Galesburg"? — Roberta S.

Dear Roberta: Usually the writer. When I am asked not to use a name, I make one up.

From Fort Worth, Texas: What do you think of your average reader? — Ed C.

Dear Ed: My "average reader" is quite remarkable. There's a lot of wisdom and compassion out there. The loyalty and support of the readers is the fuel that keeps me going. They really are my friends.

What's the story on pot, cocaine, LSD, PCP, downers, speed? Can you handle them if you're careful? Send for Ann Landers' all-new booklet, "The Lowdown on Drugs." For each booklet ordered, send \$2, plus a long, self-addressed, stamped envelope (39 cents postage) to Ann Landers, Box 11862, Chicago, IL 60611-0862.

The typical victim of trauma injury is young and healthy. You, perhaps.

Each year, 150,000 young Americans die because of traumatic injury. It is, in fact, the leading cause of death among Americans under the age of 44.

We are dedicated to increasing the chances of survival, and believe that thousands of lives can be saved each year through the proper treatment of traumatic injuries.

The incidence of trauma injury rises during the summer months. We urge you to drive carefully, never drink and drive, always wear seatbelts, and exercise every precaution when you and your family engage in any outdoor activity.

Hospital of the University of Pennsylvania / Trauma Service

3400 Spruce Street • Philadelphia, PA 19104

