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Dr. Ann Marie O’Roark, Editor



Ann Marie O’Roark and  
Consuelo Barrera-  
Hanson, December  
2016.

### COLLEAGUES ALONG THE ICP, Inc. PATHWAY

Selby Botanical Gardens, Sarasota, Florida proved an ideal setting for two former ICP, Inc. presidents [Hanson-2008-9; O’Roark-2009-11] to enjoy a long, leisurely walk, reflecting on ICP people and places, what we have accomplished in our careers and what we look forward to

doing next. The elegant research gardens offered surprises at each turn and display, collections of rare and colorful species from Florida and around the world. Consuelo has been exploring the nook and crannies of the globe that she missed seeing while traveling to provide post-traumatic stress assistance wherever a major disaster occurred. She has concluded her time as head of the Australian government’s largest health and social services agency and is traveling while her new home is being built on Australia’s Gold Coast.

Consuelo and I served back to back presidential terms, organizing conferences in St. Petersburg, Russia, and Mexico City, Mexico. Our conversation was as wide ranging and full of diverse psychological topics as are the articles included in this *International Understanding* issue (IP56.4 Part B). The first section consists of three papers

focused on applied psychology, addressing primarily the nature of and psychology-based approaches to coping with human sadness and disappointment.

#### Statistical Analysis, Deep Breathing Meditation, and Intent-Impact Awareness

An in-depth look at *typical and atypical components of seasonal affective disorders* (SAD) using hierarchical multiple regression analysis is presented by **Alana Rawana, Josephine C. H. Tan, and Michael F. Wesner**, Lakehead University, Thunder Bay, Canada. They hypothesized that subjective stress is a moderator linking between seasonality and depression symptoms, showing stronger symptoms among individuals reporting higher levels of subjective stress than those at lower levels. The typical and atypical depression symptoms were examined separately because atypical symptoms have been found to develop earlier than typical symptoms in a SAD episode. While this study shows that severity of typical depression symptoms increases with greater subjective stress levels for both high and low seasonal individuals in the presence of high subjective stress, high seasonal people display more severe atypical depression symptoms than low seasonal individuals.

A recommended coping strategy for dealing with subjective stress is meditation. The second article in this group, by **Ani Kalayjian, Ed.D., DDL, BCETS, BC-RN, DSc (Hon)**, counseling services, New Jersey, USA, discusses meditation as a therapeutic intervention, *Meditation for Health, Happiness, and Meaning-Making*. Dr. Kalayjian describes the physiological benefits of “belly breathing.”

The third article, *Intent vs. Impact: A Leader’s Most Common Way to Stumble*, is a coping strategy from a different corner of the psychology discipline’s domains: industrial-organizational consulting practice. **Bill Berman, PhD and Taylere M. Joseph, PhD**, Berman Leadership Development, LLC., independent consulting services, provides two case studies of talented, well intended organizational leaders who splash into new groups, full of vision and reorganization ideas but meet resistance and failure. Why? They simply do not take time to listen to what the others are doing, thinking, and value, before jumping

Editor’s Summary	Page 1
PAPERS and ARTICLES	Page 2
Leadership Contact Information	Page 18
INDEX, Issues 56.2, 56.4	Page 21
Call for Secretary-General	Page 22

Con't from page 1

into “out with the old; in with the new”.

### TEXAS AREA CHAIR REPORT, STUDENT REPRESENTATIVE LETTER, AND A NEW YORK QUIZ

The second portion of IU56.4 introduces a new Area Chair and presents her first report to ICP, Inc., **Jun-chih Gisela Lin, Ph.D., ABPP**. She is a counselor at the Student Counseling Service, Texas A&M, College Station, TX. She is past president of the Asian American Psychological Association (AAPA). Welcome to Gisela Lin, and “thank you” for this review of events impacting psychologists in Texas. Texans are concerned with licensure and interjurisdictional matters related to who can themselves a psychologist or give diagnosis, when or how. Dr. Lin also comments on college students’ mental health and current treatment models.

Next is an open letter from Canadian Joshua D. Wright, to student members of ICP, Inc. He is inviting participation in the 2017 annual meeting and scientific program. Wright was elected/appointed to be graduate student representative to the ICP, Inc. Board of Directors. Mischelle Flormata of the Philippines is the other Council board’s student representative.

To set the stage for the 75<sup>th</sup> annual meeting and scientific program of the association, July 28-30 in New York City, Dr. Harold Takooshian, a Life Member, presents a quiz about famous psychologists and psychological institutions associated with New York. How many names will you recognize and match with the NY institution with which they were associated?

### TREASURER NANCY SIDUN MESSAGE, 2017 ICP, INC. 75TH CALL FOR PROPOSALS, GENERAL ANNOUNCEMENTS

The final section opens with a message from the new Treasurer, Dr. Nancy Sidun, Honolulu, Hawaii. Welcome and good wishes. Dr. Richard Velayo’s call for proposal submissions for the New York conference, July 28-30 [Council’s Board meetings come before-and-after ICP’s scientific program]. The wrap up of IU56.4 includes a few general announcements, along with the ICP membership application, leaders’ contact information, organizational structure, as well as the list of articles published in INTERNATIONAL UNDERSTANDING in Volume 56.

A special appreciation is sent to each of the Editorial Review Panelists who have given their time and talents to looking over, reading and commenting on materials in IP Volume 56. No issue went out that at least three ICP members had not reviewed and given suggestions or “good to go.” A special shout of thanks to those who reviewed articles for the IU sections.

Warm Regards,  
Ann Marie O’Roark, PhD.

### Subjective Stress Moderates the Link Between Seasonality and Atypical Depression Symptoms

Alana Rawana, Josephine C. H. Tan, and Michael F. Wesner, Lakehead University

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#### Abstract

This study investigates the moderator role of subjective stress in the relationship between seasonality and typical and atypical depression symptoms. Participants ( $N = 252$ ,  $M_{\text{age}} = 22.67$  years,  $SD = 7.84$ ) recruited from college populations and the general community completed self-report measures assessing seasonality, depression symptoms, and subjective stress. Results showed that subjective stress moderated a positive relationship between seasonality and atypical depression symptoms, but not the positive relationship between seasonality and typical depression symptoms. The strength of the seasonality – atypical depression symptoms relationship was greater at high stress than low stress levels, while the seasonality – typical depression symptoms did not vary as a function of stress levels. Possible explanations for the pattern of findings and implications for future research are offered.

*Keywords:* seasonality, subjective stress, typical depression symptoms, atypical depression symptoms.

Seasonal depression or seasonal affective disorder (SAD) is a syndrome where the depression symptoms recur in the fall/winter and remit in the summer (Rosenthal et al., 1984). Its hallmark characteristics are the atypical depression symptoms that include hypersomnia, hyperphagia, carbohydrate craving, weight gain, and lethargy. These symptoms are referred as atypical because they are the reverse of those that are typically found in nonseasonal depression (e.g., hyposomnia, hypophagia, weight loss). The degree of seasonal variation or seasonality can range from mild to clinical seasonal depression where there is marked impairment.

Seasonal variation in mood and behavior has been noticed for thousands of years (see Eastwood & Peter, 1988), and the deleterious effects observed by polar explorers (Mocellin & Suedfeld, 1991). Several studies have shown that the seasonal fluctuations affect individuals across the world with higher prevalence rates found in places at higher latitudes (e.g., Kegel, Dam, Ali, & Bjerregaard, 2009; Magnusson, 2000; Okawa et al., 1996; Rosen et al., 1990). Additionally, patients with extreme seasonality have been reported to experience a complete remission of their symptoms when they visit locations at lower latitude between the equator and 30° N (Terman et al., 1989).

Con't from page 2

Decreased duration of daylight hours during the winter is believed to be responsible for the development of SAD because the syndrome has been found to be highly responsive to light therapy (see review by Golden et al., 2005).

Evidence for the latitude effect, however, has been inconsistent (Rosen et al., 1990). Magnusson and Stefansson (1993) found that an Icelandic community had lower rates of seasonal depression compared to American cities located at lower latitudes. Elbi et al. (2002) assessed the prevalence of SAD in eight different samples in Turkey across different latitudes, and found no relationship between latitude and prevalence. It is postulated that other influences such as genetics, climate, and sociocultural factors need to be considered as well (Mersch, Middendorp, Bouhuys, Beersma, & van den Hoofdakker, 1999).

Not everyone who experience seasonal changes will have functional difficulties. Kasper and colleagues (1989) reported that although 92% of their US sample reported being seasonal, only 27% indicated impairment. Furthermore, a longitudinal study with Japanese patients with a seasonal pattern of depression symptoms showed that several who had subclinical SAD episodes developed full SAD after relocating to higher latitudes or experiencing stress or adverse life events (Sakamoto, Nakadaira, Kamo, Kamo, & Takahasi, 1995).

Stress is broadly defined as a threat to one's physical or psychological integrity that results in physiological and/or behavioural change (McEwen, 2000). Subjective stress is associated with the onset of major depression episodes (Lewinsohn, Allen, Seeley, & Gotlib, 1999; Mazure, 1998). Reduction in subjective stress level is coupled with a reduction in the severity of depression symptoms (Yusoff, 2011). Interestingly, Farabaugh et al. (2004) found that depressed outpatients who present with atypical features (e.g., mood reactivity, hypersomnia, hyperphagia, hypersensitivity to rejection, leaden paralysis) report experiencing higher levels of subjective stress than those who present with typical melancholic features (depressed mood, morning mood worsening, weight loss, insomnia, guilt). Taken together, these findings suggest that subjective stress is strongly linked to depression, especially to the atypical depression symptoms such as those reported by seasonal individuals.

The objective of the present study was to investigate the role of subjective stress in the link between seasonality and depression symptoms. Specifically, it was hypothesized that subjective stress would act as a moderator such that the link between seasonality and depression symptoms would be stronger among individuals who report higher levels of subjective stress than those at lower levels. The typical and atypical depression symptoms were examined separately because atypical symptoms have been found to develop earlier than typical symptoms in a SAD episode, suggesting that different etiological factors are associated

with the two symptom clusters (McCarthy, Tarrier, & Gregg, 2002).

## Method

### Participants

Participants were recruited from two post-secondary institutions and the general community. The sample consisted of 252 individuals (56 men, 196 women) whose average age was 22.67 years ( $SD = 7.84$ ). Most of the participants were students (92%), Caucasian (91%), and had high school diplomas (85%). About 18.65% of the participants had received a diagnosis of depression (including 2.35% with SAD), anxiety, or eating disorder.

### Procedure

The present study received research ethics approval from the institutional research ethics boards prior to its commencement. Data collection was carried out during the winter months of January to March. Individuals interested in the study were directed to a weblink where they could obtain information on the project and read a detailed consent form. Those who agreed to participate were re-directed to another weblink that contained the research questionnaires so that their identifying information on the consent form and their responses to the questionnaires would not be linked.

### Measures

**Seasonal Pattern Assessment Questionnaire (SPAQ; Rosenthal, Bradt, & Wehr, 1987).** One of the sections in the SPAQ comprises a set of six items that upon summation yields a global seasonality score (GSS). The GSS assesses the degree to which an individual experiences seasonal changes in sleep, socialization, mood, weight, appetite and energy level.

**Hamilton Depression Rating Scale – 29 item (HDRS-29; Rosenthal, Genhart, Sack, Skwerer, & Wehr, 1987).** This measure of depression has 29 items that are rated on a 5-point scale ( $0 = not at all to 4 = marked or severely$ ). Summation of scores over the first 21 items yields the typical depression score while the summation of scores over the remaining items produces the atypical depression score.

**The Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983).** This is a 14-item global measure of subjective stress that is rated on 5-point scale ( $0 = never to 4 = very often$ ).

### Results

The sample mean of the variables in the study were as follows: seasonality 9.73 ( $SD = 4.63$ ), stress 27.31 ( $SD = 7.75$ ), typical depression symptoms 18.02 ( $SD = 12.73$ ), and atypical depression symptoms 8.41 ( $SD = 7.08$ ).

Hierarchical multiple regression analysis (Frazier, Tix, & Barron, 2004) was used to examine the role of subjective stress as a moderator in the relationship between seasonality (predictor) and depression symptoms (criterion). Typical and atypical depression symptoms were examined in separate analyses. In each, the first-

Con't from page 3

order effects of the two centered predictors, seasonality and subjective stress, were entered in step 1 before their interaction term in step 2. A significant interaction effect would indicate a moderator effect.

In the regression involving typical depression symptoms, there was a significant effect,  $\Delta R^2 = .48$ ,  $\Delta F = 76.57$ ,  $p < .001$ . Seasonality ( $\beta = .15$ ,  $b = 1.95$ ,  $SE_b = .69$ ,  $p < .01$ ) and subjective stress ( $\beta = .60$ ,  $b = 7.67$ ,  $SE_b = .68$ ,  $p < .01$ ) were significant predictors such that higher levels of seasonality and subjective stress were associated with more severe typical depression symptoms. However, their interaction term was nonsignificant,  $\beta = .03$ ,  $b = .35$ ,  $SE_b = .55$ ,  $p < .01$ .

When atypical depression symptoms were regressed on seasonality and subjective stress, there was a significant effect,  $\Delta R^2 = .45$ ,  $\Delta F = 68.32$ ,  $p < .001$ . Both seasonality ( $\beta = .29$ ,  $b = 2.09$ ,  $SE_b = .40$ ,  $p < .001$ ) and subjective stress ( $\beta = .4529$ ,  $b = 3.18$ ,  $SE_b = .39$ ,  $p < .001$ ) were significant predictors in that higher seasonality and subjective stress levels were linked to more severe atypical depression symptoms. Their interaction term was also significant,  $\beta = .15$ ,  $b = .96$ ,  $SE_b = .3140$ ,  $p < .01$ . This was followed up with simple slopes analysis (Aiken & West, 1991). The slopes were significant at both low level [ $z = -1$ ;  $b = .24$ ,  $t(248) = 2.13$ ,  $p < .05$ ] and high level [ $z = 1$ ;  $b = .65$ ,  $t(248) = 6.41$ ,  $p < .001$ ] of subjective stress. The slopes differed significantly [ $b_{diff} = -.69$ ,  $SE_{pooled} = .07$ ,  $t(76) = -9.91$ ,  $p < .001$ ] with the slope being steeper at high level than low level of subjective stress.

## Discussion

The findings support the view that the strength of the link between seasonality and depression symptoms is stronger at high than low levels of subjective stress. However, this was observed only for the atypical depression symptoms and not for the typical depression symptoms. To put it differently, the study shows that in the presence of high subjective stress, high seasonal people display more severe atypical depression symptoms than low seasonal individuals. However, the severity of the typical depression symptoms increase with greater subjective stress levels for both high and low seasonal individuals.

It is not clear what might account for the pattern of findings in the study. There are three possible explanations. First, the atypical depression symptoms that constitute the hallmark characteristics in SAD are associated with greater emotional sensitivity (Bagby, Schuller, Levitt, Joffe, & Harkness, 1996) and neuroticism (Ennis & McConville, 2004; Enns et al., 2006; Murray, Hay, & Armstrong, 1995), which in turn is linked to greater stress reactivity (Bolger & Schilling, 1991; Suls & Martin, 2005). Perhaps these psychological factors serve as a common integrative path whereby subjective stress gives rise to the atypical depression symptoms in high seasonal individuals. Second, there is plenty of evidence to show

that subjective stress affects physiological functioning (e.g., McEwen, 2007). It is possible that subjective stress serves to augment the expression of the atypical depression symptoms that are physiological in nature (e.g., sleep, appetite, body weight, energy) to a greater degree among high seasonal than low seasonal individuals.

The third plausible explanation bears on the neuroendocrine differences between the melancholic depression (reflected by typical symptom) and atypical depression (e.g., see Stewart, McGarth, Quitkin, & Klein, 2007) that include the stress response system, and in particular the corticotropin releasing hormone (CRH). The CRH is part of the body's stress response instigated by the hypothalamic pituitary-adrenal (HPA) axis, and is implicated in food intake restriction during times of stress (e.g., Dickerson & Kemeny, 2004; George, Khan, Briggs & Abelson, 2010; Gold & Chrousos, 2002). Research shows that the HPA is overactive in melancholic depression but hypoactive in atypical depression (Asnis, McGinn, & Sanderson, 1995; Gold & Chrousos, 2002; Jureana & Cleare, 2007) so that there is less CRH with correspondingly lower than normal production of adrenal cortical stress steroids. Hypoactivity within a core stress system can result in the downregulation of the critical arousal response to stress that is needed to counteract the negative effects of stress (Gold & Chrousos, 2002). Perhaps among seasonal individuals, the HPA hypoactivity and subsequent lower levels of CRH render them less capable of compensating for the stress effects, which results in a depression episode with more prominent atypical symptoms.

The findings from the present study indicate that subjective stress might help to explain the variation in the severity of depression symptoms among those who are high seasonal, and speak to the importance of stress management among those most vulnerable to experiencing seasonal depression. They also point to the complex interplay among biological, psychological, and environmental factors that contribute to the development of SAD, and to possible directions for future investigations (e.g., see Imai, Kayukawa, Ohta, Li, & Nakagawa, 2003; Mersch et al., 1999; Palinkas, 2003). Research on health in the geographically extreme regions of our world is an important and timely topic given that human traffic to the Arctic and Antarctic will increase given the interest in the polar regions for the purpose of scientific expeditions, oil and mineral exploration, and recreational travels, as well as the international focus on climate change.

The results from the present study have to be viewed with a few caveats in mind. The sample was quite homogeneous consisting mostly of college students, women, and individuals who did not have clinical depression despite having seasonal variations in their mood and behavior. The study was conducted in a city located at latitude 48°N, and it is not known whether the findings are replicable across samples and locations. Finally, there are many other factors besides subjective stress that can affect

Con't from page 4

the development and severity of seasonal depression. Environmental and psychosociocultural factors, as well as biological and psychological vulnerability need to be examined as well.

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Con't from page 5

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**Meditation for Health, Happiness, and Meaning-Making**  
By Ani Kalayjian, Ed.D., DDL, BCETS, BC-RN, DSc (Hon)

*You are never more essentially, more deeply, yourself than when you are still. Eckhart Tolle*

*Meditation is a process that cleanses the mind of impurities. It cultivates such qualities as concentration, awareness intelligence and tranquility, leading finally to the attainment of the highest wisdom.*

*U. Thant, secretary-General of the United Nations, 1961-1971*

“Meditation” in its modern sense refers to the yogic meditation that originated in India. In the late 19th century, theosophists adopted the word “meditation” to refer to various spiritual practices drawn from Eastern religions such as Hinduism, Buddhism, and Sikhism. Thus the English word meditation does not exclusively translate into any single term or concept. Meditation has been helpful to reduce stress, reduce symptoms of Post-traumatic Stress Disorder (PTSD), as well as anxiety and depression. Meditation is an ancient practice that has been in existence for centuries, but only in the last two decades has scientific research supported its usefulness and effectiveness. This article will provide an overview of the benefits of meditation for those traumatized, as well as share its general benefits.

Through breath, meditation links our body with our heart and mind, providing emotional self-mastery and mindfulness. Mindfulness helps us practice self-love. Love is the center and the pendulum of duality swinging back and forth from positive-negative, masculine-feminine, light/darkness, yin/yang. Some historical researchers observe that, throughout the course of existence, we have swung farther and farther into the realm of polarities. All disciplined religions incorporate some form of meditation. Meditative quiescence is said to have a quality of healing and of enhancing creativity. The Prophet Muhammad spent sustained periods in contemplation and meditation. It was during one such period that he began to receive the revelations of the Qur'an.

There is an abundance of research indicating the effectiveness and usefulness of meditation for relaxation, stress reduction, cognitive decline, reduction of anxiety, and PTSD related disorders. A recent research study conducted by Zeidan (2005) looked at how meditation impacted adults ages 55-90. Results showed that 8 week meditation significantly improved retrieving memories, decrease atrophy in the hippocampus, and decrease anxiety and stress.

*Con't from page 6*

There is a special designated room for meditation at the United Nations, and Mr. Hammarskjold, Delegates, Ambassadors and Non-Governmental Organization Representatives frequent the meditation room before important meetings. Meditate for Peace by David Wilcock (2013) indicated that 7000 people got together and meditated--and global terrorism went down by 72 percent. Similarly dramatic decreases were seen in war, fatalities and violent crime.\* Seventy years ago, the United Nations was founded on the principles of dignity, peace, justice and cooperation. UN's Secretary-General Dag Hammarskjold stressed the relevance of these values stating: "Unless there is a spiritual renaissance, the world will know no peace."

This positive impact of meditation has been documented in numerous peer-reviewed publications, including the Journal of Offender Rehabilitation <http://divinecosmos.com/start-here/davids-blog/1123-boston>). According to several research studies, mindfulness meditation -- a practice that encourages focusing attention on the present moment -- can ease emotional stress. And evidence is mounting that mindfulness also may have key benefits for physical health -- from lowering blood pressure to helping curb addiction. A new study conducted by researchers working in Wisconsin, Spain, and France shows that mindfulness can even affect our genes. Specifically, the study shows that mindfulness can limit the "expression" of genes associated with inflammation (<http://m.huffpost.com/us/entry/4391871>).

A recent National Institutes of Health (NIH) grant proved meditation's effectiveness in generating alpha brain waves, which are relaxing and conducive to the sleep state. When our mind is tranquil and serene, our body then follows the mind's lead and relaxes, thereby releasing fears and creating a metabolic state that is tranquil and pure consciousness. This state is not only free of fear and pessimism, it's also a more optimistic state that heightens problem-solving skills and promotes an expanded view of the world in which we live and our role in it.

A review of scientific studies identified relaxation, concentration, an altered state of awareness while suspending logical thought, and the maintenance of a self-observing attitude as the behavioral components of meditation; this mode is accompanied by a host of biochemical and physical changes in the body that alter metabolism and decrease heart rate, respiration, blood pressure, and brain chemistry. Meditation has been used in clinical settings as a method of stress and pain reduction (Kalayjian, 2002). According to the 2012 National Health Interview Survey (NHIS), which included a comprehensive survey on the use of complementary health approaches by Americans, 17.7 percent of American adults had used a dietary supplement other than vitamins and minerals in the past year. These products were the most popular complementary health approach in the survey. Approximately 8% used meditation(<https://nccih.nih.gov/health/integrative-health>.)

Meditation is used widely for traumatized individuals. ATOP Meaningfulworld Humanitarian Teams have used meditation in over 45 countries around the world with great success, meditators stating: "I came in with a headache and after the meditation my headache is gone," "I had a pressure in my chest, feeling short of breath from my trauma, now after the meditation I feel the pressure is released," exemplified some of the responses. Research conducted with veterans' to address the levels of PTSD. Interventions included yoga (Kearney, McDermott, Malte, Martinez, & Simpson, 2012), meditation and mindfulness based cognitive therapy (Rosenthal, Grosswald, Ross, & Rosenthal, 2011). Results indicated a statistically significant reduction of stress and anxiety (Stoller et al. 2012), daytime dysfunction and Hyperarousal (Staples et al, 2013), decrease of depression (Kearney et al. 2012).

Meditation has been integral in all deliberations in the Association for Trauma Outreach & Prevention (ATOP) at Meaningfulworld. Meditation is utilized at the beginning and end of all our monthly training and empowerment programs as well as at all of our humanitarian global outreach projects. Although most religions incorporate some form of meditation, at ATOP Meaningfulworld, we focus on the healing and integrative aspects of meditation and its mind-body-eco-spirit effect, and therefore, it is not based on any religious foundation.

ATOP integrates meditation in the final stage of the seven-step healing framework, in the 7-Step Integrative Healing Model (Biopsychosocial and Eco-Spiritual Model). At ATOP Meaningfulworld we use meditation to reduce stress in the central nervous system (CNS) and to strengthen the immune system. Our mind wanders and moves inward and outward like a pendulum: When we are able to relax the CNS, we are relaxing our mind. Relaxation is challenging for many individuals, especially for those who live in a culture that over-identifies with production and volume of doing, rather than being mindful and conscious.

Breath is the foundation and center of any meditation. Breath management is essential for traumatized people, when they experience shallow chest breathing, and shortness of breath. Based on the fight-freeze-flight protection system, our past traumatic history may have inhibited complete expression of our breath. When we start breathing deeply, diaphragmatically, or through our belly, we bring the breath below the chest and lungs, we are able to heal the remaining suffering of old trauma, we are empowered -- we establish a healthy distance between the traumatic memory and its effect on our emotions and our physical body (Kalayjian, 2015).

Meditation helps us ignite the fire within, activating our passion and love for humanity and Mother Earth. In order to create fire, we need two things: oxygen and fuel. Oxygen intake and distribution improves with meditation. Oxygen helps us expand our thoughts, concentrate on the important, and relax the joints, muscles, as well as our

Con't from page 7

internal organs. Breath provides the fuel to ignite passion and commitment to serve ourselves, our families, and the human family at large.

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\* Skeptics argue about if these data are "real." The fact is that those who meditate report improvements in their lives.

### Intent vs. Impact: A Leader's Most Common Way to Stumble

Bill Berman and Taylere M. Joseph. Berman Leadership Development, LLC.

Alana was a brilliant scientist with a history of developing big data techniques and leading successful academic research teams. A large global pharmaceutical organization recruited her as they looked to commercialize information and insights. She was an ideal candidate to push the business through a difficult and urgent strategy change. When she arrived, she found an organization that was years behind the field in terms of technology and approach.

Immediately, Alana began shifting resources, reorganizing her team (of more than 100 people), and informing other executives how she was planning to make the shift. To do this, she took over various resources and projects. Her message was that she would lead the company into the 21st century of big data. Not surprisingly, most of the executives and other employees considered her a "bull in a china shop." They saw her as overreaching her authority, undermining their teams, lacking in focus, and disrupting years of work. Sadly, after a year in the role, she had accomplished few of her business objectives, alienated a number of people, and caused her team to stall. Moreover, she was angry that others were getting in her way.

Alana was guilty of one of the most common mistakes for business leaders: She confused the *intent* of her communication with the *impact* of her communication. She had generally good intent, as do most of the leaders I have worked with. Most executives intend to motivate their people, build the business, and grow the talent. Yet oddly enough, the message they give others is often the opposite of what they mean to give (Tost, Gino, & Larrick, 2013)!! For Alana, her intent was to accelerate change, but her impact was to slow things down, alienate others, and create internal strife rather than collaboration.

Let me give another example. Danny was the CEO of a global consumer products group (Note: Both scenarios are real, but the names and industries are changed) who had a powerful intellect and enormous curiosity. He knew his organization needed to explore many ideas and evaluate their potential benefits, even if they did not ultimately follow through on the vast majority of them. His intent was to find the best ideas and pursue them, discarding others, even very good ones when there were better ideas. The benefits were so clear to him that he assumed everyone else understood this as well. After conducting a 360 survey for him, I told him that, despite his *intent*, his *impact* was that people saw him as shifting direction or emphasis, and creating pointless work for others. This caused people to be *less motivated* to explore ideas, because they felt the effort would be wasted. He shifted his approach, creating an internal innovation group dedicated to exploring new ideas and opportunities. For the rest of his team, he defined the critical few initiatives that remained consistent over longer time. This made them feel productive and effective, improved morale, and yielded more innovative ideas.

Why does this happen? Quite simply, people perceive their own behaviors very differently than others perceive them. We see our own behaviors as situationally based, while we attribute other people's behavior to personality or character (known as the fundamental attribution error; Jones & Harris, 1967). In addition, what motivates one person may cause stress for another. In both of these situations, the leader saw the value of change and flexibility, while many of their team members valued stability and consistency.

*How do you find out when your intent and your impact conflict?* This is always a challenge, so a few different steps are worth trying:

- Most important, remember that other people do not see things the same way you do, do not feel the same as you, or interpret the world the way you do. Consider different people's perspectives on things like change, drive, structure, process, big picture, and small details.
- Ask your team for feedback on the things you are trying to accomplish - and listen to their answers. If you think they won't be completely candid, ask your HR partner to collect the data and summarize it.
- Ask yourself, "Am I frustrated that things aren't moving in the direction I want, despite my best efforts?" If the answer is yes, then you may have an *intent vs. impact* problem.
- Imagine if your manager said what you are saying? What would you think? How would you feel?
- Try a thought experiment (or maybe even a real experiment) - Imagine doing the opposite of what you have been doing and consider what would happen. If you have been pushing people hard, what would happen if you rewarded what they have already done? If you



Con't from page 8

have been advocating for a point of view to no avail, what would happen if you listened to others' points of view? If you have been promoting change, consider what would happen if you emphasized what in their environment is staying the same

Feel free to share your experiences of *intent vs. impact* conflicts. I'm happy to discuss them with you to look for solutions.

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### Texas Area Chair Report

Respectfully Submitted  
Jun-chih Gisela Lin, Ph.D., ABPP

**To: Dr. Sandra E. Neil, FAPS, ICP World Area Chair Co-ordinator**

**Email: DrNeil@satiraustralia.com**

It was a great honor to be appointed to be Area Chair of Texas by Dr. Sandra Neil. My name is Jun-chih Gisela Lin (also known as Gisela Lin). I am a board certified counseling psychologist working at the Student Counseling Service at Texas A&M University in College Station, Texas since 1993. I am a Past President of the Asian American Psychological Association (AAPA) and co-Founder of the Taiwan Psychology Network (TPN). I was asked to write a report on the major events currently affecting psychologists and mental health fields in Texas.

#### LICENSURE ISSUES

One of the biggest events in Texas this fall is that the Texas State Board of Examiners of Psychologists (TSBEP) is under review by the Legislature as required under the Texas Sunset Act. The Texas Legislature passed the law ("Texas Sunset Act") in 1977, creating a commission to review state agencies that regulate all licensed professions. The commission's purpose is to determine if these agencies should be continued or abolished. The Sunset Commission consists of 12 individuals (five state senators, five state representatives, and two members of the public).

The Commission staff reviews the agency self-evaluation report, in addition to reports from stakeholders, individuals, or organizations who might have an interest in psychology. Once the Commission has reviewed the staff's recommendations, they begin holding public hearings.

"Since Jan. 1, 2016, two cases have resulted in final decision which negatively impact the future of the practice of psychology in Texas. The first case comes out of the U.S. 5<sup>th</sup> Circuit Court of Appeals in New Orleans, LA; the other comes from the 3<sup>rd</sup> Court of Appeals in Austin Texas. *Serafine v. Branaman*, 810 F.3d.353(5th Cir. Tex. 2016). (source: <http://www.texaspsyc.org/events/EventDetails.aspx?id=858821> From the TSBEP Newsletter, Vol. 30, No. 2, Fall 2016 Edition)

This case involved a challenge to the Psychologist's Licensing Act ("the Act") by an unlicensed individual holding herself out as a psychologist during a political campaign. Although the Board prevailed in the trial court, the agency was ultimately unsuccessful on appeal. In summary, the court held that Section 501.003(b)(1) of the Act was unconstitutional to the extent that it restricted an unlicensed individual from using the title "psychologist" in the context of campaign speech.

The court also went on to hold that Section 501.003(c) of the Act, the portion of the law that defines what the practice of psychology in Texas includes, was overly broad and as a result unconstitutional. *Tex. State Bd. Of Examiners of Marriage & Family Therapist v. Tex. Med. Assoc.*, 458S.W.3d 552 (Tex. App. Austin 2014).

#### MARRIAGE AND FAMILY THERAPISTS

The second opinion which was handed down on Nov. 21, 2014 was the project of a lawsuit brought by the Texas Medical Association ("TMA") which sought to invalidate several rules promulgated by the Texas State Board of Examiners of Marriage and Family Therapists ("LMFT Board"), claiming the rules impermissibly expanded the scope of practice of marriage and family therapists. More specifically, the TMA claimed that the rules permitted marriage and family therapists to make diagnoses, when no such authority was found within the LMFT Board's enabling legislation. The TMA prevailed at trial and in the 3rd Court of Appeals. The LMFT Board sought review of the underlying appellate court's decision by the Texas Supreme Court. This case is of particular importance to the Board and its licensees because psychologists regularly make diagnoses, yet the Psychologists' Licensing Act contains no express mention of the term 'diagnose' or any of its derivatives."

**These two cases highlight the issues of "Who can call themselves psychologists?" and "Should diagnosis be included in the definition of the practice of psychology?"**

Board further pointed out the Sunset review process provides the opportunity for the licensees and members of the public to express any comments or concerns they may have about the effects of these two cases on the delivery of mental health services in our state.

As a stakeholder of psychology and within the Sunset review process, the Texas Psychological Association ("TPA") Executive Director David White spoke at a

Con't from page 9

workshop on “TPA’s Views on the Current State of Psychology and Sunset Legislation”. He indicated that TPA supports the change to include “diagnosis” in the definition of practice of psychology. TPA also supports the maintenance of the doctoral standards for psychologists; supports maintaining an oral exam requirement for licensure (Texas Occupations code, Sec. 510.256. EXAMINATIONS); and supports maintaining TSBEP as an independent board.

### INTERJURISDICTIONAL COMPACT

In addition, TPA also suggests the adoption of The Psychology Interjurisdictional Compact (“PSYPACT”). Currently, psychologists licensed in State of Texas may only practice psychology within Texas. By supporting the proposal to adopt PSYPACT into law, TPA supports PSYPACT in offering a cooperative agreement enacted into law by participating states to authorize both telepsychology and temporary in-person, face-to-face practice of psychology across state line in states adopting PSYPACT.

PSYPACT certifies that psychologists meet acceptable standards of practice and thus offers a higher degree of consumer protection in participating states. For more information on PSYPACT, email [info@psypact.org](mailto:info@psypact.org). Another important development in Texas state law went into effect in August 2015 requiring mental health resources and suicide prevention services be given to all incoming college students. The Texas Legislature passed Senate Bill 1624 on June 18, 2015 which requires universities to show students a live presentation or video with information about mental health and suicide as part of their orientation. Lawmakers previously passed House Bill 197, which requires universities to create a website with information on how to access mental health resources (source <http://www.dailytexanonline.com/2015/09/02/bill-requiring-mental-health-suicide-prevention-resources-at-texas-university>).

### COLLEGE STUDENT MENTAL HEALTH

Recently, Texas A&M Student Counseling Service Executive Director, Dr. Maggie Gartner, along with other Texas counseling center directors testified to a Texas legislative committee on college mental health needs, hoping to secure funding for college mental health care. With the increase demand by students requesting counseling services, the Student Counseling Service at Texas A&M University adopted an innovative approach to on-line counseling system using Therapist Assisted Online (“TAO”).

Students are assigned to use the modules (CBT-Anxiety, Acceptance and Commitment Therapy, Behavioral Activation) in conjunction with therapy, or may use it via videoconference meeting with their counselor weekly through a secure platform. In addition, TAO also provided self-help resources (e.g., mindfulness library) for low risk clients According to TAO Connect Inc., Therapist

Assisted Online (TAO) is an innovative platform of online tools to deliver effective mental health treatments. TAO tools include high production quality online educational modules, practice tools that can be used on a mobile device, text message reminders, a videoconferencing tool, a weekly progress measure, and a therapist dashboard that displays client efforts in the platform each week. TAO is HIPAA and HITECH compliant and maintains the highest standards of privacy and security. It has cloud based data sites in the US and Canada. TAO has been demonstrated to improve outcomes over face-to-face treatment in a controlled trial (Benton, Heesacker, Snowden, & Lee, 2016)\*. For more information on TAO, call 844-438-8262, <http://www.taoconnect.org/>

\*Benton, S. A., Heesacker, M., Snowden, S. J., & Lee, G. (2016). Therapist-assisted online (TAO) intervention for anxiety in college students: TAO outperformed treatment as usual.

Professional Psychology: Research and Practice, <http://dx.doi.org/10.1037/pro0000097>

Respectfully submitted by Jun-chieh Gisela Lin, Ph.D., ABPP



### A LETTER TO STUDENTS FROM JOSHUA D. WRIGHT, MA. THE COUNCIL BOARD OF DIRECTORS: STUDENT REPRESENTATIVE

You are receiving this email because you are currently listed as a student member of the International Council of Psychologists. ICP is undergoing many changes currently, including the election/appointment of myself and Mischelle Flormata of the Philippines ([mischelleflormata@gmail.com](mailto:mischelleflormata@gmail.com)) as student representatives to the executive board.

A number of activities are currently being discussed in an effort to increase student involvement in our organization.

- First, Mischelle and I will act as a liaison between the executive board and you.
- Second, we will forward important information (i.e., grant information, award information, etc.) to you throughout the year. Of course, this will include information from ICP itself but I will also include outside awards and grants that you may wish to apply for. As this is an international organization, we will be unaware of many opportunities that many of you may know of. If you pass this information to me or Mischelle, we will ensure that it circulates to our other members.

Con't from page 10

**NEW YORK CITY JULY 28-30, 2017  
ICP, INC ANNUAL BOARD MEETING AND  
SCIENTIFIC PROGRAM**

- Third, there are tentative plans to coordinate a symposium at the 2017 conference in New York with our student members. One possibility is to organize a symposium on the cultural differences in the practice of psychology (and training of psychologists) among our various member countries. **If this interests you OR you have other ideas, please let me know so we can coordinate this effort for the 2017 conference.**
- Fourth, there is the possibility of organizing methods workshops via the web. Possibilities could include working with cross-national data, topics in multi-level modeling, topics in SEM, scale development, working with qualitative data. This would be an avenue of professional development to gain training in topics that may not be taught within your program. **If this is of interest to you, please let me know.**

Let me know if you are interested in teaching a workshop and/or participating and what topics you would be interested in learning or teaching).

We endeavor to use ICP to increase cross-national research collaborations. In an effort to support this, we need to update our records. Please let me know your country of residence, current program (e.g., Third year PhD student, social psychology), and your current research interests.

**ANNUAL GRADUATE STUDENT INABSENTIA  
POSTER EXHIBITS**

As the Co-coordinator of the 2017 Dayan-O'Roark-Barreda-Communitarian Award, I encourage you to consider submitting a poster for the 2017 conference (details to follow). Dr. Anna Laura Comunian, University of Padua, Italy, has served as Chair of this special opportunity program geared for graduate students who cannot afford to travel to conferences in other countries. The call is for studies that address international topics, especially those that are related to the annual topic selected for the ICP, Inc. annual meeting and scientific program. The posters submitted [upon acceptance of a proposal submitted to myself or Dr. Comunian] and sent to the annual conference site, this year Pace University, are placed on exhibit throughout the days of the gathering. Senior members review the posters and the top three receive awards. Top award of \$100 and two awards of \$50 each. InAbsentia Posters are evaluated on content and presentation.

NOTE: Poster proposals are also accepted from all attendees and are scheduled for presentation during the conference schedule. These are not considered InAbsentia Posters.

This is all for now. Keep these things in mind and do reach out with any questions, comments, or suggestions.

Sincerely,  
Joshua D. Wright  
ICP Student Board Representative  
Joshua D. Wright, M.A. ;Department of Psychology; Social Science Centre, 6325;University of Western Ontario; 1151 Richmond Street; London, ON, Canada N6A 5C2; jwrig42@uwo.ca; www.joshuadavidwright.com

**Psychology in New York City:  
Its fascinating history**

Harold Takooshian & Leonard Davidman,  
*Manhattan Psychological Association*

How much do we know about the rich history of psychology in different regions of the world? After Wilhelm Wundt formed his historic one-room "psychology laboratory" in Leipzig in 1879, this laboratory quickly expanded by 1897 "to 14 rooms, filled with students from 20 nations--from Japan to Chile" (Takooshian et al., 2016). How fascinating it would be to learn more of the very different history of psychology in these many regions--in Africa, Asia, Australia, Europe, North and South America.

Starting in 2014, the Manhattan Psychological Association expanded its ken to include "All things psychological in Manhattan." As part of this, a few of us began assembling and sharing information on the fascinating history of psychology in the City, noted at our website, [www.mpapsych.org](http://www.mpapsych.org). For example, New York has been the home of a remarkably diverse array of psychologists (Table 1) and institutions (Table 2). Psychology has flourished in many regions, none more than in New York City.

Table 1. Some key psychologists in New York City

a. Anne Anastasi	b. James Cattell	c. Kenneth B. Clark	d. Mamie P. Clark
e. Florence L. Denmark	f. Albert Ellis	g. Carl G. Jung	h. Bruno Klopfer
i. William Marston	j. Abraham Maslow	k. Margaret Mead	l. Stanley Milgram
m. Neal Miller	n. Jacob L. Moreno	o. Ivan Pavlov	p. Harold Proshansky
q. Carl R. Rogers	r. Burrhus F. Skinner	s. Frank Stanton	t. John B. Watson
u. Margaret Floy Washburn	v. David Wechsler	w. Philip G. Zimbardo	x. Wilhelm Reich
y. Orson Lorenzo Fowler	z. Jerome S. Bruner		

Con't from page 11

Table 2. Some key institutions in New York City

- A. Columbia B. CUNY C. Fordham D. New School University E. NYU  
 F. Rockefeller G. AWP Association for Women in Psychology H. Science Magazine  
 I. ICP International Council of Psychologists J. The Psychological Corporation  
 K. ACP Association of Consulting Psychologists L. Bellevue Clinic  
 M. AAAP American Association of Applied Psychology N. Ellis Island  
 O. SPSSI Society for Psychological Study of Social Issues P. Northside Center

Table 3. How much do we know about psychology in New York?

People (letters a to z, above)

- \_\_\_\_\_ 1. In 1987, s/he was the first one to receive the U.S. National Medal of Science for Psychology.  
 \_\_\_\_\_ 2. S/he resigned Johns Hopkins in 1922, and became a NYC advertising executive through 1945.  
 \_\_\_\_\_ 3. S/he created the comic book star "Wonder Woman," while researching scientific lie detection.  
 \_\_\_\_\_ 4. While on a U.S. speaking tour from Europe, s/he was mugged near Grand Central Station.  
 \_\_\_\_\_ 5. S/he was a young bohemian in Greenwich Village before discovering psychology, and publishing the *Behavior of Organisms* (1938).  
 \_\_\_\_\_ 6. S/he was training for the ministry before completing a psychology doctorate at Teacher's College and creating "Client-centered psychotherapy" in 1942.  
 \_\_\_\_\_ 7. After earning the MA in psychology, s/he switched to become a leader in anthropology.  
 \_\_\_\_\_ 8. Before becoming social psychologists, these two teens were buds and classmates at Monroe High School, class of 1949. (Neither Professor was ever an "Associate professor.")

Programs (letters A to P, above)

- \_\_\_\_\_ 9. In 1891, the first NYC school to form a psychology department.  
 \_\_\_\_\_ 10. This NYC university has more faculty than students.  
 \_\_\_\_\_ 11. In 1968, this became the first U.S. school to offer a PhD in "Environmental Psychology."  
 \_\_\_\_\_ 12. Formed in 1919, this NYC school became a haven for European emigrés like Max Wertheimer.  
 \_\_\_\_\_ 13. This school formed the Catholic Psychological Association, which later became APA Division 36, Psychology of Spirituality and Religion.  
 \_\_\_\_\_ 14. In 1921, Cattell formed this still-active psychology group to offer testing to industry.

Social issues

- \_\_\_\_\_ 15. James Cattell was the founder and Editor of this scholarly journal for 50 years.  
 \_\_\_\_\_ 16. She was a pioneer in the field of gender studies, including a new course and book on *Women: Dependent or independent variable?*  
 \_\_\_\_\_ 17. In 1912, s/he broke with Freud by delivering a series of lectures at Fordham Medical School.  
 \_\_\_\_\_ 18. In 1954, this duo's race research was cited by the U.S. Supreme Court in *Brown v Bd of Ed.*  
 \_\_\_\_\_ 19. In 1976, this psychology group was first to earn consultative status with the United Nations.  
 \_\_\_\_\_ 20. In 1937, this break-away group of APA clinicians later rejoined APA as "division 12."

20 answers: psychology in New York City

1a. In 1987, **Anne Anastasi** (1908-2001) was the first one to receive the U.S. National Medal of Science for Psychology, from President Ronald Reagan in the White House Rose Garden. Her entire 71-year career was in a 12-mile radius of her home at 121 East 38 St. in Manhattan: Columbia (1926-1930), Barnard (1930-39), CUNY-QC (1939-1947), Fordham (1947-2001).



2t. After **John B. Watson** (1878-1958) was forced to resign from Johns Hopkins in 1920, he became a highly paid ad executive for J. Walter Thompson in NYC, where he led several accounts like Maxwell House, till his retirement at age 65, and death at age 80.



3i. **William Moulton Marston** (1893-1947) earned his LLB and PhD at Harvard before developing the polygraph, and creating "Wonder Woman" for Marvel Comics in December of 1941—a feminist hero who was strong yet womanly.



4o. **Ivan Pavlov** (1849-1936) managed to survive Stalinist Russia (unlike V.M. Bekhterev), but was mugged in Grand Central upon his arrival in NYC in 1923, and lost all \$800 he had.



Con't from page 12

5r. **Burrhus Frederick Skinner** (1904-1990) earned a BA in English in 1926, and was a failing writer in Greenwich Village when he switched to psychology, and completed his PhD in 1931 at Harvard—where he ultimately died in 1990.



6q. **Carl R. Rogers** (1902-1987) was training for the ministry at Union Theological Seminary in 1924-26, and moved to Teachers College to earn his PhD in 1931, and a unique approach to therapy.



7lw. **Margaret Mead** (1901-1978) called herself a “spoilt psychologist.” After completing her MA in psychology in 1923 at Columbia, she went to research in Samoa in 1926, then switched to Anthropology for her PhD at Columbia in 1929.



8k. Teenagers **Stanley Milgram** (1933-1984) and **Philip G. Zimbardo** (1933-) were buds at Monroe H.S. class of 1949, who went on to their PhDs and careers in social psychology. (Neither was ever an “associate” professor.)



9b. At Columbia University, Wundt’s student **James McKeen Cattell** (1860-1924) formed the first NYC psychology department in 1891, after coining the term “mental test” in the journal *Mind* in 1890.



10F. **Rockefeller University** was formed in 1901, as the nation’s first biomedical institute. It continues to be a large, elite, sprawling, but highly restricted NYC university in Manhattan’s East 60s, where faculty outnumber students. It has had 24 Nobel laureates.



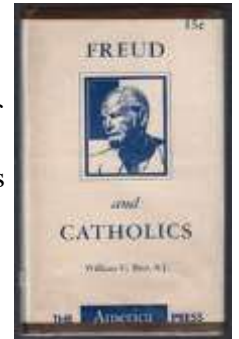
11B. The elite **CUNY Graduate Center** at 33 West 42 Street was the first in the USA to form an Environmental Psychology doctoral program in 1968, under Harold M. Proshansky (1930-1990), who was the School’s President for 18 years (1972-1990).



12D. Formed in 1919 as a progressive school, the **New School University** became a magnet for European emigrés like Max Wertheimer, as “the university in exile” starting in 1933.



13C. Fordham University was formed in 1841, formed the **Catholic Psychological Association**, which later became APA Division 36, Psychology of Spirituality and Religion. Fordham University, formed in 1841, had priests on its psychology faculty, when Rev William Bier formed the American Catholic Psychological Association (ACPA) in 1946.



14J. James M. Cattell formed the **Psychological Corporation** in 1921, after he was ousted from Columbia in 1917 for his pacifist activism. The PC continues to apply psychological tests to benefit U.S. corporations.



15H. James Cattell (1860-1944) was the editor of a few journals, including the AAAS journal **Science** in 1895, which he edited for nearly 50 years until his death in 1944.



16e. **Florence L. Denmark** (1932-) is a pioneer in the field of gender studies, including a new course (1971) and a book on *Women: Dependent or independent variable* (1975). She headed 3 Manhattan psychology departments--at Hunter College, CUNY Graduate School, and Pace University.



Con't from page 13

17g. In 1912, **Carl Gustav Jung** (1875-1961) broke with Freud by delivering a series of provocative lectures at Fordham Medical School. During the later Nazi era, Jung decried psychoanalysis as an aging Jewish approach to be replaced by his National Socialist psychology.



18cd. In 1954, this couple's race research was cited by the U.S. Supreme Court in *Brown v Board of Ed.* **Drs. Mamie Phipps Clark** (1917-1983) and **Kenneth Bancroft Clark** (1914-2005) earned their PhDs at Columbia in the 1940s, and went on to become the nation's premier black psychologists, co-founding the Northside Center in Harlem in 1946.



19G. In 1976, the **Association for Women in Psychology** (AWP) became the first to register with the UN—long before the ICP (1981), SPSSI (1990), or APA (1999).



20K. In 1937, this break-away group of APA clinicians later rejoined APA as "division 12." As the APA was losing its practitioners in the 1930s, the **Assn of Consulting Psychologists** broke away, only to rejoin APA in 1944 as the APA Division of Clinical Psychology.



## TREASURER'S REPORT



I would like to thank the ICP membership for electing me as your treasurer. I have been so grateful for the warm welcome and the guidance that I have received to get me "up to speed" as ICP's treasure; I would especially like to thank Nancy Quatrano and Ann Marie O'Roark for their incredible guidance. I am pleased to report that ICP's financial position is stable. Our operations account balance is currently \$13,791.32, which reflects payments having been made for our annual fee to maintain our historical archive, fee to the State of Connecticut where we report annually for our corporation, and payment for our secretary-general's fourth quarter expenses. Our convention account balance is a healthy \$11,527.42, which includes the unused donated funds from the 2016 Tokyo convention and reflects the financial support provided to have one of our ICP members to attend and represent ICP at the Caribbean Psychology Conference. Lastly, our foundation balance is a vigorous \$61,000.00.

This coming year we will be discussing re-establishing a financial committee to assist in making financial decisions for Council; namely to determine policies for management and investments of surplus funds. If you or know of someone that you think would be a strong member for this committee, please let me know.

Additionally, I want to encourage all members to renew your membership. Call for Dues has gone out and I am excited about our Council continuing to grow and flourish as a vibrant organization to advance psychology and application of its scientific findings throughout the world.

I wish you and your family a wonderful 2017 and personally I'm looking forward to prosperous New Year for ICP.

Warmly,  
Nancy M. Sidun, PsyD, ABPP, ATR

**SAVE THE DATES**  
**75th ICP, INC. CONFERENCE**  
**and BOARD MEETINGS**

**NEW YORK CITY—WHERE**  
**IT ALL BEGAN!**

**JULY 28—JULY 30, 2017**



**SAVE THE DATE**



## *International Council of Psychologists ICP*

ANNOUNCES THE

### **75th Annual ICP Convention**

**New York, NY, USA**

**July 28 - July 30, 2017**

**Dyson College Center for Global Psychology**

**PACE UNIVERSITY**

**(New York City Campus)**

### **CONFERENCE THEME**

***Psychology's Contribution to People, the Planet, and the World***

## **CALL FOR PROPOSALS**

Submissions for the Scientific Program should be submitted by **May 15, 2017**.

For each proposal submission, please indicate:

- **Type of proposal**
  - individual paper, panel discussion, symposium, workshop, and poster. "Other" formats may be considered.
- **Name, Affiliation and Email of the person(s) submitting the proposal**
- **Names and affiliations of all the participants**
- **Abstract of the proposed presentation - No more than 300 words**
  - NOTE: For symposia, submit a symposium abstract for each paper in the symposium.

**Proposals with an international focus will be particularly welcome.**

Send all questions about the convention to Dr. Richard Velayo at [rvelayo@gmail.com](mailto:rvelayo@gmail.com)

**NOTE: Details about submissions will appear at [WWW.ICPWEB.ORG](http://WWW.ICPWEB.ORG) in January 2017.**



#### **ICP Mission**

ICP is committed to furthering world peace, promoting human rights and promoting collaboration among mental health professionals and social scientists, globally. The mission of ICP is:

- To advance the science and practice of psychology and to support the use of psychological knowledge to promote social health and justice;
- To contribute to world peace and human rights for all peoples by helping to empower under-represented ethnic and culturally diverse groups;
- To encourage global wellness through promotion and integration of health and mental health services globally, and
- To foster international professional development, networking, communication, mentoring and friendship among psychologists and allied mental health professionals and social scientists.

**INTERNATIONAL COUNCIL OF PSYCHOLOGISTS, INC.**

**Membership Application**  
**Submit with payment to: ICP Secretary-General**  
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\_\_\_\_\_ **A MEMBER** is a psychologist or professional in an allied discipline field who (a) holds or is eligible to hold membership in a national psychological association affiliated with the International Union of Psychological Science (IUPsyS), or (b) meets comparable requirements in their discipline or in a particular country, as determined by the application review agent, and (c) has been actively engaged for a period of not less than two years prior to application for membership in professional work or study that is primarily focused on quality of life, wellness, and is psychological in nature. Allied field professionals may not hold elected office, but may accept appointments.

\_\_\_\_\_ **A STUDENT AFFILIATE** is a graduate student or full-time undergraduate student actively working toward a degree or certificate in psychology or in an area of study involving major emphasis on psychological aspects of a related field of study. Students will not hold office or vote in elections, all other rights apply.

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**HIGHEST APPROPRIATE DEGREE OR CERTIFICATE (Degree, Date, Major, Institution, Location)** \_\_\_\_\_

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**AREAS OF INTEREST/EXPERTISE:** \_\_\_\_\_

*Student Affiliate applicant—you must provide (1) the name and address of your university, (2) name and address of your major professor, (3) your anticipated degree or certificate, and (4) your anticipated date of graduation.*

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Please submit current curriculum vitae or resume with your application.**



**PAYMENT: The ICP Membership year is January 1 – December 31. \$15 late fees are effective February 1**

**Please check one category below:**

DUES FOR ALL COUNTRIES ARE \$50.00 FOR FULL PROFESSIONAL & ALLIED AFFILIATE MEMBERS

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All Credit Card payments accepted at <http://www.ICPWEB.ORG/Membership>. Please complete the membership form as well so we can keep our records up to date.

**Use PAYPAL options for dues, donations and convention payments.**

If you would like to volunteer to assist the organization in any of the many opportunities listed on the website, please send an email with your interests to Membership Chair, Dr. Andrew Simon at [andsimon@gmail.com](mailto:andsimon@gmail.com)

INTERNATIONAL COUNCIL OF PSYCHOLOGISTS, INC.

JUL 2016 – JUL 2017

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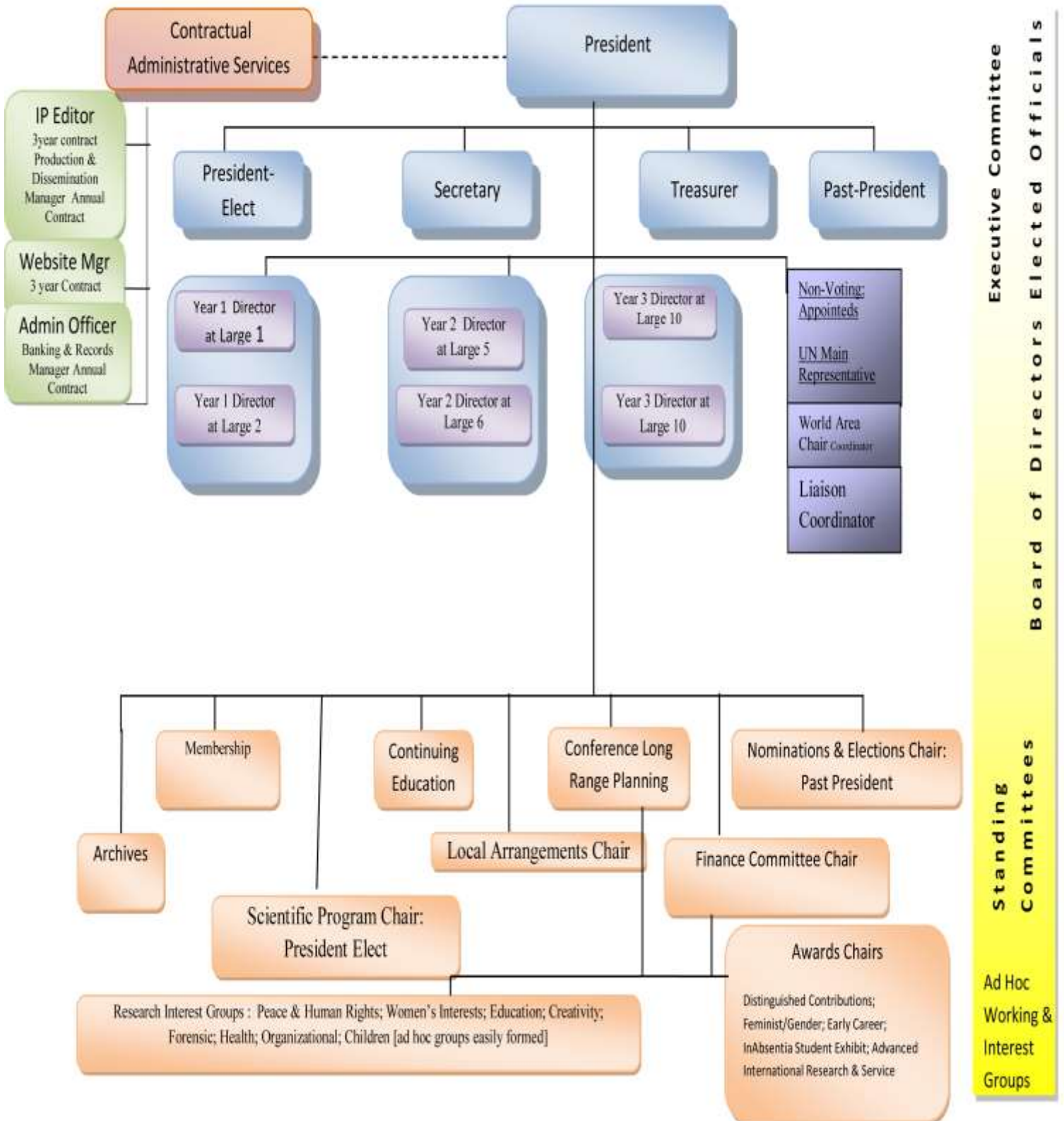
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[nancy@OnTargetWords.com](mailto:nancy@OnTargetWords.com)

# INTERNATIONAL COUNCIL OF PSYCHOLOGISTS, INC.



# 75 years of psychology worldwide, 1941-2016

International Council of Psychologists ICP  
founded in 1941



- |  |                  |                |                          |
|--|------------------|----------------|--------------------------|
| 1 Sielkunde                              | 2 Psikologji     | 3 ሥነ ልቦና       | 4 ن فس علم               |
| 5 Հոգեբանություն                         | 6 psikologia     | 7 psychológia  | 8 মনোবিজ্ঞান             |
| 9 Psihologija                            | 10 Психология    | 11 chettasar   | 12 Psicologia            |
| 13 心理學 -13                               | 14 Psihologija   | 15 Psychologie | 16 psykologi             |
| 17 Psychologie                           | 18 Psikologio    | 19 Psühhologia | 20 Psykologia            |
| 21 Psychologie                           | 22 Psicología    | 23 ფსიქოლოგია  | 24 Psychologie           |
| 25 Ψυχολογία                             | 26 মনোবিজ্ঞান    | 27 Sikoloji    | 28 Ilimin halin dan Adam |
| 29 Ka ike e pili ana i ka uhane o kanaka |                  | 30 הגותולכופ   | 31 मनोविज्ञान            |
| 32 Pszichológia                          | 33 Sálfræði      | 34 Psikologi   | 35 síceolaíocht          |
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| 40 ජිහුකුකොසඟු                           | 41 심리학           | 42 பிழை        | 43 psihológija           |
| 44 Psihologija                           | 45 психологија   | 46 Psikologi   | 47 Psikoloģija           |
| 48 मानसशास्त्र                           | 49 сэтгэл судлал | 50 मनोविज्ञान  | 51 Psykologi             |
| 52 روان شناسی                            | 53 psychology    | 54 psicologia  | 55 माघीवालेनी            |
| 56 psihologie                            | 57 Психология    | 58 psihologija | 59 psychológia           |
| 60 nafsiga                               | 61 Psicología    | 62 Saikolojia  | 63 psykologi             |
| 64 sikolohiya                            | 65 உளவியல்       | 66 సైకాలజీ     | 67 จิตวิทยา              |
| 68 སེམས་ཁམས་རིག་བྲལ།                     | 69 Psikoloji     | 70 Психология  | 71 ن فسیات               |
| 72 Tâm lý học                            | 73 Seicoleg      | 74 'אגולפולפ'א | 75 Isayikholoji          |



Key: Each of 75 languages above, and the number who speak it (in millions): 1. Afrikaans-7 2. Albanian-16 3. Amharic-22 4. Arabic-242 5. Armenian-6 6. Basque-1 7. Belarusian-3 8. Bengali-189 9. Bosnian-3 10. Bulgarian-8 11. Cambodian-14 12. Catalan-4 13. Chinese-1,197 14. Croatian-5 15. Czech-10 16. Danish-5 17. Dutch-22 18. Esperanto-1 19. Estonian-1 20. Finnish-5 21. French-76 22. Galician-2 23. Georgian-4 24. German-78 25. Greek-13 26. Gujarati-46 27. Haitian Creole-7 28. Hausa-25 29. Hawaiian-0.02 30. Hebrew-5 31. Hindi-260 32. Hungarian-12 33. Icelandic-0.3 34. Indonesian-23 35. Irish-0.1 36. Italian-64 37. Japanese-128 38. Javanese-84 39. Kannada-37 40. Khmer-14 41. Korean-77 42. Lao-3 43. Latvian-2 44. Lithuanian-3 45. Macedonian-2 46. Malay-90 47. Maltese-0.5 48. Marathi-72 49. Mongolian-6 50. Nepali-16 51. Norwegian-4 52. Pharsee-57 53. Polish-38 54. Portuguese-203 55. Punjabi-63 56. Romanian-23 57. Russian-166 58. Serbian-15 59. Slovak-5 60. Somali-15 61. Spanish-399 62. Swahili-150 63. Swedish-9 64. Tagalog-24 65. Tamil-69 66. Telugu-74 67. Thai-20 68. Tibetan-8 69. Turkish-71 70. Ukrainian-35 71. Urdu-64 72. Vietnamese-68 73. Welsh-0.7 74. Yiddish-1 75. Zulu-12

ICP @ 75 Committee: Harold & Anne Takooshian, Lori Dondiego, Ann M. O'Roark (c) 2016

## INDEX of CONTENTS and CONTRIBUTORS: IU 56

### Issue 56.2

<i>What is there to know about memory</i> , Dr. Ludwig Lowenstein, UK	5
<i>Editing of Who-I-Am</i> , Dr. Ann Marie O’Roark, USA	9
<i>Explore differences and similarities in human values: Cultural and Cross-Cultural Research Approach</i> , Dr. Anna Laura Comunian, ITALY	16
<i>Infusing Global Perspectives: Providing Students with Opportunities to Conduct International Psychology Research</i> , Dr. Richard Velayo, Lucio Forti, Simin Ghahghahi, Sonia Javani and Hina Siddiqui, USA	19
<i>The ICP at the United Nations—Vienna, Austria</i> , Dr. Roswith Roth, AUSTRIA	21
<i>The ICP at the United Nations-New York, USA</i> , Dr. Florence Denmark, USA	22
Book Review: <i>Indonesian Terrorists in Psychoanalytical Perspectives</i> , Dr. Sandra E. S. Neil, AUSTRALIA	24
Book Review: <i>The Psychosocial Aspects of a Deadly Epidemic: What Ebola has Taught Us About Holistic Healing</i> Dr. Judy Kuriansky, USA	24
<i>74th Annual Convention Award Winners</i> , Dr. Josephine Tan, CANADA	26

### Issue 56.4

<i>Editor’s Summary</i> , Ann Marie O’Roark, USA	
<i>Subjective Stress Moderates the Link Between Seasonality and Atypical Depression Symptoms</i> , Alana Rawana, Josephine C. H. Tan, and Michael F. Wesner, CANADA	2
<i>Meditation for Health, Happiness, and Meaning-Making</i> , Ani Kalayjian, USA	6
<i>Intent vs. Impact: A Leader’s Most Common Way to Stumble</i> , Bill Berman and Taylere M. Joseph	8
<i>Texas Area Chair Report</i> , Jun-chih Gisela Lin, USA	9
<i>A Letter To Students</i> , Joshua Wright, CANADA	10
<i>Psychology in New York City: Its fascinating history</i> , Harold Takooshian & Leonard Davidman, USA	11
<i>Treasurer’s Report</i> , Nancy Sidun, USA	14
Call for Proposals: <i>The 75th ICP, Inc. Annual Meeting and Scientific Conference</i> , Richard Velayo, USA	15
Poster: <i>75 years of psychology worldwide, 1941-2016</i>	20
Index Issues 56.2, 56.4	21
Call for ICP, Inc. Interim Secretary-General Applicants: Deadline 3/20/2017	22

### CALL FOR MANUSCRIPTS

Please submit manuscripts using APA style, MS Word, 11 pt. Times New Roman to the Editor at [annoroark@bellsouth.net](mailto:annoroark@bellsouth.net). The *IU* is published two to four times yearly, according to the number of manuscripts received. *IU* submissions are screened for style and professional content. Submissions may be returned for revisions as needed. We invite your participation.

*Ann O’Roark, Editor*

## INTERNATIONAL COUNCIL OF PSYCHOLOGISTS SEARCH FOR INTERIM SECRETARY-GENERAL

ICP, Inc. is nonprofit corporation organized exclusively for educational and scientific purposes. Established in 1941, its purpose is to advance psychology and the application of its scientific findings throughout the world. ICP, Inc. members are committed to furthering world peace, promoting human rights and enabling collaboration among mental health professionals and social scientists, globally. The mission of ICP is:

- To advance the science and practice of psychology and to support the use of psychological knowledge to promote social health and justice;
- To contribute to world peace and human rights for all peoples by helping to empower under-represented ethnic and culturally diverse groups;
- To encourage global wellness through promotion and integration of health and mental health services globally, and
- To foster international professional development, networking, communication, mentoring and friendship among psychologists and allied mental health professionals and social scientists.

**Position:** ICP is seeking an Interim Secretary General starting July 1, 2017. Responsibilities include, but are not limited to: banking; annual incorporation reports; membership database development and maintenance; association files and records management; communications clearinghouse and information dissemination among members; support to the President, and assistance to other leaders such as coordinating the annual conference as authorized by the President.

The service contract is typically three years which is renewable. This “call for applicants” is for an interim Secretary General since ICP, Inc. is currently reviewing its governance and long range plan of the association.

**Stipend:** \$5,000 per annum

**Location:** US because we are a US corporation

**Skills and Competencies:**

- Good planning organizing skills
- Good communicator
- Good writing skills
- Access to and proficiency with a computer, printer and e-mail
- Experience with financial budgets

**To apply:** Please send a curriculum vita with a letter stating why you are interested in the position and your qualifications. As an equal opportunity employer, all applicants are welcomed. Consideration priority will be given to applicants who are or have been members of ICP, and those eligible to become a member. Applications are due: 3/30/2017

Send applications or inquiries to: Jean Lau Chin, President-Elect [ceoservices@yahoo.com](mailto:ceoservices@yahoo.com)