Namibia is situated in the south-western coast of Africa. It borders Angola and Zambia to the north, South Africa to the south and Botswana to the east. Namibia is sparsely populated with a population of approximately 2.3 million over land area of 824,292 sq km (Namibia, 2017). Some vast tracks of land are virtually not habitable due to inhospitable climate conditions.

Namibia is a highly diversified country in terms of its culture and history, flora and fauna. With so much diversity, Namibia ranks among the prime tourist destinations in the world, particularly for ecotourism, adventure, cultural, beach and resort, and heritage tourism (Namibia Tourism Board, 2017).

Namibia has the dubious distinction of having suffered the ignominy of colonization by two foreign powers – Germany from 1884 to 1915, and South Africa between 1915 and 1989 (Namibia, 2017). These occupiers were particularly ruthless, with Germany at one point pursuing the policy of extermination of indigenous peoples under the leadership of van Trotha and South Africa introducing a gratuitously brutal form of colonial rule called apartheid.

In 1978, the United Nations Security Council passed Resolution 435 which set in motion a long and protracted journey toward independence which was finally achieved on the 21st of March 1990. As a free nation, Namibia is a member of several international and continental...
bodies including the United Nations, Commonwealth of Nations, African Union (AU) and Southern African Development Community (SADC).

Namibia has a vibrant and robust public and private healthcare system, although the former tends to be characterized by overcrowding. The life expectancy is 64 years (Namibia Statistics Agency, 2013). The Ministry of Health and Social Services (MoHSS), which is responsible for public health services, ranks among the top three ministries in terms of its budget allocation size by the government of Namibia.

Although Namibia on the official level appears to subscribe to the popular mantra that ‘there can be no health without mental health’, a tilt in favour of physical health is still observable in various levels. The delivery of mental health care services in the public health sector is particularly hamstrung by shortage of physical infrastructure and trained and qualified professionals. There are only two state mental health care departments and a forensic psychiatry unit that are part of the district hospitals in Khomas and Oshana regions. These departments offer both inpatient and outpatient services. However, in the light of a rapidly growing population and an increase in the incidence of mental health related disorders, the MoHSS has now taken concrete steps to consolidate and expand the mental health services delivery system in the country. For instance, plans to build more mental health care centres across the country are now at an advanced stage.

Another challenge faced by the mental health care system is the shortage of trained and qualified professionals in the public health sector. Currently the MoHSS, employs only five psychiatrists and three psychologists, a situation which severely hinders service delivery to state patients. On the other hand, most registered psychologists are employed in the private health sector. Psychologists and other health care providers set up multidisciplinary clinics to provide mental health services. However, these services are only limited to those who can afford them.

Namibia still has a challenge with epidemiological data on mental illness because of a lack of scientific data collection systems and formal registry on the prevalence and incidence of mental illnesses in the country. Nevertheless, the MoHSS reports that in 2014-2015, 6,436 mental patients were attended to, of which 613 were new cases (Namibian Sun, 2015). It is expected that these figures represent a gross underestimation of the burden of mental health problems in the country because there is a general lack of awareness of mental health, and many people use alternate sources of help such as traditional healers and religious prophets instead of the formal health system.

As a recognized modern professional field of practice, psychology has only recently started to emerge as a force of its own. The profession in Namibia is regulated by the Health Professions Councils of Namibia (HPCN), which administers a number of Councils, amongst them is the Social Work and Psychology Council (SWPC). The members of the SWPC are drawn from experienced psychologists and social workers who act in an advisory capacity to the Registrar of the HPCN. Despite this arrangement, the profession still faces a number of challenges including seemingly porous boundaries between the various sub-disciplines of psychology and other related disciplines. For example, in social work, related legislative reviews includes examining the tension between the regulatory body and professional associations, with the seemingly divergent interests of psychologists operating in the public and private sectors and the increase in the presentation of psychopathology in the country.

The University of Namibia (UNAM) is the only institution that offers training to psychologists at undergraduate, graduate and doctoral levels. Many psychologists practicing in Namibia today therefore have been trained outside the country. UNAM offers Master Degrees in Clinical Psychology as well as in Industrial Psychology but competition for enrollment is very tough due to limited space, leaving many prospective candidates frustrated. Furthermore, although UNAM offers doctoral degrees in Psychology, it is severely curtailed in its efforts by a severe shortage of professors to serve as supervisors and assessors. The Health Professions Councils of Namibia, which registers all health professionals including psychologists, currently has 106 Clinical Psychologists, 36 Educational Psychologists and 84 Psychological Counsellors on its register (HPCNA, n.d.).

Despite the challenges faced, the discipline of psychology in Namibia is on an upward trajectory and it is well placed to

(Continued on page 3)
consolidate its contribution to the health and wellbeing of Namibians more so with a little bit of support and guidance of more established bodies.

The Psychological Association of Namibia (PAN) was set up in 1987 with the broad goal of advancing psychology as a science, a profession, and as a means of promoting health and human welfare. It therefore plays a leading role in promoting and supporting professional and ethical standards, research and scientific application of psychology and increasing access to and utilization of psychological services by the public, as well as advocating for effective training and development of psychologists.

As of 2017 PAN has a total of 64 members who had fully paid their dues and one of its strategic priorities is to actively encourage newly qualified psychologists and psychological counsellors to join the association. With a total of 136 registered psychologists in Namibia, we have a situation where a significant number of psychologists are not part of the association. This is an anomaly that PAN is striving to correct by providing incentives for PAN membership.

References

About the Author: Hambeleleni Ndjaleka, BA (Clinical Psychology, Hons), is a Master in Clinical Psychology student in UNAM. Ndjaleka is also a psychological counsellor and PAN executive committee member in public relations. Ψ

APA and Russian Psychological Society (RPS) Sign Memorandum of Understanding

APA President, Dr. Antonio E. Puente, and RPS President, Dr. Yury P. Zinchenko, signed a Memorandum of Understanding (MOU) in Moscow on May 11, 2017. This is the 22nd MOU APA has signed with national psychological associations across the globe. For more information about the MOU Program, please visit: http://www.apa.org/international/outreach/understanding-memorandum/index.aspx.
A comprehensive *International Program* with a complete listing of convention programs that have an international focus and a listing of international convention authors organized by country will be available in July 2017. www.apa.org/convention/programming/international.

**Reception for International Visitors**

**THURSDAY, AUG. 3, 3-3:50 P.M.**

**MARRIOTT MARQUIS WASHINGTON, DC, MARQUIS SALONS 12 AND 13**

Hosted by APA’s Committee on International Relations in Psychology (CIRP), APA’s International Psychology Division (DIV 52), and the Office of International Affairs (OIA).

- **Friday, Aug. 4, 1:00-1:50 p.m., Convention Center Room 143A**
  Invited Address: 2017 APA Award for Distinguished Contributions to the International Advancement of Psychology - Mary Koss, PhD. Sponsored by APA

- **Friday, Aug. 4, 2:00-3:50 p.m., Convention Center East Salon C**

- **Friday, Aug. 4, 4:00-5:50 p.m., Marriott Marquis Washington, DC, Marquis Salon 6**
  APA/APF Awards Ceremony. Sponsored by APA, APF

- **Saturday, Aug. 5, 2:00-2:50 p.m., Convention Center, Room 159**
  Invited Address: 2017 APA *International Humanitarian Award* - Kathryn L. Norsworthy, PhD. Sponsored by APA

- **Saturday, Aug. 5, 3:00-3:50 p.m., Convention Center Room 143A**
  Symposium: *The United Nations (UN) and Psychological Contributions to Social, Economic and Environmental Challenges*. Sponsored by CIRP

- **Saturday, Aug. 5, 4:00-4:50, p.m. Convention Center Room 140A**
  Presidential Programming: *The Future of Psychology from an International Perspective*. Sponsored by the APA Board of Directors
APA Presidential Initiative

In honor of APA’s 125th anniversary, APA President, Antonio E. Puente, PhD, will host presidents of national psychology associations to advance information exchange and discussion on the future of international psychology at the annual convention in Washington, D.C., August 3-6, 2017.

MOU Partner Collaboration and Exchange Program—Ireland

The goal of this APA program is to exchange psychological science, develop professional relationships, and propose continued interactions and exchange. APA will be hosted by the Psychological Society of Ireland (PSI).

⇒ Theme: “Living with Uncertainty”
⇒ When: November 8-11, 2017
⇒ Where: Limerick, Ireland

For more information on how to apply to attend the 17th PSI Annual Convention in Limerick, Ireland, please email: international@apa.org. For more information about the conference, please visit: http://www.psychologicalsociety.ie/conference/

APA International Learning Partner Program

2017 TRIP to Cuba

**Space is limited**

Dates October 27 – November 5, 2017

- Attend “Psicosalud” Conference (Health Psychology)
- Site Visits
- Seminars
- Cultural and Professional Exchanges

For more information, please send an email to sasonganyi@apa.org.
2017 APA Award for Distinguished Contributions to the International Advancement of Psychology

Mary Koss, PhD
Regents’ Professor of Health Promotion Sciences and Psychology
University of Arizona

Dr. Mary Koss developed the Sexual Experiences Survey in 1982 to measure sexual aggression and victimization. Her 1987 national survey of college students, despite numerous replications, reverberates today both as a lightning rod for critics and as a technology that spurs international research. She led or collaborated on the first two studies that quantified the impact of childhood adversity and of adult victimization on health. She has advocated for improved justice response to sexual assault and established the RESTORE Program, the first of its kind. A branch still operates in Auckland, New Zealand. Her international work has involved 11 sovereign American Indian Nations, adolescents and young adults in the Eastern Cape of South Africa, middle school children in Denmark, and adult survivors of rape and child abuse in Jerusalem. Current interests are in scaling up promising and proven effective rape prevention and implementing and evaluating restorative justice-based approaches to campus sexual misconduct. Her credentials document close to 300 publications and sustained consultations with national and international health organizations and governments. In 2000, she received the American Psychological Association Award for Distinguished Contributions to Research in Public Policy. She received the 2010 Visionary Award from End Violence Against Women International. In 2013, the Mary P. Koss Profile in Courage Award was established by the One in Four USA Organization to honor her career contributions.

2017 APA International Humanitarian Award

Kathryn L. Norsworthy, PhD
Professor of Graduate Studies in Counseling, civil rights activist, and peace practitioner
Rollins College

Dr. Kathryn Norsworthy has spent the last 20 years travelling to South and Southeast Asia, especially Thailand, to engage in peace and justice-focused projects focusing on such issues as on violence against women, HIV/AIDS, trauma-informed peace building in areas of ethno-political and civil conflict, immigrant and refugee concerns of the people of Burma, LGBTQ social movement building, mindful activism and social change, and feminist/social justice counseling. She and her local collaborators also partner with communities in action research in which members identify and analyze the issues of concern to them, develop and implement action plans for addressing these issues, and evaluate results for the purpose of planning and implementing longer term social change. With her primary Thai collaborator, Ouyporn Khuankaew, Dr. Norsworthy also facilitates workshops for international activists seeking to increase their knowledge and skills in mindful activism and Buddhist feminist peacebuilding. In central Florida, she has been involved in immigrant rights work and LGBTQ civil rights activism for the past 15 years. Finally, Dr. Norsworthy engages in qualitative research exploring transnational feminist, power-sharing, and decolonizing models of research, activism, and practice when western psychologists “cross borders” into countries, cultures, and communities in which they do not hold membership.
“Most people do not listen with the intent to understand; they listen with the intent to reply,” claims Stephen Covey in his 2013 publication *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change*. Even we - psychologists who know about the importance of listening and recognize the need humans have to be heard and understood – yes, we very psychologists, often spend much of our time talking to, talking at, or talking back, instead of listening. Perhaps it is an evolutionary need to engage socially by sharing about ourselves and responding to what is said through replies that frequently offer our own interpretations, rather than reflecting on what is heard. Indeed, neuroscience suggests that humans find talking about themselves extremely rewarding (https://www.scientificamerican.com/article/the-neuroscience-of-everybody-favorite-topic-themselves/). So much so that – although we love talking to others about ourselves – we are pretty happy just “talking” about ourselves via social media or other similar methods where there is no clear audience.

**How often do we truly listen?**

Pause for a moment. Listen. Listen to the sounds of your community; listen to the words of the person speaking to you; listen to the silence that surrounds you. Avoid interpretation, a reply, or a response. Just hear with purpose and intention.

Hopefully, this brief experience of listening felt familiar to you and merely reinforced the value of a behavior that is frequently practiced. If it seemed that you noticed your environment in a new way, however, perhaps it’s a sign to continue cultivating a listening approach.

The idea of being a good listener is not of itself novel. However, its importance came to my attention after a presentation by Ian King, the new Membership Director at the APA, at the 2017 Division Leadership Conference. Specifically, King asked all of the psychologists in attendance to contact him and share relevant insights, ideas, and feedback, noting that he is in “full listening mode” and eager to hear from everyone.

**What better philosophy is there for an organization than to promote “full listening mode”?**

As the newly minted Senior Director for the Office of International Affairs (OIA), the idea of “full listening mode” resonated with me. Certainly, if psychologists across the globe agree, we can have greater impact on the world by listening better in order to comprehend what is being said with greater depth and sensitivity. The OIA should practice the same techniques of paying careful attention to the voices of APA’s international affiliates and internationally-minded members. In a world that appears to increasingly emphasize divides at national and personal levels, active listening by the OIA both at an organizational level, as well as at a member level, offers an avenue for improved understanding and, optimally, positive change.

At the level of the OIA, “full listening mode” means actively soliciting input and feedback (consider this a call to email me directly at aclinton@apa.org or click the link at the end of this column) in order to work toward increasing the relevance of our programs and activities, improving the experience of members and affiliates, and enhancing connections between OIA and internationally-minded psychologists and psychological associations throughout the world.

OIA currently has several “full listening mode” practices and policies. For example, the OIA monitors an international mailbox that can be found on the office homepage (http://www.apa.org/international/contact.aspx). The OIA also has an ongoing survey to better understand the experience of our international affiliates (http://www.apa.org/international/outreach/initiatives/affiliate-membership/international-affiliate-corner.aspx). Additionally, the OIA maintains an open door policy where we encourage open communication, feedback and discussion about any matter.
of importance to our members and affiliates. Of course, we can do more, and I suggest three starting points for the OIA to achieve “full listening mode” below:

A first step in “full listening mode” is to increase the relevance of the OIA by gathering information about the way the office can be responsive to and supportive of international psychologists. That is, how can the OIA support the success of members and organizations within their particular contexts and in terms of their particular settings? Specifically, what is unique to your international psychology work that the OIA should know more about?

To improve the experience of being associated with the OIA, the second aspect of “full listening mode” emphasizes information gathering specific to international mental health. What particular challenges do you face and what kinds of options or possibilities exist for addressing them? What critical mental health issues and needs related to psychology exist in your community? With increased understanding of critical areas, the OIA can better connect psychologists and organizations to respond in a meaningful way.

Finally, “full listening mode” also means OIA leverages the strengths and uniquenesses of international psychology and psychologists, by supporting active collaboration or a true “together culture.” Specifically, the OIA wants to know more about shared interests and opportunities. What input and feedback do you have about ways the OIA can work toward being a good partner as it aims to promote mental health internationally?

The mission of the OIA is to foster exchange with international organizations of psychology, to identify key international issues, and to link APA’s international affiliates and members. In a world that seems to become less united each day, international psychology can play a particularly significant role in facilitating discussions and enhancing listening between and amongst people. Certainly, the mission and responsibility of the OIA is to support these efforts. OIA is in “full listening mode.” Share your ideas about how we can be responsive to the needs of the international psychology community in terms of research, professional development, organizational advancement or other areas. We want to listen to what you have to say and look forward to your messages.

RESPOND TO A SURVEY ON THE NEEDS OF THE INTERNATIONAL PSYCHOLOGY COMMUNITY (https://www.surveymonkey.com/r/L5Y33QT)

Stay current with APA’s OIA

- Consider Sharing Your International Experiences in the Psychology International Newsletter: http://www.apa.org/international/pi/index.aspx. Contact the newsletter editor at international@apa.org
- Signup for APA International News Bulletin: Send an email to listserv@lists.apa.org with the subject line: International News Bulletin, and the following in the body of the message: subscribe INTLANNOUNCE Your first name, Your last name hyphen country of affiliation (e.g., subscribe INTLANNOUNCE John Doe-Panama).
- JOIN GlobalYExpo!: A database of psychologists with experience outside the United States, organized by substantive areas of expertise and geographical areas of experience. GlobalYExpo is maintained by the APA Office of International Affairs. To join, please see: http://www.surveygizmo.com/s3/1092996/Global-Expo
- Join the APA UN listserv: APAUnitedNations@lists.apa.org offers information on UN-related events. To join send an email with the subject line blank and the following in the body of the message: subscribe APAUNITEDNATIONS YourFirstName, YourLastName (e.g., subscribe APAUNITEDNATIONS John Doe) to listserv@lists.apa.org.
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Everything You Ever Wanted to Know About Shyness in an International Context

By Bernardo J. Carducci, PhD

In high school, I was a very shy person. It wasn’t that I was an unattractive kid or a loner—I had lots of friends and played football. I went to a neighborhood school, so I knew everybody. One day, I read an article on shyness and immediately said “My gosh. That’s me.” I developed an interest in the topic, and once I got to college I studied it further. If I had a chance to write a paper or do any projects, I elected to focus on shyness. Now, I call myself a successfully shy person (or, in other words, someone who tries to understand their shyness and work on it daily).

Shyness is a rather elusive phenomenon. Considering how many people claim to be shy, it’s surprising to see how little they know about the subject. It seems as if everywhere I go—whether it’s a professional conference or informal gathering—people want to know more about my work. Here, I hope to answer some of the most common questions.

What Is Shyness?

Shyness can be defined as the presence of anxious reactions and excessive self-consciousness and negative self-evaluation in response to real or imagined social interactions. Specifically, these experiences must occur to the degree that it produces enough discomfort to interfere with and inhibit one’s ability to perform successfully in social situations.

On a broader level, shyness includes an affective, cognitive, and behavioral component. The affective component reflects the psychophysiological reactions experienced by shy people: such as anxiety, muscle tension, increased heart rate, and upset stomach. The cognitive component reflects excessive self-consciousness, negative self-appraisals, and irrational belief systems (thoughts rating from “Everyone is staring at me” to “Nobody will find me interesting”). Lastly, the behavioral component is expressed by behavioral inhibition and social avoidance, such as not speaking to others and avoiding eye contact.

It’s important to note that being shy in certain situations (like interacting with authorities) is not the same thing as expressing the trait of shyness. Individuals who are inherently shy or have shyness as a trait, tend to demonstrate a slow-to-warm tendency characterized by extended period of adjustment to social situations. Meanwhile, situational shyness is the transitory experience of the characteristic features of shyness that can be triggered by a variety of situations, with the most frequent of them being interactions with authorities, one-to-one interactions with members of the opposite sex, and unstructured social settings.

The Universality of Shyness

Shyness has been identified in cultures around the world. A consistent pattern of cultural-specific estimates of shyness is the large percentage of participants in those cultures surveyed who reported experiencing shyness—from 31% in Israel to 57% in Japan and 55% in Taiwan. A more moderate rate of approximately 40% of participants in the U.S.A., who reported experiencing shyness is similar to those participants surveyed in Canada, Germany, India, and Mexico.

Cross-cultural comparisons of shyness tend to focus on differences between Western (i.e., U.S.A.) and Eastern (i.e., Asian) countries and report more shyness in Eastern cultures (approximately 60%) than in Western cultures (approximately 40%). A similar pattern emerged for other shyness-related constructs such as social anxiety, introversion, communication anxiety, and unassertiveness in cross-cultural studies between Eastern and Western samples. This East-West difference seems to persist for students of Asian heritage and European heritage following their migration to the West.

Shyness vs. Introversion

Shyness and introversion appear similar in their overt expression. For example, both shy and introverted people...
tend to avoid social interactions at a party. However, being shy and being introverted are two distinct constructs. Introverts do not fear social interactions. They simply prefer more sedate, solitary activities and often avoid social interaction as an expression of that preference. Shy individuals often desire social contact, but are inhibited by their excessive self-consciousness, negative self-evaluation, and perceived lack of social skills.

**Shyness vs. Social Anxiety**

Social anxiety disorder (previously referred to as social phobia), involves the experience of anxiety and self-critical evaluation in social settings response to the fear of evaluation by others of one’s public performance. It has a greater disruptive influence on one’s social behavior than the experience of shyness. For example, those with extreme social anxiety disorder may experience difficulty signing a check, talking on the telephone, or using a public restroom, in addition to the avoidance of everyday situations such as eating in public.

Although shyness is not considered a psychiatric disorder, the experience of shyness can create sufficient affective discomfort and problems in the personal, social, and professional lives of shy individuals. These problems can include feelings of loneliness and anxiety, difficulties meeting new people and problems dating, and inhibited career progression. As a result, some shy individuals will seek professional assistance to deal more effectively with their shyness. Approaches to helping shy individuals deal more effectively with their shyness also tend to reflect a “cultural fit” that focuses on cross-cultural differences between Eastern and Western cultures.

In Eastern cultures, the emphasis on interdependency and social harmony raise concern regarding one’s self-image based on a concern for how one is evaluated by others. In Eastern cultures, Morita therapy has been proposed as cultural fit for helping individuals deal with their shyness. This therapy, which is based in the Buddhist perspective, focuses on helping individuals to change their inner attitudes and behavioral expectations to foster greater adjustment and effectiveness without altering the symptoms. Morita therapy emphasizes that shy individuals be more accepting of the symptoms of their shyness and less critical of their actions. Such principles are quite consistent with addressing the lowered self-perceived interpersonal competencies and expectations of rejection, which include feelings of loneliness and anxiety, difficulties meeting new people and problems dating, and inhibited career progression. As a result, some shy individuals will seek professional assistance to deal more effectively with their shyness. Approaches to helping shy individuals deal more effectively with their shyness also tend to reflect a “cultural fit” that focuses on cross-cultural differences between Eastern and Western cultures.

**Cultural Approaches to Dealing with Shyness**

In Western cultures, the emphasis on independence and the self-expression through more direct communication and a greater tolerance of self-promotion raise concerns for developing a more valued interpersonal style characterized by extraversion. In Western cultures, approaches addressing the affective and cognitive components of shyness while featuring the development and enhancement of communication and social skills have been proposed as cultural fit for helping individuals deal with their shyness. Progressive relaxation and biofeedback techniques focus on the reduction of bodily arousal to minimize the impact of discomfort and problems in the personal, social, and professional lives of shy individuals. These problems can include feelings of loneliness and anxiety, difficulties meeting new people and problems dating, and inhibited career progression. As a result, some shy individuals will seek professional assistance to deal more effectively with their shyness. Approaches to helping shy individuals deal more effectively with their shyness also tend to reflect a “cultural fit” that focuses on cross-cultural differences between Eastern and Western cultures.

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anxiety during the execution of social behaviors, and cognitive-modification techniques attempt to revise self-perceptions, alter attributions, and adjust expectations for defining success in while performing social situations. Programs for promoting interpersonal exchanges focus on the acquisition and development of social skills such as strategies for approaching others, techniques for initiating and maintaining conversation, and procedures for entering ongoing conversations.

Structured clinical programs typically involve combining elements from all of the approaches, such as using cognitive modification to identify what situations produce the most critical self-evaluations and structured role-playing exercises within the context of systematic desensitization to reduce anxiety while teaching appropriate behavioral responses and building self-confidence in those situations.

Benefits of Shyness Research

When shy individuals learn of my research through books or public talks, many of them say “Now I understand my shyness and what to do about it.” I also receive many letters from parents thanking me for helping them to deal more effectively with their shy children.

Another of the great joys of doing shyness research is the people from all over the world I have been able to meet and to develop collaborative research projects on shyness. After hearing me speak, individuals will self-disclose that they are shy, sparking a discussion that opens the door to collaborative research. Through such conversations, I have been able to develop collaborative research efforts on shyness with individuals working in Italy, Thailand, Japan, China, Guatemala, United Arab Emirates, and Ramallah, a Palestinian city in the central West Bank.

If you’re interested in developing collaborative research on shyness, “don’t be shy about contacting me.” I am happy to send a set of basic materials to anyone interested in conducting research for cross-cultural purposes.

About the Author: Bernardo J. Carducci, PhD, is a full professor of psychology and Director of the Shyness Research Institute (www.ius.edu/shyness) at Indiana University Southeast; a Fellow of the American Psychological Association in Divisions 1 (General Psychology), 2 (Teaching of Psychology), 8 (Personality and Social Psychology), and 52 (International Psychology); past vice president and president of the Italian-American Psychological Society; and member of the Scientific Committee of the Associazione Unitaria Psicologi Italiani (Association of United Italian Psychologists [Rome, Italy]). He can be contacted by email: bcarducc@ius.edu.
The March for Science, the Human Right to Science, and the Benefits of Psychological Science

By Neal S. Rubin, PhD, ABPP, and Kirsty E. Bortnik, PhD

“We march today to affirm that science is relevant, useful, exciting and beautiful.”
Rush Holt, Ph.D., #MarchforScience
CEO American Association for the Advancement of Science (AAAS)

On Earth Day, April 22nd, 2017, concerned citizens around the world marched on behalf of science. This global support for the scientific endeavour provided an opportunity to recognize that science, and access to the benefits of science, are human rights. Along with numerous scientific organizations including AAAS, the American Psychological Association (APA) (http://www.apa.org/about/gr/science/march-for-science.aspx) endorsed the march and encouraged psychologists to advocate on behalf of science. One aspect of that advocacy is to articulate the benefits to society of psychological science.

The March for Science

Across countries and continents, civil society turned out to support science on Earth Day this year. From Fiji to the North Pole, from South America to Asia, from Africa to North America, signs and banners were creatively displayed on paper, in costumes, in the snow and in the sand enthusiastically celebrating the value of science to humanity while opposing threats to the integrity of science. From over 100,000 marchers in Washington, DC to tens of thousands of scientists and non-scientists in other major cities, and small rallies in other places, over 600 gatherings were reported to have taken place in this planetwide event endorsed by over 100 scientific organizations (Appezeller, et. al., 2017).

It began as a response to threats to science from the new administration in the United States, which resonated with concerned citizens throughout the world. From the apparent rejection of the scientific consensus on climate change and vaccines, to the threats to funding for scientific research at the Environmental Protections Agency (EPA) and the National Institutes on Health (NIH), it appeared to many in the scientific community and beyond that the promise of science to serve humanity was under assault. These sentiments were shared worldwide (News Science Staff, 2017). For example, in Mexico City marchers called for funding for science emphasizing the place of science in economic development and in Austria marchers expressed concern over rising anti-science sentiments.

From a simple text message between colleagues following the March for Women held earlier this year, the idea for a March for Science was born (Wessell, 2017). Initial on-line meetings quickly became a global movement generated by concerns that scientific evidence was being rejected by lawmakers, that immigration bans would inhibit scientific progress, that vital data sets accessed by scientists and the public were being eliminated, and by budget proposals to withdraw funding for research. However, not all voices in the scientific community were in agreement about the march. As this movement grew in size and scope, vigorous debate followed regarding the appropriate role of science and scientists in society (NY Times, 2017). Was the march truly non-partisan? Should scientists speak out? Is advocacy by scientists on behalf of science appropriate ethically? Will a public march only further damage the perception that scientists are no longer objective, that knowledge is subjective, and therefore diminish the integrity of science?

On April 22nd, the voices for non-partisan advocacy won the day. Some organizations that endorsed the march also provided training for members on how to advocate for science now and in the future. The American Association for the Advancement of Science’s (AAAS) CEO Rush Holt, a former congressman from New Jersey, was a vocal leader promoting advocacy (Holt, 2017). APA President Antonio E. Puente, PhD, supported advocacy training for psychologists interested in advancing the interests of psychological science (Puente, 2017). By May the administration’s

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proposed budget cuts were largely rejected by Congress (Mervis, et. al., 2017). Instead, Congress boosted National Aeronautics and Space Administration’s (NASA) science missions budget by 3.1% and NIH funding by 6.2%. Funds for climate research remained flat, though the EPA lost 3.8% for their science and technology budget. Federal funding for research and development grew by 5% overall. Of course, concern remains high regarding the 2018 federal budget so advocates will need to continue working with Congress to maintain current funding levels.

### The human right to science

Little known in the scientific community and in fact also not well known in the human rights community is the human right to science. Originally enshrined in Article 27 of the Universal Declaration of Human Rights (UN, 1948) (UDHR), this right has been largely overlooked.

**Article 27**

1. Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.
2. Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

The right to enjoy the benefits of science was further clarified in Article 15 of the International Covenant on Economic, Social and Cultural Rights (UN, 1966) (ICESCR).

**Article 15**

1. The States Parties to the present Covenant recognize the right of everyone:
   a. To take part in cultural life;
   b. To enjoy the benefits of scientific progress and its applications;
   c. To benefit from the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for the conservation, the development and the diffusion of science and culture.
3. The States Parties to the present Covenant undertake to respect the freedom indispensable for scientific research and creative activity.
4. The States Parties to the present Covenant recognize the benefits to be derived from the encouragement and development of international contacts and co-operation in the scientific and cultural fields.

Given the March for Science and the current awareness of the importance of science to the future of the human community, it seems a propitious time for attending to the dissemination and development of this right. There has been some movement in the effort to flesh out the right to science. In an interview Farida Shaheed, the UN Special Rapporteur on Cultural Rights, has attempted to clarify some aspects of the right to science.

> Access to science must include participation in the whole scientific process—it’s not just the end product. You have the scientific process, then the knowledge that’s created, then the applications. All of those things make up the right to science. (Kirby, 2013, para. 6)

The Special Rapporteur presented a special report to the Human Rights Council (Shaheed, 2012) in which she addressed the meaning, significance and applications of the right. She also provided linkages between the right to science and other rights and related human rights documents supporting these rights. In so doing, she defined four elements to the right to benefit from scientific progress and its applications:

- Access by all without discrimination
- Freedom indispensable for scientific research and opportunities for all to contribute to the scientific enterprise
- Participation of individuals and communities in decision-making
- An enabling environment for the conservation, development and diffusion of science (Shaheed, 2012, pp. 9-13)

Chapman and Wyndham (2013) have raised a series of conceptual questions that need to be answered in the service of clarifying and operationalizing the right to science. Their questions involve issues of policy, infrastructure, outreach and education in order to engage key stakeholders in governments and civil society in the realization of the right to access the benefits of science and technology. The answers to these questions must include consideration for the most vulnerable populations in order to be consistent with the Special Rapporteur’s emphasis on dignity and equality. Governments and the institutions of societies must be alert to barriers preventing the development and dissemination of science (e.g., restricting academic freedom). Scientists must act in concert with the principles of human rights and be alert to the potential destructive impacts of scientific developments (e.g., failure to respect intellectual property rights). The logical extension of Chapman and Wyndham (2013) is that the right to the freedom to pursue science and the responsibility of the scientist to society must go hand in hand.

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Finally, it is worth noting that the framers of the Universal Declaration considered the right to science under the rubric of cultural rights. The meaning and value of this choice are clearly open to interpretation. In her report to the Human Rights Council, the Special Rapporteur (Shaheed, 2012) seems to take the position that science and the arts should be linked as aspects of human creativity. Whether new music or lifesaving medicines, all persons and peoples should have access to create and benefit from these cultural products. The right to freely explore human curiosity and innovations in comprehending and advancing our inner and outer worlds should be guaranteed for all.

Psychology as a science

Although it is beyond the scope of this article to provide a comprehensive history of psychology, a brief summary is necessary to highlight the origins of psychology and its evolution to the multi-faceted, scientific field it is today. Psychology as a philosophical discipline traces its origins to ancient Greek and Egyptian civilizations where philosophers such as Plato and Aristotle contemplated the interconnections of the mind, soul, heart, and body upon human behavior and thought (Brennan, 2002). Psychology was regarded as a branch of philosophy for several centuries. However, psychology emerged as a scientific discipline in the middle to late 19th century when Wilhelm Wundt, in Leipzig, Germany, established the first laboratory dedicated exclusively to psychological research (Brennan, 2002). Wundt applied mathematical and experimental methods to the study of psychological processes and thereby sought to differentiate psychology from philosophy. Psychology as a scientific discipline was introduced to the United States in the early 1880s by G. Stanley Hall, who had spent a brief time at the Leipzig laboratory (Goodwin, 2008). Hall and a small group of others founded the American Psychological Association in 1892 and he served as the Association’s first president. Historians of our field have also turned their attention beyond European and North American traditions to explore indigenous contributions to the history of psychological science (Pickren & Rutherford, 2010).

The empirical study of human behavior via the scientific method of systematic observation, measurement, and experimentation (vs. theoretical formulation) cemented psychology’s place within the scientific field (Goodwin, 2008). Today, psychology is a multi-faceted discipline that utilizes the scientific method in a variety of different settings to enhance our understanding of human behavior. The APA is currently the largest scientific and professional organization representing psychology in the United States and has 54-member-organized special interest groups or “divisions” that represent subfields of psychology and areas of specialized interest, reflecting the diversity of the discipline (APA, n.d.). With advances in new technologies and diagnostic tools (e.g., functional neuroimaging), it is anticipated that psychology as a scientific discipline will grow and evolve, and continue to apply psychological knowledge to benefit societies and promote well-being.

Integrating human rights and articulating the benefits of psychological science to society

The United Nations’ ratification of Article 15 (International Covenant on Economic, Social and Cultural Rights) and Article 27 (Universal Declaration of Human Rights) several decades ago provided a visionary roadmap of the human right to science, with more recent efforts from the UN Special Rapporteur on Cultural Rights and others within the scientific community (e.g., Chapman and Wyndham, 2013) to inaugurate a process of developing a regulatory framework outlining how this right might be enacted. The APA, for their part, has incorporated the roadmap provided by the UN and has conceptualized ways in which the human right to science could be applied within the context of psychology, and specifically, the ways in which psychologists should promote this fundamental human right in their research and clinical practice (APA, 2009).

In August 2009, the APA Council of Representatives approved a strategic plan that outlined the mission and vision of the APA, and established a set of core values that would shape and guide the work of the organization in the coming decades. Most notable among the items included in the APA vision statement is the connection of human rights to psychology, stating that the organization would serve as:

An effective champion of the application of psychology to promote human rights, health, well-being, and dignity (APA, 2009, para.12).

This is consistent with the ethical obligation of all psychologists to “do no harm” and to ensure the rights and protections of patients, research subjects, clients, and students with whom psychologists work (APA, 2010).

Further clarifying and operationalizing the right to psychological science and the role of psychologists in promoting human rights, APA outlined the following:

1. Promoting psychologists’ respect for human rights in their research and practice,
2. Monitoring and protection of individual human rights, including psychologists,
3. Advocacy to ensure that governments meet their obligations to respect, protect, and fulfill human rights,
4. Promoting the contributions of psychology and psychologists to human rights promotion and protection,
5. Policy development, and

From a pragmatic perspective, in what ways could psychology as a discipline apply psychological principles to advance human rights? Moreover, how might findings

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from psychological science benefit society and lead to an improvement in the lives of others? A partial, brief review of recent psychological research clearly illustrates the various ways in which the many subfields within psychology are undertaking the ethical obligation to promote the human right to science and ensure that all members of society benefit from psychological science:

Health psychology investigates the impact of biological, psychological, and social/cultural factors upon health and illness. Findings from the field of health psychology have been used to promote changes in healthcare policy, implement community-level intervention and prevention strategies to promote healthier lifestyles in at-risk groups, and train doctors and other healthcare professionals in improving doctor-patient communications (Camic & Knight, 2004), which is especially pertinent in traditionally underserved populations. The current movement to integrated healthcare is a central focus for the education and training of psychologists (McDaniel, et al., 2014).

Climate and environmental psychology utilizes psychological science to improve understanding of the impact of human behavior upon our planet. Research findings have been used to promote productive and eco-friendly behaviors (Eom, 2016), highlight ways in which the environment can impact mental and physical health (Pretty et al., 2005), and make unique contributions to urban and city planning (Ellard, 2014).

Developmental psychology is the study of human growth and development across the lifespan. Findings from the field of developmental psychology have helped to identify protective familial and community factors in early childhood development (Shaffer & Yates, 2010; Masten, 2001; Werner, 2000), the association of adverse childhood experiences and poor health-related outcomes in later life (Mersky, Topitzes, & Reynolds, 2013), and key variables in improving quality of life for older adults in assisted living facilities (Mitchell & Kemp, 2000).

Clinical psychology integrates psychological science with prevention, treatment, diagnosis, and assessment of a range of mental, emotional, and behavioral issues at the individual and societal level. Findings from research have been used to develop interventions to help undocumented immigrant children (Collier, 2015), survivors of trauma (Ehlers & Clark, 2003; Warshaw, Sullivan, & Rivera, 2013), and advocacy for various at-risk groups (Bybee & Sullivan, 2002; DeAngelis, 2012).

Behavioral neuroscience applies biological principles to the study of the human brain, from clinical disorders and mental processes, to microscopic neurochemical processes. Findings from research in this subfield have identified the impact of cerebral lesions upon cognitive functioning (e.g., atypical language organization in individuals with epilepsy; Hamberger & Cole, 2011), the use of artificial intelligence in furthering our understanding of human cognition (van der Velde, 2010), and developing interventions to assist those with paralysis regain aspects of physical functioning (University of Melbourne, 2016).

Commenting on psychology’s benefits today and in the future, Howard Kurtzman, Acting Executive Director of the APA’s Science Directorate remarked:

“Psychological science continues to produce new benefits for society. For example, at APA we are engaged in an initiative to translate research into practice through evidence-based clinical practice guidelines. Our first guideline, focused on treatments for post-traumatic stress disorder, was released earlier this year, and we have guidelines under development on treatments for depression and obesity.

“We’ve also been active in the area of climate change. A recent report on the impacts of climate change on mental health, co-produced by APA and the advocacy group ecoAmerica, has attracted broad interest among people working on environmental issues.

“In addition, I am excited about a conference that APA is planning for 2018 on “Technology, Mind, and Society,” which will examine how humans interact with new technologies and how we can shape technology to meet human needs.” (H. Kurtzman, personal communication, May 15, 2017)

Dr. Kurtzman’s comments bring to mind that we need to go beyond crafting clever signs and marching for science, and extend our efforts to educate the public about the benefits of our science. It would seem wise to create new venues for ‘telling our stories.’ With new forms of technology and media available, might we be more efficacious in our outreach to government and civil society? Some initial suggestions might include:

- Develop toolkits for psychologists in various directorates and divisions to employ in the service of public education and the development of policy
- Build on linkages with other national and international psychological associations to advocate and coordinate eductive and policy engagement
- Engage leadership to articulate for the public the advances that are and may emerge from new research and treatment methods
- Continue efforts to enhance diversity in psychology as a critical aspect of outreach to society and of our commitment to responding to the needs of society
- Develop a ‘Circle of Friends of Psychology’ among

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members of civil society to be inclusive and collaborative with the ideas and needs of the general public.

**Conclusion**

The March for Science was a global celebration of the virtues of science. Scientists and non-scientists joined together to challenge perceived threats to the future of scientific investigation and discovery. The current discourse on the value of science provides an opportunity to recognize the human right to science and its benefits enshrined in core human rights documents. As a scientific endeavor, psychology offers significant benefits to our global society. It is suggested here that psychologists might extend current programs of public education to inform civil society of the contributions of psychological science for the benefit of humanity.

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**About the Co-Authors:** Neal S. Rubin, PhD, ABPP, (APA team associate) is a professor at the Illinois School of Professional Psychology of Argosy University in Chicago. Kirsty E. Bortnik, PhD, (APA representative to DPI) is a clinical neuropsychologist licensed in NY and NJ and staff member of the Northeast Regional Epilepsy Group.
Although birth is considered one of the few universals of the human experience, Sheila Cosminsky illustrates through its rituals and traditions how childbirth is culturally informed. Drawing on decades of fieldwork in a Guatemalan finca (plantation) and close connections with the two main comadronas (midwives) on that plantation, Cosminsky provides vivid examples of how pregnancy, childbirth, and to some extent motherhood are experienced by those who call the finca home. A central theme of the book is how the medicalization of childbirth—the promotion of hospital deliveries and medical intervention—has left both comadronas and mothers disempowered.

The book is organized into nine chapters. Chapters 1, 2, and 3 serve an introductory function, describing the work of midwives and the role they play in childbirth as well as the finca on which the midwives and the mothers live. In Chapter 3 we are introduced to María and Siriaca, mother and daughter midwives and the “heroines” of the book, who have delivered most of the babies on Finca San Luis since the 1970s.

In the subsequent chapters, Cosminsky details the work of the midwives, which is not limited to attending the birth, but also includes pre- and post-natal care. She carefully describes how midwives implement sacred cultural practices, shaped by both Christianity and traditional Mayan beliefs, to foster the well-being of mothers and their babies. Such rituals include pre- and post-natal massage, various herbal remedies, sweat baths, and prayers. Cosminsky is careful not to glorify the practice of midwifery, especially in light of medical technology. However, she is thoughtful about promoting its advantages, especially the bond midwives form with the mothers and their incorporation of important cultural practices. Furthermore, she excels in her rich illustrations of María and Siriaca’s approach to maternal health, diligently naming each herb included in the comadronas’ remedies and thoughtfully detailing their massage techniques.

The tension between the midwives’ work and the guidelines of modern medicine advanced by Guatemala’s Ministry of Health (MOH) at the suggestion of international aid groups like the World Health Organization (WHO) is a core theme of the book. More specifically, WHO has discouraged the training of midwives in favor of skilled attendants. The implication, as eloquently articulated by Cosminsky, is “that they [midwives] do not have any skills, rather than that they have valuable skills that are different from biomedical ones” (p. 220).

Despite the good intentions of organizations like WHO to promote maternal and child health, a blind application of a biomedical model to childbirth without careful consideration of cultural traditions may have unforeseen consequences. For example, the implementation of such a model may leave mothers and midwives disempowered. Cosminsky also notes that the WHO guidelines for childbirth are constantly changing; oftentimes the new standards are not quickly passed down to Guatemalan midwives, so they are working with outdated information. Although childbirth is the central issue in this book, the universal

(Continued on page 19)
implementation of solutions to other healthcare topics by international non-governmental organizations (NGOs) likely would be well served by more attention to culture.

As an alternative to implementing the universal guidelines of aid organizations, Cosminsky argues for culturally informed and realistic recommendations to reduce the friction between midwives and medical providers. Her recommendations, like allowing the midwife to accompany her patient in the hospital, not only validate midwives’ work, but also maintain the relationship between the comadrona and the mother. As Cosminsky notes, despite a devaluing of the midwife’s role in childbirth, Guatemalan hospitals do not have the resources to care for all of the country’s women during labor and delivery. Instead of discouraging comadronas’ contributions and closing midwifery training programs, the MOH should strengthen relations between midwives and other health care professionals, both when training midwives and providing maternal care.

One such initiative not mentioned by Cosminsky is Casas Maternas (birthing facilities; Stollak, Valdez, Rivas, & Perry, 2016). Located in the highlands of Guatemala, Casas Maternas presents an alternative model for providing indigenous Guatemalan mothers with a safe place to labor and deliver in an environment that respects and encourages the practice of cultural traditions. Curamericas, the international NGO that sponsors Casas Maternas, recognizes “that comadronas are inextricably embedded in the local culture and are thus essential partners [emphasis added] for improving maternal and newborn care” (Stollak et al., 2016, p. 116). In a Casa Materna, the nurse, who performs most of the deliveries, is Mayan and speaks the local Mayan language. The staff receives a year of training from the MOH and a 2-month assistantship at a Casa Materna; a physician and obstetric nurse oversee that 2-month training. Many of the mothers interviewed about their experiences at their local Casa Materna suggested that these facilities provide an ideal setting, as they are situated within the mothers’ communities and are respectful of local customs, yet they are medically equipped to treat mothers and babies in an emergency.

Cosminsky’s observation that the inability of the many maternal health organizations to work together is a major barrier in their progress resonated deeply with us. In fact, Guatemala has more NGOs than any other Central American country (Allison, 2013). Cosminsky’s recommendation for these groups to work together to maximize their resources taps a much larger issue than maternal health. It raises important but often unanswered questions about how aid organizations’ efforts can be best supported in a country like Guatemala. Recognizing similarities and maximizing strengths across organizations is central to successfully addressing the myriad issues championed by those groups. This message is among Cosminsky’s most important contributions.

Beyond issues of maternal health, Cosminsky’s account of midwives’ work on a finca reveals deep-rooted prejudices that prevail in Guatemalan culture. First, midwives and mothers are disempowered in the birthing process because of their gender. This discrimination can occur in a healthcare setting when a physician interacts with his female patient (most doctors, especially in rural areas, are male) or when a husband’s wishes supersede those of his wife. Guatemala is a country bound by strict gender roles and machismo, which is associated with hypermasculinity, aggression, and the idea that women should be subservient to men (Gibbons & Luna, 2015). Consequently, either with her doctor or her husband, a women’s voice often goes unheard or her opinion discounted.

Ethnicity also contributes to women’s disempowerment. Guatemala comprises two primary ethnic groups, Ladinos (those of mixed indigenous and European descent) and indigenous Maya (Central Intelligence Agency [CIA], 2016). The indigenous people are traditionally poorer, have lower levels of education, and lower status jobs (Programa de las Naciones Unidas para el Desarrollo Humano [PNUD], 2005). Ladinos, in contrast, hold higher socioeconomic status because of their higher income and education levels. Guatemalan physicians are Ladino and that status conveys power. In contrast, the comadronas and the mothers in Cosminsky’s book were all indigenous. The doctors often treat midwives in a condescending manner, discounting their knowledge and experience, in part because of their ethnic background. These observations are consistent with other research in Guatemala in which Ladinos discriminate against the indigenous Maya (Ashdown, Gibbons, Hackathorn, & Harvey, 2011; Gibbons & Ashdown, 2010). In addition to gender-and ethnic-based discrimination, the indigenous women and their families also faced prejudice due to their low socioeconomic status.

Barbara Rogoff’s (2011) book about a Mayan midwife, Chona, from San Pedro la Laguna touches on many of the same themes that Cosminsky highlights. In particular, Rogoff describes the important role that cultural customs play in maternal care and child development. For example, Chona, Maria, and Siriaca all use sweat baths and herbal remedies to promote maternal health. Rogoff, however, uses more of a biographical approach to reveal the midwifery practices in another rural Guatemalan setting detailing Chona’s journey to becoming a midwife—her destiny. Both Rogoff’s and Cosminsky’s books make important contributions to the literature and can be seen as complimentary.

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Cosminsky’s (2016) book reminds readers of the importance of cultural context, even in the universal event of childbirth. Developmental and health psychologists will find the topics of maternal health and childbirth of interest. They will also appreciate the careful detail in which the author explains the intricacies of pre- and postnatal care that María and Siriaca have provided to Guatemalan mothers for decades. Finally, the messages that Cosminsky so clearly conveys about the role of tradition and cultural sensitivity and the limitations of NGOs and international aid organizations will resonate with researchers and practitioners who, in concert with culture bearers, work to make life better for people internationally.

References

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Multiculturalism and Intergroup Relations: Psychological Implications for Democracy in Global Context
by Fathali M. Moghaddam, PhD
This book explores intergroup violence and terrorism in a variety of cultures through a psychological lens. It also discusses the concepts of assimilation and multiculturalism particularly for nations that have experienced an increase in diversity within their borders.

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The authors examine the constructs of multiculturalism that expand beyond the standards of race, gender, sexual orientation, and religion. The book highlights multicultural and international competence specifically in three professional disciplines – business, mental health, and education.
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