Welcome to the last newsletter issue of 2016! This column marks the 34th I have written as Senior Director of APA’s Office of International Affairs over the last 11 years. In these columns I have tried to address some of the opportunities and challenges in internationalization and international engagement, from the perspective of a national association and of an office whose goal is to develop resources and service for psychology members.

During this time there have been momentous changes in the landscape of our discipline—psychology has become more consciously international, it has begun to explicitly address issues of universality, epistemology, diversity, and culture as part of the “mainstream” dialogue and APA has strengthened its international partnerships, outreach, and engagement, increasingly with a “learning partner”-oriented attitude.

In this column, the last from this vantage point, I reflect on my understanding of internationalization and international engagement, and ponder some of the following “lessons learned”:  

- Internationalization means different things in different places.
- Effective international engagement is not automatic (but it can be learned); effective international engagement always requires listening, observing, and testing assumptions (e.g., the best default is to assume you need guidance).
- We are not “all the same.”
- Developing international relations, networks, and projects takes time and requires “staying the course.”
- The world of psychology is marvelously large and diverse. It is easy to remain siloed in our own disciplinary/geographical/content areas, yet the times demand that we come out of our comfort zones.
- International engagement is crucial for APA as an organization and for APA members as individuals.

Internationalization may not always be seen as a positive—it means different things in different places

How one views internationalization, and the benefits of adopting an international perspective, varies depending, among other things, on the strength of local institutions and models of psychology, and on one’s specific history—whether the psychology taught and practiced in the country is seen as emerging from the local context or as imported or imposed on the local context. Thus, for the US, internationalization is seen as a way of expanding U.S. psychology’s current

(Continued on page 2)
inwardly focused perspective and as providing data for extending the generalizability of findings and models mostly generated in the US. In contrast, for Brazil, for example, internationalization is perceived more as a move to expand the perspective and reach of the country’s local psychological community, and to increase visibility into a broader context. In yet another contrast, for psychologists in countries that are struggling to adapt their mostly imported psychology texts and measures, internationalization may mean strengthening local and regional research, scholarship and collaborations. What is common to these different meanings is a desire to entertain multiple perspectives on psychological phenomenon and explanations. And what is important to remember in discussion about emerging trends or directions is that these different perspectives arise from different histories. For those who have experience in trying to adapt US-based constructs or assessments in a different social or cultural or language milieu, internationalization may be seen as irrelevant or even harmful.

**We are not “all the same”**

We need to celebrate and respect differences. One of the truisms that we espouse when talking about intergroup harmony is “we are all the same” in some dimension. While it’s true that finding commonalities can help build bridges, this is a dangerous cliché. Across the world we are profoundly not the same in perspective, culture, customs, or even personality or sense of identity. But this does not mean that we cannot meaningfully interact, deeply learn, and engage with respect – indeed it is from acknowledging and honoring differences that we can learn, learn to expand our models, and generate new ideas for research and application.

**Effective international engagement is not automatic (but it can be learned)**

Effective international engagement always requires listening, observing, and testing assumptions (e.g. the best default is to assume you need guidance). Being an effective international psychologist does not occur merely by going to a new place, culture or language group. Rather, like any visitor, it is important to read up on the context and issues, observe, and try to understand local sensibilities. But beyond that, it is also important to remember the deepest biases of human perception and cognition – we see what we expect, we interpret in our own pre-set categories, and we search for confirming evidence of what we think we know. Being an effective international psychologists requires us to figure out how to look around our automatic cultural lens, and try to see the world from other perspectives.

**Developing international relations, networks, and projects takes time and requires “staying the course”**

Over the last decade I have witnessed the beginnings of structures and activities in the international psychology world – examples include IPSyNet [http://www.apa.org/ipsynet/] (which started in 2005), the MOU program [http://www.apa.org/international/outreach/understanding-memorandum/index.aspx] (restarted in 2007), the rapid growth of international-regional associations (2000’s until now), and the development of international consensus on important psychology infrastructure (e.g., the Universal Declaration of Ethical Principles for Psychologists [http://www.iupsys.net/about/governance/universal-declaration-of-ethical-principles-for-psychologists.html]; EuroPsy [http://www.europsy-eupa.eu]; international Project on Competence in Psychology [http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/Guidelines/IPCP-_THEDECLARATION_Final.pdf]). In each of these cases the origins and early years of what are now thriving networks, programs and organizations, if measured at the time, would not have predicted what they have become. It took persistence and steady presence to develop a critical mass of people or organizations or activities to become “something” – EuroPsy is a good example – when it was first launched, there were those who lamented the slow uptake and small numbers. But now, a decade down the road, it offers a thriving model of educational training credentialing and mobility. Another example is CANPA [http://canpanet.org], the regional organization that just sponsored its third conference. It took until this conference – 9 years after the initial gatherings – for the organization’s identity and the region’s identity to be palpable and for leaders to find resonance when they talked about a local community, defining its goals, and laying out a strategic map.

**International engagement is crucial for APA as an organization and for APA members as individuals**

As one of my last tasks at APA, I have been asked by the APA Board of Directors to share some thoughts on why international engagement is important to APA. I will share these here as well, because they illustrate many of the lessons I have gratefully learned over the last more-than-a-decade.

**Question: Why is international engagement important for APA?**

**My Reply:** The answer to this question could refer to a number of reasons that are true and that are compelling -- humanitarian reasons of building the discipline in those areas of the world where psychology is recently emerging, or societal reasons of encouraging us all to address our psychology expertise to solving world challenges; or I could refer to knowledge and science benefits -- psychology’s collective knowledge is too U.S.-based, framed in western models of the self and identity, and missing important insights from other intellectual, scientific and disciplinary traditions. Supplementing and even changing this inward looking perspective through international engagement will

(Continued on page 3)
promote a knowledge base that is more rich, comprehensive and probably more effective in application.

However, the answer that most pertains to APA as an organization and as the voice for the U.S. in organized psychology, is to have a voice at the table in those scientific, policy, educational, regulation, and disciplinary discussions that imagine future directions for the discipline and for its applications, and that map out directions in those areas important to psychologists – science, education, health, social justice, and well-being.

Why is this important and don’t we do this already? My answer might have been different even only a few years ago. At one point, when most psychologists in the world lived in the U.S., and most discussions of such “big issues” included U.S. voices as a matter of course, U.S. voices were prominent. But today the world and the world of psychology are different. First, the demographics have changed – the number of psychologists in the U.S. is outweighed by the number of psychologists in other regions of the world – there are many more psychologists in Latin America or Europe than in the U.S., close to as many or more in Asia. There are vibrant and independent psychology communities coming from every continent. The face of psychology has changed too – strong social pressures and local challenges have led psychologists around the world to develop solutions to issues U.S. psychologists are only beginning to address – migration, war violence, rural mental health, education systems, primary care – making it more important for U.S. psychology to be knowledgeable about world trends and solution. And the attitude toward the U.S. and U.S. psychologists has changed as well. We are no longer seen as the most prominent arbiter of scientific, moral, ethical or pragmatic challenges. In many cases U.S. perspectives are not needed and in some cases not wanted.

This makes it critical for APA, and for U.S. psychology that we find a place at the global discussion table, to be part of the discussion, as a trusted partner. Even though we are in a fast, technological world that allows all sorts of communications, and even though countless projects and products are available, doing this with international partners, especially organizational ones, requires sustained knowledge of each other and trust. One of the important outcomes of sustained international engagement (and one that is visible in the MOU program, and in other sustained programs that have been international, such as the Work Stress and Health conferences [http://www.apa.org/wsh/]), or that have become international such as the ACT program [http://www.apa.org/act/], is that we have developed a cadre of peers who trust us – leaders and future leaders in organizations with whom we have long term relations – we attend their meetings they attend ours, we meet at other meetings and give presentations together or are on panels together and socialize and eat together. And through the constancy of these relations, APA is able to be at the table, and to help define the conversation. We are also in a position to engage in difficult dialogues about APA and its policies and actions, to understand others’ perspectives, and to represent our own. Imagine who you call into your inner circle for discussion and advice - it’s those with whom you have sustained relationships.

To develop sustained relationships requires thoughtful attention. It requires the constancy of simply “being there”. This is why we encourage APA leaders at all levels to join in international meetings not as tourists but as engaged participants, and why we support the development of training, and promotion of reflection and skills to be effective international partners. Maintaining sustained relationships also requires attention to the issues and challenges discussed at these meetings. And it requires a humility and awareness to approach international relations and partnerships with a sense of curiosity, of learning, and of respect – not seeing sometimes different ways of doing psychology or constructs or models new to us as less than ours but as an opportunity to learn how other smart fellow psychologists have defined and approached the issues they confront.

**Last lesson learned**

And last – I have learned that the outcomes of reflection, humility, critical thinking and international learning do not lead to an endpoint. No matter how much I think I have learned, the most important piece of my gained knowledge is that I will never completely “get it” in the world of international understanding – but that is the challenge and excitement of doing this work.

**Gratitude**

In closing, I would like to express my immense gratitude to all my colleagues who have (and who still will) shown me grace, patience, insight, and sometimes frustration as I do try to “get it”, and to APA, which has allowed me the good fortune to match vocation and avocation for almost 20 years. ∏
Across the globe, there is increasing discussion by international leaders in mental health on the role of mental health professionals in healthcare systems (The Monitor, 2016). Zanmi Lasante (ZL), the Haitian sister-organization of Partners in Health (PIH), a Boston-headquartered healthcare non-profit corporation, is striving to build an integrated mental health system that can be replicated throughout the developing world. The ZL psychologists are demonstrating how psychologists represent a significant part, or "poto mitan" in Haitian Creole, of multidisciplinary mental health services in rural Haiti.

Zanmi Lasante and Partners in Health

PIH is a well-known giant in the international realm of non-governmental organizations. It was founded over 30 years ago with the aim of providing the gold standard in medical services to rural low-resource communities in developing nations (PIH, n.d.). PIH’s story began in Haiti. In 1985, founders Paul Farmer, Jim Kim, Ophelia Dahl and Tom White sought to provide the best medical care for a small community of residents in the central plateau of Haiti (PIH, n.d.). With the guidance of Haitian collaborators, particularly Haitian Episcopalian Priest "Pere Lafontant" (Kidder, 2003) the first PIH institution, Zanmi Lasante (Haitian Creole translation for "Partners in Health"), and its health center specializing in free HIV/AIDS and multi-drug-resistant tuberculosis (MDR-TB) treatment was established in Cange, Haiti.

ZL presently staffs and operates 11 government-owned health centers and hospitals around the central plateau. In 2013, the organization opened doors to a 300-bed teaching hospital in Mirebalais, located about an hour north of Port-au-Prince. The ZL socio-medical system staffs over 5000 employees and offers a wide-range of services for its catchment area population of 1.2 million, as well as many other patients who travel from parts across the entire country to receive services.

The founders and their Haitian partners ultimately pioneered a model of community-based medical care rooted in principles of liberation theology and social justice that would be replicated around the world. Since opening the clinic in Cange, the organization has expanded its partnerships with national ministries of health to increase services for direly economically-disadvantaged and marginalized patients in over 10 countries. Lessons drawn from Peru, Rwanda, Lesotho, Malawi, Russia, Liberia, Mexico, and Sierra Leone, among other locations, have informed Farmer’s prolific contributions to the global discourse on access to healthcare in low-income countries.

Mental health services at Zanmi Lasante

Psychosocial services at ZL began with a few psychologists, social workers, and community health workers, all assisting with pre-and post-counseling and other related services for HIV/MDR-TB patients (Raviola, et al. 2012; Legha, 2015). The January 2010 earthquake in Haiti revealed a national mental health system in crisis and propelled many organizations to assess and address the country’s great mental health needs (Raviola et al., 2013; Grelotti, et al. 2015). Prior to the earthquake, Haiti’s mental health system lacked facilities, professional staff, and thus treatment options (Nicolas, Jean-Jacques, & Wheatley, 2012; Raviola et al., 2012; WHO/PAHO, 2010). In response to the urgent need for services, ZL trained several psychologists and social workers to deliver care to earthquake survivors in Internally Displaced Persons (IDP) camps in Port-au-Prince (Raviola, 2012).

In 2012, ZL was granted support from Grand Challenges

Continued on page 5
Canada (GCC) to augment its range and reach of mental health services. ZL focused on psychosis, epilepsy, depression, and child and adolescent mental health. The funding from GCC supported the implementation of a model of mental health care within which multiple providers share responsibility for patients based on levels of professional skill sets. The model, also known as the 5 x 5 model (Belkin et al., 2011), follows a stepped-care approach beginning with lay community members such as religious leaders and traditional healers as referral sources. Community health workers identify and refer patients. They also provide psychoeducation and adapted-psychological interventions, like Interpersonal Psychotherapy (IPT). Once patients are referred to the clinics, the system is designed to reinforce collaborative care among nurses, physicians, psychologists and social workers. Training packages for the priority mental health areas include care pathways, checklists, and assessment tools specific to each providers’ role in the system of care.

Presently, 15 psychologists, 12 social workers, and 35 community health workers staff the 12 facilities that comprise the ZL healthcare system. Additionally, through the Mario Pagenel Fellowship supported by PIH and Harvard Medical School, the program has hosted three U.S.-trained psychiatry fellows, each of whom have contributed to the training and professional development of residents and other medical staff across ZL sites during their terms.

ZL psychologists as leaders

Globally, notwithstanding differences in educational and professional standards, professional psychologists are regarded as behavioral health, communication, and psycho-diagnostic experts. The weaknesses of the mental health system in Haiti underscore the vacuum of professionals with these skills. In the past three years, the ZL mental health program has invested significantly in the development of professional psychologists to help fill this gap (Raviola et al., 2013).

ZL psychologists, despite initial challenges (Legha, 2015), are demonstrating their capacity to set the precedent for professional psychology in Haiti. While case management, assessment, and treatment are the psychologists’ primary responsibilities, patient advocacy is one of their most critical work tasks. At ZL facilities, hospitalized mentally-ill patients are treated in the units of other services; there are no separate psychiatric in-patient beds. Weeding through vague referrals, inaccurate diagnoses, or heavy stigmatization of psychiatric patients, psychologists help patients navigate and contend with the often overwhelming and perplexing medical system. They serve as the intermediary between medical providers and patients and their families, facilitating communication and clarifying expectations and wishes for care. In ambulatory care, the high demand for services over-extend the staffing resources, yet psychologists work steadfastly to deliver care to patients who make even greater sacrifices to receive care.

Community outreach is another unique activity of ZL psychologists. While it is not required, many psychologists participate in mobile clinic activities and assist community health workers with educational programs. Soon, psychologists will also collaborate with local teachers to support the management of various psychosocial needs as well as the referral process for students with more serious mental health concerns.

Natural disasters highlight the need for psychological leadership and skills

Facing the aftermath of another natural disaster just six years after the earthquake, psychosocial and mental health services have resurfaced as a national priority for Haiti after the recent strike of Hurricane Matthew. Similar to the earthquake response, ZL psychologists have been involved with the psychosocial assessment of hurricane survivors. It remains uncertain what support survivors will need. However, it can be speculated that more professionals who possess the advocacy, communication and clinical skills of psychologists can help place distressed Haitians on the path for psychological recovery.

References


(Continued on page 6)


About the author: Cidna Valentin, PhD, joined Partners in Health/Zanmi Lasante (PIH/ZL) in May 2015 as the Training and Quality Improvement Psychologist. She is presently based in Mirebalais, Haiti. Cidna provides clinical support to the staff of ZL psychologists. Prior to joining PIH/ZL, Cidna worked in Haiti’s educational sector with the City University of New York’s (CUNY) Haiti Initiative, a partnership with regional public universities throughout Haiti.

### The CRCP2016 Caribbean Regional Conference of Psychology: A visible step toward celebrating and building capacity in the region

**By Merry Bullock, PhD, Sr. Director Office of International Affairs and Chair, CANPA International Advisory Committee**

**Port au Prince, Haiti,** was host to the third Caribbean Regional Conference of Psychology (CRCP2016). Over 250 attendees from 25 countries (over half of them Caribbean countries or territories) spent the week of Nov. 7-11, 2016 in workshops, conference sessions and cultural events, exploring, discussing and exchanging information and expertise.

The conference theme - **Promoting Caribbean Health with Multiculturalism and Multilingualism: Challenges and Opportunities** - was evident throughout the meeting in the topics covered and in the conference structure. The structure was organized around keynotes/plenaries that covered each of the five conference subthemes: Promoting Caribbean Health and Well-being; Multiculturalism in the Caribbean; Multilingualism in the Caribbean; Caribbean Psychology Education and Training; and Challenges In Psychology. To promote multilingualism, each plenary offered simultaneous translation in three languages: English, French and Spanish, which made the discussion available to all the conference participants (who collectively represented at least six different language groups). Other sessions included papers given in the multiple languages of the region, and in those, colleagues stood in for each other and translated presentations, slides, discussion questions and answers.

Some topics stood out: there were many sessions that focused on the health theme of the conference, discussing models of health systems, health disparities, and regional challenges in health and mental health. There were also many sessions addressing identity, exploring Afrocentric perspectives, development of indigenous psychologies, and the meaning and expression of "mixed" identities in Caribbean and non-Caribbean contexts. Other sessions addressed the infrastructure for psychology education and training, and psychology’s development as a vital profession to promote well-being. These presentations cited challenges in infrastructure development, and offered strategies for curriculum and program building, involvement in policy discourse, and the development of professional organizations. Spread through the meeting were sessions addressing the topic of one of the plenaries – can psychology truly serve humanity? – with presentations on disaster response, response to trauma and domestic and gender violence, detailing the importance of local needs assessment, and

(Continued on page 7)
development of local expertise, constructs, and methodology for serving societal well-being in context.

The Haitian hosts, identified by red scarves and providing excellent hospitality, were leaders in the still-young Haitian Psychological Association (founded in 2010) and students from various Haitian universities. They welcomed conference attendees, kept the days running smoothly, and engaged actively in the conference sessions. During the meetings, the sponsoring organization, CANPA, the Caribbean Alliance of National Psychological Associations, was active. In a pre-conference day, the CANPA Executive Council and presidents from CANPA national member associations engaged in a strategic planning session, confirming a vision, a mission statement and goals, and outlining priorities for the next biennium. During the conference, CANPA held its bi-annual general assembly, admitting new member organizations and electing its officers for the next two years.

The goals of this CRCP, as of the previous ones, were to build a strong psychology in the Caribbean that is responsive to the needs of Caribbean peoples. As many pointed out during the conference, the variety of languages, histories, and contexts across the Caribbean may suggest many psychologies not just one. The challenge is to work collectively to build networks across the region to support developing a Caribbean-wide research base, professional structure, and educational system, while respecting the variety in legal, educational and professional systems (not to mention languages and histories).

Conference attendees left Haiti imbued with the spirit of the local psychology community, which brings talent, determination, and optimism, and engaged by the emerging identity of the Caribbean regional psychology community, as it addresses how to bridge distances, languages and cultures to promote the development of a strong discipline, and the wellbeing of the peoples in the Caribbean region. Ψ

APA International Learning Partner Program
2017 TRIP to Cuba

Tentative Dates Oct 24– Nov 9

⇒ Attend “Psicosalud” Conference (Health Psychology)
⇒ Site Visits
⇒ Seminars
⇒ Extended trip to Santiago de Cuba
⇒ Cultural and Professional Exchanges

See; http://www.apa.org/international/outreach/learning-partner.aspx
Email international@apa.org for more information
Committee on International Relations in Psychology (CIRP) Update

By Melissa Morgan Consoli, PhD and Arpana Inman, PhD, CIRP Co-Chairs

In November, APA’s Committee on International Relations in Psychology (CIRP) attended the fall consolidated meetings along with fellow APA boards and committees in Washington, D.C. We spent time productively, revising our strategic plan and devising projects to implement in service of this plan.

The first of these projects is the continued development of the Competencies for U.S. Psychologists Engaging Internationally (CPEI). Based on an acknowledgment than increasing international interaction brings new responsibilities to develop collaborations and partnerships that respect and acknowledge deep cultural, historical, and linguistic differences in the ways that knowledge is developed, taught, used, and validated, CIRP in 2013 adopted the goal of defining and articulating competencies for psychologists working internationally. In 2014, a CIRP sub-committee was tasked with defining the overarching structure of competencies for international engagement. The resulting framework posits three levels of competencies:

- **Foundational** competencies are meant to encompass the knowledge, skills and attitudes needed for any international engagement, regardless of purpose or discipline;
- **Psychology Infrastructure** competencies address general psychology-relevant international perspectives regardless of specific activity
- **Specific** competencies address international activities specific to research, clinical/applied interventions, teaching, or policy/program evaluation.

The CPEI were developed over two plus years by the subcommittee through an iterative consensual process. Descriptions of the project and materials in development were presented at several international and national conferences (i.e., APA, National Multi-Cultural Summit, Interamerican Congress of Psychology, International Congress of Psychology), where feedback was collected and incorporated into the document. The resulting document was on the cross-cutting agenda for the fall Consolidated Meetings for comments. The sub-committee is in the process of fine-tuning and finalizing the document based on these comments, adding examples collected from APA members who do international work, and preparing to develop the competencies descriptions into guidelines for international engagement.

Another project CIRP completed was the development of an international dissertation award for research involving any of a variety of contributions: those that foster international perspectives and enhance the understanding of international and global communities (e.g., international students, immigrants, refugees), that enhance psychological service delivery systems to international and global communities, that develop new concepts and/or theories relevant to international or global communities, that develop new and creative methodological paradigms that promote more effective research on or for international or global communities, and/or that demonstrate creative approaches in methodology sensitive to the unique values, beliefs, and needs of international and global communities. CIRP also developed a second award to recognize psychology programs that foster an international perspective. (see http://www.apa.org/international/resources/funding/index.aspx).

A completed CIRP project, the “Resolution on Promoting Global Perspectives in U.S. Psychology” will be on the spring APA Council agenda. Another resolution - “Promoting Psychologist’s Education About the Violations of the Rights of Women and Girls Globally” - is still under preparation. In addition to these projects, CIRP also supports International Scientific Meeting Support Award, which provides funds for scientific meetings to foster the exchange of knowledge among psychologists around the world, the Small Grants for the Development of National Psychological Associations, and the DIAG grant to support innovative ideas from Divisions for international initiatives.

At the end of its meeting, CIRP said goodbye to its longtime staff leader, Merry Bullock, PhD, and welcomed the new director for OIA and liaison for CIRP, Amanda Clinton, PhD. We are sorry to see Merry go, but were glad to have the chance to work with her and help celebrate her myriad accomplishments as director of the OIA for many years. We look forward to working with Amanda.
Although I am a psychologist by training, my work within Nimbo, Uzo-uwani Local Government Area, Enugu, Nigeria community was my first disaster response engagement. I had no prior training in disaster response as a mental health intervention. In this article, I discuss my experience with responding to a herdsmen attack that occurred in April 2016 in Nimbo and the culturally sensitive intervention approach utilized to mitigate the impact of this human-created disaster.

Context of attack

Herdsmen are men who practice nomadic rearing of cattle. The herdsmen are mostly of the Hausa/Fulani ethnic group. Nigeria has had numerous occurrences of herdsmen attacking indigenous community members when the herdsmen bring their cattle to graze on the farmlands of the indigenous community members. In such communities, farming is the principal way of life. The cattle eat the crops on the farms, causing farmers to risk losing their livelihood, and leading them to take defensive actions to protect their crops from the cattle. These actions often provoke the herdsmen to violently respond. Reports suggested that the Nimbo attack was precipitated by the actions the farming community had taken in the past to protect their farms from the herdsmen and their cattle.

The attack in Nimbo led to a massacre of babies, young boys and girls, adults and elders, and created widespread severe tension in Enugu, a city of over two million people. This tension was especially palpable in my university community at Godfrey Okoye University. After learning of the situation in Nimbo, I decided to visit the affected communities to assist them within my capacity as a nun and psychologist. I asked around at my church for colleagues who could accompany me to the community, but all of those I approached declined out of fear of the herdsmen. After countless refusals to go with me to Nimbo, I began feeling that the only option was to go to alone. I reached out to my students for support and one student volunteered to go with me. The chief security officer of our university and his brother also volunteered to be our guides on this journey to Nimbo.

Community entry and assessment of incident

When we arrived in the community, I met individuals who had returned from the places in which they had sought refuge during the attacks. I also started interacting with residents of the community as I entered. At one of the first houses, we met a lady who shared her experience of the attack. She reported that she had watched helplessly as the herdsmen butchered one of her brothers. Her other brother was still missing at the time of my visit.

Many residents gathered at the market square. I introduced myself and asked them what I could do to help them in this time of crisis. Many reported finding it difficult to go about their routine daily activities because they were fearful of meeting the herdsmen again. Some of the residents only visited the village during the day and returned to their places of refuge in the evening. After interacting with the residents at the market, I paid a courtesy call to the traditional ruler of the town to introduce my "team." We met officers of the National Emergency Management Agency and Red Cross at the palace who had just arrived to assess the situation. They were visiting the traditional ruler to talk about relief resources needed and distribution logistics.

After this initial visit, I spent time reflecting on how I could be of service to this community. I also asked my team members what they thought about how we could support the community. It appears the community was responsive to me because I am a nun. Nimbo community members typically do not share their personal experiences with strangers. This revelation strengthened my belief that being a nun enhances the skill sets of my other vocation as a psychologist.

(Continued on page 10)
Developing a plan for psychosocial support

I was frightened about returning to Nimbo. I had encountered some herdsmen four months prior to the attack in Nimbo after the burial of one of my students. These herdsmen had rifles which they shot sporadically. We were fortunate that our driver quickly reversed and drove us away from the scene. The visit to Nimbo challenged me to find good relevant resources that could prepare me for my return trip. I searched for training materials on the internet and found some useful websites. I completed an online training on disaster mental health intervention through the School of Public Health at John Hopkins University. I also sought out organizations such as the National Emergency Management Agency and the Red Cross with whom I could partner with to deliver disaster mental health services. I was further supported by the things I learned from the articles published in *Professional Psychology: Research and Practice* (2008) on Hurricanes Katrina and Rita. I felt more confident as I prepared to return to the community.

I also reflected on the popular perception of psychologists as people who analyze others (Weaver, Dingman, Morgan, Hong & North, 2000). In my case, there was no form of resistance from the community members. They openly shared their experiences with me and expressed their feelings willingly. As noted by Haskett and colleagues (2008), I noticed that many members of the Nimbo community expressed a profound faith and hope in God. They believed that prayer would help them overcome the tragic disaster and that God had not abandoned them. On another note, some of the people in the community described the attack as one driven by religious fanaticism. Other reports received from some community members bordered on the use of African traditional religion ritual called "odesii." Some people narrated that some young men prepared themselves with the ritual the night before the attack so that they could fight off the attackers. Unfortunately, some of the men failed while fighting back with only machetes against their attackers who had rifles.

Lessons learned and next steps

Finally, I have recently been able to meet with some of my psychology colleagues who agreed that we need to prepare ourselves to provide long-term disaster mental health services. We held a roundtable discussion on this issue at the Nigerian Psychological Association conference in October. We hope that we can develop a disaster response committee from this roundtable discussion. This experience of responding to Nimbo disaster has influenced my life in many ways. I have been able to broaden my knowledge in culturally sensitive disaster mental health response. I have been able to help my students to appreciate the vital roles of the field of psychology in helping to manage diverse societal challenges. I have also initiated communication with my colleagues on ways we could be relevant in our country, Nigeria, especially regarding the issue of violence in the country.

References


About the author: Mary Gloria C. Njoku, PhD, is a professor of psychology and the Dean of the Faculty of Management and Social Sciences, Godfrey Okoye University Enugu. She can be contacted at Faculty of Management and Social Sciences, Godfrey Okoye University, P.M.B 01014, Thinkers Corner, Enugu, Nigeria or via email: caelisgloria@sbcglobal.net.
APA-COLPSIC Professional Exchange

By Amanda B. Clinton, PhD, Sr. Director APA Office of International Affairs and Maria Luisa Ramirez, Psic., Deputy Director COLPSIC Office of International Affairs

A blueprint can be a guide or a plan for building or constructing something. APA’s memorandum of understanding (MOU) program provides a blueprint for enhancing interactions and a plan for identifying collaboration opportunities across countries and between associations. During two weeks in November, the bridges built via the "MOU blueprint" came to life for the Colombian College of Psychologists (COLPSIC) and staff at the American Psychological Association (APA) through a professional visit from Maria Luisa Ramírez, a Colombian psychologist and COLPSIC Deputy Director for International Affairs.

APA and COLPSIC signed an MOU nearly six years ago, in 2011. This agreement has served as a formal pathway for discussion between the associations and has led to the identification of tangible collaborative possibilities, such as information exchange, bilateral participation in each country’s national psychology conferences and professional events, and international exchanges of association staff and members.

COLPSIC, like the APA, is a non-profit organization. However, it is relatively young. COLPSIC was established in 2006 when Law 1090, the Professional Psychology Law, was passed in Colombia. COLPSIC counts 52,000 current members (of nearly 92,000 registered psychologists in Colombia). Like APA, COLPSIC’s goal is to represent psychologists in the country, to set standards for the profession, and to contribute to the development and growth of psychology as a science and in practice in the country.

Professional exchange: COLPSIC experiences APA

The international professional exchange, conducted in the context of the MOU relationship between APA and COLPSIC, took place over two weeks at APA headquarters in Washington D.C. Prior to arriving in D.C., Ramirez and her colleagues in Bogotá developed a detailed summary of areas of particular interest to COLPSIC. APA staff organized a packed schedule of meetings, events, observations, and introductions based on COLPSIC’s stated learning objectives. Some of COLPSIC’s goals for the exchange included: increasing knowledge about APA’s programs, strategies, and deepening understanding of the populations and diverse cultural realities addressed in U.S. approaches. Ramirez and APA staff also explored current issues facing psychology broadly and, more specifically, challenges related to the internationalization of psychology.

Ramírez met with staff from a variety of APA directorates and offices. She spoke with the Executive Director of Education and Education staff to discuss issues ranging from credentialing and mobility to accreditation processes. She discussed LGBT initiatives, violence in families, women’s issues, and policy in psychology in meetings with staff from the Public Interest Directorate. Ramírez shadowed OIA staff to gain an in-depth understanding of office procedures and functions. These meetings – and others – were organized to help her develop an overview of how APA works at both structural and functional levels and how a sophisticated organizational model supports interaction across academia, groups and individuals (state-level associations, divisions and members) and society in general.

Ramírez’s discussions with APA staff about procedures and strategies covered a wide range of topics including media relations, financial aspects of organizations, communication strategies, telepsychology, early career psychology, competence guidelines, public interest concerns and advocacy. As part of her experience with APA, Ramírez identified projects that could be explored from her own international office in Colombia, such as getting involved in United Nations initiatives and increasing Colombian participation in the ICD Global Clinical Research Network. Ramírez reflected: "It is not uncommon for organizations to concentrate only on the internal processes of their country when setting organizational goals and to overlook the possibility of fine-tuning their goals with an international perspective by identifying new and different opportunities in their own country through observation in other parts of the globe."

(continued on page 9)
In addition to meetings, Ramírez participated in specific APA activities. She attended the Leadership Institute for Women in Psychology (LIWP) which emphasized skills for creating positive change in organizational, institutional and practice settings; and she observed and participated in the fall meeting of the Committee on International Relations in Psychology (CIRP).

Professional exchange: APA learns from COLPSIC

The professional exchange between COLPSIC and APA generated new insights, ideas and collaborations for international psychology at APA. Discussions about unique aspects of psychology in the US and in Colombia and the key role psychologists played in the peace process in Colombia offered examples and ideas for APA on ways to foster the application of psychological science to policy, for example. The distinct ways in which each association is structured and their respective spheres of influence (licensure for practice is at a national level in Colombia and falls under the purview of COLPSIC, rather than state-level licensure such as in the U.S.) further stimulated conversations about practice and research in psychology.

Ramírez’s lengthy conversations with staff in the APA Office of International Affairs were particularly fruitful in considering how the two international offices might collaborate or learn from each other in terms of convention planning, specialized institutes or workshops, and questions of professional mobility. Ramírez’s visit to the APA and, in particular, time spent in the OIA, benefited staff in myriad ways. This professional exchange taught us about different systems, new issues (or old issues with new perspectives), and new cultures, while helping build collaborative bridges between organizations. Staff from across APA learned directly about the status of psychology in Colombia and the role of psychologists in Colombia’s peace process during a lunchtime brown bag presentation.

The COLPSIC- APA interchange also provided a model and motivation for developing similar activities with colleagues from other associations across the globe to continually increase our understanding and engagement as psychologists.

Enhancing MOUs through an international professional exchange

APA and COLPSIC’s MOU provides a context for interaction between the associations. Preparations for the professional exchange, which included discussion about expectations and interests on both sides, recruitment of APA staff across directorates and offices, and preparation of a meaningful schedule, provided a good blueprint for building bridges, planning short-term and long-term programs and projects, and exploring possibilities for collaboration. The connections afforded by an in-person professional visit meant that ideas could be immediately explored, expanded upon, and evaluated because everyone was in the same room together, strengthening ties between APA and COLPSIC and establishing a basis for future endeavors.

Stay current with APA’s OIA

- 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 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.
- Follow international news on twitter: @APA_Intl
Following World War II and the dawn of the nuclear age, the United Nations (UN) was organized and founded on core human rights principles intended to (1) prevent nuclear world war and (2) secure basic freedoms for all of humanity. Its “Charter of the United Nations” (UN, 1945) is a treaty that established the UN’s structure and organization. The UN’s landmark document, “Universal Declaration of Human Rights” (UDHR) (UN, 1948) defined the aspirations that fundamental rights are assured to every person simply by virtue of birth. Moreover, the UDHR assures universal values for the inherent human dignity and inalienable rights of all for freedoms and protections, regardless of identifying personal or group characteristic. These documents have been ratified by Member States comprising the UN General Assembly and therefore, their respective governments are committed to adhering to these basic principles that protect citizens’ rights.

Need for Additional Human Rights Protections for Individual Groups

Over the latter half of the 20th Century, it became apparent that despite assurances of universal human rights through ratified UN documents, certain sub-groups of the population were experiencing persistent and intractable forms of discrimination. These observations compelled UN members to acknowledge the fact that there were segments of the population in need of specific actions to protect their rights. Constituencies who promoted the rights and well-being of these groups successfully lobbied for additional core human rights conventions (treaties) for those vulnerable sub-groups deemed at significant risk for human rights violations. Prominent examples include the following:

- “Convention on the Rights of the Child” (CRC) (UN, 1989). This treaty addresses the specific concerns and needs of children. The CRC represents an historic effort that has inspired changes in laws to provide enhanced protections for children in all countries and cultures, during times of peace or war. It is the most widely ratified treaty in UN history.

- “Convention on the Elimination of All Forms of Discrimination against Women” (CEDAW) (UN, 1979). This treaty provides protections to the unique challenges to and violations of women’s rights. Commonly referred to as the international bill of rights for women, CEDAW elevates the equality for women and men and has been ratified by 187 countries.

Similarly, older persons (i.e., 60 to 65+ years) constitute another sub-group and vulnerable population who has experienced a unique and age-related form of discrimination, commonly called “ageism.” Similar to other “-isms,” negative and inaccurate stereotypes about ageism result in discrimination for this vulnerable population, often resulting in psychological distress. Is it also time for older persons to seek additional human rights protections?

Impact of Ageism: Psychological Perspectives

In Western societies, it is generally accepted that the age range between 60 to 65 years, which closely corresponds to “the retirement age,” is the demarcation point for the terms “older person” and “elder.” In other societies, the demarcation point is not related to age but to one’s diminishing ability, based on physical decline, to perform social and family obligations (Tan & Dupuis, 2013). In either

(Continued on page 14)
case, it was assumed that older persons became invisible to society, non-productive in society, and eventually useless. These assumptions, in part, gave rise to the term “ageism,” coined by Robert Butler in 1968 (Kelchner, 2000).

Ageism is a relatively recent area of empirical inquiry within the mental health community. According to Bellingtier and Sharifian (2016) of APA’s Div. 20 (Adult Development and Aging), “ageism refers to negative attitudes based on age, including negative feelings, age-based stereotypes and discrimination.” Kelchner (2000) asserts that “ageism exists in our society in both subtle and overt forms…. Discrimination against people because of their age, referred to as ageism, is a problem for the individual and for society” (pp. 85-86). Ageism becomes an issue when older persons experience discrimination, prejudice, and oppression because of their age.

Much of ageism is based on pre-judgments, or stereotypic beliefs (rooted in negative myths). According to Kelchner (2000), stereotypic psychological myths about older persons include rigidity, senility, memory loss, poor problem solving skills, depression, and dependency, among others, while the social myths include isolation, unattractiveness, and alienation, among others. Contrary to these stereotypes, a growing number of people 60+ years are active and relatively healthy, employed, and contributing to civil society. Examples in the U.S. include Pres. Jimmy Carter (92) who builds homes; James Earl Jones (85) who is acting; John McCain (80) who is an active Senator with a disability resulting from POW torture; and Sonia Sotomayor (62) who is a U.S. Supreme Court Justice. Internationally, Ellen Sirleaf (78) is the president of Liberia; Aung San Suu Kyi (71) is a Burmese statesperson and recipient of the Nobel Peace Prize; and Ban Ki-moon (72), originally from South Korea, heads the UN. Clearly, many inaccurate stereotypes and myths about older persons must be challenged.

Ageism and the Work Place. The above examples of older persons who are successfully employed are not exhaustive. The demographics of the work place have changed to reflect the increasing number of people 60+ years who are active and relatively healthy, employed, and contributing to civil society. Examples in the U.S. include Pres. Jimmy Carter (92) who builds homes; James Earl Jones (85) who is acting; John McCain (80) who is an active Senator with a disability resulting from POW torture; and Sonia Sotomayor (62) who is a U.S. Supreme Court Justice. Internationally, Ellen Sirleaf (78) is the president of Liberia; Aung San Suu Kyi (71) is a Burmese statesperson and recipient of the Nobel Peace Prize; and Ban Ki-moon (72), originally from South Korea, heads the UN. Clearly, many inaccurate stereotypes and myths about older persons must be challenged.

Ageism, Global Statistics, and Diversity. Ageism is a global problem. Although references in the mental health literature are from mostly Western countries (e.g., United Kingdom, Canada, Australia, Germany, Italy, Russia, and United States) (Pishchikova & Mamonova, 2015; Lyons, 2016; Tan & Dupuis, 2013), Pishchikova and Mamonova cite some chilling global statistics, which include the following:

- Six percent of older persons worldwide experience abuse in diverse forms. This includes physical, financial, and emotional abuse.
- In Europe, roughly 19% experience psychological abuse; fewer than 4% experience financial abuse; almost 3% experience physical abuse; and about 1% experience sexual abuse. Additionally, in Europe it is estimated that 8,500 die each year from homicide, with a third of these homicides caused by a relative. This elder abuse results from intentional acts of commission and omission by caregivers and relatives who cause harm to older persons or place them at risk for harm (Bellingtier & Sharifian, 2016; Tan & Dupuis, 2013).
- In Russia, there are reports of an increase in crime rates against older persons.
- In Canada, police reports of incidents related to violence against older persons have increased by 14%.

In the U.S., stereotypes about older persons reinforce a monolithic perception, which is inaccurate. Kelchner (2000) cites stereotypes such as “they are all alike; are all poor; all older persons are sick and depressed; they cannot function in society and are a burden; they all live alone; and they all die in institutions” (p. 91). The heterogeneity of older persons is seldom acknowledged. In Western societies, those who are poorer, ethnic minorities, women, disabled, or LGBT experience additional stressors related to their minority status in comparison to White, middle class, heterosexual, males (Nadimpalli et al., 2015; Lyons, 2016; Kelchner, 2000). Stressors such as economic and social inequities, along with the impact of discrimination and oppression, have been documented to result in a compromised quality of life and additional health challenges among sub-groups of older persons (Nadimpalli et al., 2015; Kasschau, 1977). Access to resources needed to combat stressors may not be available to provide services such as development of coping mechanisms and social skills, which impact one’s resilience to overcome health challenges. Without resilience, stressors have the potential to exacerbate psychological responses such as symptoms of depression. “Psychological factors, such as resilience and purpose in life, have been conceptualized as personal strengths that may weaken the pathway between stressful
life circumstances and poorer mental or physical health....

Social resources, such as social networks and lower levels of
social isolation may also be conceptualized as resources ...
[that] facilitate better management of the
stress” (Nadimpalli et al., 2015, p. 6).

Nadimpalli et al. (2015) and Kasschau (1977) examined the
effect of the confluence of age- and race-related
discrimination among a sub-group of older American ethnic
minorities. Kasschau focused on older African Americans,
Mexican Americans, and Whites in the Los Angeles area and
Nadimpalli et al. focused on African Americans in the Chicago
area. Kasschau reports individuals were reluctant to label
offensive experiences as age-related discrimination because
they must then perceive themselves as being “older persons.”
They perhaps were in denial about their ageing
process by attempting to look younger in order to avoid
inaccurate and negative stereotypes associated with “older
persons.” Nadimpalli et al.’s study concluded a relationship
exists between discrimination and symptoms of depression
in older African Americans.

In addition to the above stressors, older gay men in Australia
face sexuality-related discrimination. They encounter
stressors related to family rejection, feelings of shame, and
age-related stigma and discrimination from their mostly
youth-oriented gay community, from which they report
feeling increasingly marginalized, devalued, and invisible
(Lyons, 2016). These additional stressors and sense of
isolation increase symptoms of depression and anxiety as
well as decrease their resilience to cope (Lyons).

Negative stereotypes toward older persons might be
changing. This change might be partly due to their increased
visibility in the work place and in society and an enhanced
awareness about their contributions to civil society.
However, the change process is slow.

**UN International Day of Older Persons (UNIDOP)**

Older persons are one 21st Century constituency seeking
redress at the UN against age-related discrimination. One
opportunity to present their cause is the annual celebration
of the UN International Day of Older Persons (UNIDOP),
commemorated each October 1 (UN, 2016a). The 2016
program, “Take a Stand against Ageism,” represented IDOP’s
26th anniversary. Organized by the Non-Governmental
Organization (NGO) Committee on Ageing and the UN
Department of Economic and Social Affairs (ECOSOC) Focal
Point on Ageing and sponsored by the UN Permanent
Mission of Argentina, the program presented an argument
for challenging the destructive stereotypes of and the
longstanding misperceptions about ageing and older persons
(UN, 2016b). It was co-sponsored by the (1) 21-nation
“Group of Friends of Older Persons,” (2) UN Permanent
Missions of Singapore, Spain, Thailand, and the United
States, and (3) World Health Organization (WHO).

UN Secretary General Ban Ki-moon addressed the 2016
program stating, “I condemn ageism in all its forms and call
for measures to address this violation of human rights as we
strive to improve societies for people of all ages. This
demands changing the way older people are portrayed and
perceived, from being seen as a burden to being appreciated
for the many positive contributions they make to our human
family. I also call for greater legal guarantees of equality for
older persons to prevent ageism from resulting in
discriminatory policies, laws and treatment... Let us mark
the International Day for Older Persons by forcefully
rejecting all forms of ageism and working to enable older
persons to realize their potential as we honour our pledge to
build a life of dignity and human rights for all” (UN, 2016c).

The 2016 program was informative and celebratory with a
focus on (1) exploring and challenging cultural and media-
driven negative stereotypes; (2) promoting alternative
imaging of older persons that is positive, culturally relevant,
and inclusive; and (3) seeking accurate data analyses and
truthful reporting of achievements and facts that identify
and respect the contributions of older persons. The program
consisted of opening remarks by Drs. Janet Sigal and Nelida
Quintero, members of the APA UN NGO Representation,
among other speakers. An inspiring keynote address,
“Confronting Ageism – Or the Rest is Noise,” by Ms. Ashton
Applewhite a well-known activist and author of the book,
*The Chair Rocks: A Manifesto against Ageism* (2016)
followed. The program concluded with a panel discussion,
“Combating Ageism in Different Contexts,” which
encouraged interactive dialogue among representatives of
missions, media, NGOs, WHO, and UN, and with closing
remarks by His Excellency Mr. Peter Thomson, President of
the 71st General Assembly and Mr. Mateo Estreme, Deputy
Permanent Represent of the UN Mission of Argentina.

**Movement for a Convention against Ageism**

This year’s UNIDOP represents one action connected to a
nearly 35-year movement toward establishing international
human rights law to prohibit age discrimination against older
persons.

In 1982, the UN General Assembly adopted the
“International Plan of Action on Ageing,” which was initially
adopted by the World Assembly on Ageing earlier that year
(UN, 1982). Twenty years later the Second World Assembly
on Ageing established the “Madrid International Plan of
Action on Ageing” (UN, 2002) and as a follow up, the General
Assembly established the “Open-Ended Working Group on
Ageing,” charged with identifying gaps in international
protections and advocating for strengthening international
frameworks for the human rights of older persons. Since

(Continued on page 16)
that time the Working Group, by means of a series of UN resolutions, has created steady momentum for a comprehensive international legal instrument to promote and protect the rights and dignity of older persons (UN, 2016d).

Working group members, along with representatives of NGOs, have developed a series of justifications for the necessity for new legal protections for older persons including the following:

- There are gaps in existing human rights standards for older persons;
- Age is not recognized as a category of discrimination (as for example, gender, race, or ethnicity, among others);
- Age discrimination and ageism are widely tolerated globally;
- Older persons are rights holders, not simply subjects or objects of welfare;
- Older persons are vulnerable to exclusion during times of crisis;
- Some older persons are challenged by poverty, including homelessness, income insecurity, poor access to medical care, clean drinking water, and/or safe sanitation;
- Some older persons are at high risk for abuse and violence with severe consequences;
- It is to the benefit of society to respect older persons’ rights (NGO Committee on Ageing, 2016).

From the perspective of human rights, older persons face diverse challenges in need of special attention. Core human rights treaties provide general protections (e.g., “Convention on Economic, Social and Cultural Rights”), but gaps remain. Faced with the grinding effects of poverty, discrimination, violence and abuse for some older persons, the need for explicit reference to the guarantee of the human rights of older persons needs specific detail and protection for what is estimated to be one in five people in the world.

In recognition of UNIDOP, the Secretary-General called for rejecting ageism and promoted securing specific legal protections for older persons. Mr. Ban Ki-moon’s message was reiterated by numerous UNIDOP speakers who celebrated the achievements of older persons and advocated for representatives of Member States to reject ageism. Collectively, speakers addressed the future of older persons through action in the form of a new international human rights law.

References


NGO Committee on Ageing. (2016). *Strengthening older...* (Continued on page 17)

About the Co-Authors: Juneau Gary, PsyD, (APA main representative to DPI) is a professor in the department of counselor education at Kean University in Union, New Jersey. Neal S. Rubin, PhD, ABPP, (APA representative to DPI) is a professor at the Illinois School of Professional Psychology of Argosy University in Chicago.

For more information, please visit: http://www.mepa2017.com/index.php
A Brief Introduction to the Clinical and Counseling Psychology Registration System (CCPRS) in China

By Mingyi Qian, PhD

Approved by the Executive Council of the Chinese Psychological Society (CPS), the Chinese Clinical and Counseling Psychology Registration System (hereafter referred to as Registration System) was established on February 5th, 2007. On July 29, 2014, the Executive Council of CPS appointed the Clinical Psychology Registration Work Committee to assume the leadership role over the Registration System.

The Registration System upholds the principles of justice, democracy, science, responsibility. It is a non-profit and professional quality control system, designed to ensure the qualification of mental health providers and quality of training facilities as well as facilitating the professional development of providers and training facilities.

There are registration criteria for both individuals and institutions. After a stringent evaluation process, individuals can be registered as assistant psychologists, psychologists, and supervisors, and all of them can become members of the registration system. Re-registration is required of all members every 3 years. There are also clinical training facility and continuous education program registrations, as well as the registration of institutions for internship. The registration for master’s and doctoral training programs is still under development.

Presently, there are more than 900 members in the system, distributed in 29 provinces and cities all over China. Many of the registered individuals are recognized as notable experts in the field.

Referencing to the relevant documents of the professional organizations in Europe, America, Hong Kong and Taiwan, the registration system developed the first ethical code that has been implemented in mainland China. An ethical committee was formed. Ever since the committee was established in 2007, a rather large number of ethical complaints have been received and processed, including the first complaint about a mental health counselor having improper sexual relations with a client, which was addressed in 2015.

Beginning in 2012, under the leadership of CPS, the registration system has undertaken a sub-project of the Ability Lifting project, and has started building supervision programs all over China. It is a non-profit project. At this time, 20 provinces and cities have participated in this initiative. All participants’ competencies have improved since participating in trainings and supervisions.

The registration system has hosted several national conferences and seminars. Leading members of the registration system have visited some European countries and the United States to learn about professional quality control practice. They have also attended several international conferences. The registration system has had wide influence within mainland China and gained a good international reputation.

Note: All the documents can be found in both Chinese and English at http://www.chinacpb.org/.

About the Author: Mingyi Qian, PhD, is a Professor and head of Clinical Psychology in the Department of Psychology at Peking University. Her main work is in the area of clinical psychology, including teaching and research. She is now the Vice Chairman of the Division of Clinical and Counseling Psychology, Chinese Psychological Society and Vice Chairman of the Division of Psychotherapy and Counseling, Chinese Association of Mental Health.
The Pathologization of Everyday Life: Diagnostic Discourses and Their Looping Effects

A review of Diagnostic Cultures: A Cultural Approach to the Pathologization of Modern Life (Classical and Contemporary Social Theory) by Svend Brinkmann


Reviewed by Donald R. Marks and Larissa Redziniak

In his influential work The Normal and the Pathological, the French physician and philosopher of science Georges Canguilhem (1989) observed that “in the long run, a malaise arises from not being sick in a world where there are sick men” (p. 286). Canguilhem pointed to the ways that distinguishing pathology both made possible and shaped the experience of “normal.” In his latest book Diagnostic Cultures, Svend Brinkmann, author of Psychology as a Moral Science (Brinkmann, 2011) and John Dewey: Science for a Changing World (Brinkmann, 2013), provides a captivating analysis of the ways that use of medical diagnoses to categorize human behavior has altered our inner experience and our everyday social lives. Citing the Vygotskyan psychological theorist Jaan Valsiner (2014), Brinkmann describes his project as “cultural psychology.” He frequently cites a central tenet of that approach: the fallacy of “entification,” in which constructs such as “mind” and “personality” are reified as independent agents. Instead, Brinkmann offers a post-Cartesian perspective in which “mind” is considered as a verb—“an activity or process rather than a static entity” (p. 18)—or, in other words, a set of actions that persons perform.

Brinkmann augments this cultural psychology perspective with use of Ian Hacking’s (1995) argument that psychological categories, including psychiatric diagnoses, refer not to natural kinds or essences but to “human kinds.” Unlike natural phenomena, such as chemical properties or planetary movements, human kinds occur only within the context of human institutions and relationships. As Brinkmann notes, one could only be considered a “king” within a world that includes the institution of monarchy, whereas water was H2O before there was a discourse of chemistry. Moreover, Brinkmann highlights Hacking’s contention that human kinds interact with the descriptions applied to them and, in so doing, exert influence on themselves. This phenomenon, which Hacking has dubbed “a looping effect,” refers to the way that human kinds affect their own classification and the behaviors associated with the classification. For example, those who have been classified and described as “schizophrenic” may tend to behave in ways that conform to the descriptions associated with that classification. In addition, those who have been classified may exert influence over the classification by altering their behavior and reshaping the description to include new actions or experiences. Labels such as “mad” or “Asperger’s” may be reappropriated and redeployed to exert new types of social relations and effects that are often destigmatizing or freeing, though such beneficial outcomes do not always result. Quoting Hacking, Brinkmann notes that “when new descriptions become available...there are new things to choose to do” (p. 37).

It is vital to note that Brinkmann’s analysis of diagnostic cultures does not constitute a facile rejection of psychiatric diagnoses in the manner of Thomas Szasz’s (1974) “myth of mental illness.” To the contrary, Brinkmann argues that human kinds are “just as real as natural kinds.” As he helpfully notes, the recognition that depression is a human kind rather than a natural kind (i.e., that depression is discursively constituted) does not make the condition any less grave for those who suffer with it. He observes that a diagnosis takes on discursive legitimacy as long as three criteria identified by sociologist of science Annemarie Jutel (2011) have been satisfied: (a) the

(Continued on page 20)
condition is commonly recognized within society as harmful or undesirable, (b) there is a technical capacity to identify the condition (e.g., tests, symptom checklists), and (c) the condition must be assimilable into the culture’s “language of suffering” (i.e., it must be medicalized rather than considered a moral or spiritual problem). At the same time, however, Brinkmann underscores the unintended and typically deleterious consequences that have resulted from placing psychiatric diagnoses on the same footing as discrete biological disease processes. Such essentializing theories of “mental illness” have contributed to portrayals of those with mental health diagnoses as “categorically abnormal, immutably afflicted, and essentially different” (p. 39), and they have been associated with increased stigmatization (Schomerus et al., 2012) and reduced empathy, even among clinicians (Lebowitz & Ahn, 2014).

The Diagnostic Tattoo

Brinkmann’s analysis is especially strong when he considers the experiences of persons living in particular discursive contexts, or in his phrasing, “people who may be looking for conceptual resources with which to explain their problems and render their suffering meaningful” (p. 63). Specifically, he contends that these individuals use psychiatric diagnoses as “semiotic mediators,” an analysis that relies on a Vygotskian concept of mediation critics have considered inflated or overly extensive (see Gaete & Cornejo, 2012). The mediating functions to which Brinkmann refers here encompass three broad dimensions: (a) explanatory mediation, (b) self-affirming mediation, and (c) disclaiming mediation.

Explanatory mediation refers to the way that individuals use the diagnosis as a means of explaining behavior. Brinkmann, who relies on examples drawn from his own clinical work with an attention deficit/hyperactivity disorder (ADHD) support group, provides the example of Michael, an individual diagnosed with ADHD who reports occasional aggressive outbursts. “When I received the diagnosis,” Michael says, “I finally got an explanation why I snap” (p. 67). Brinkmann notes that those using diagnostic categories for purposes of explanatory mediation are seldom directly aware of the circularity in their explanations (e.g., the use of ADHD as an explanation for the very behaviors used to identify and diagnose ADHD). In addition, explanatory mediation often hinges on entification and the positing of a harmful agent or disease process within the diagnosed individual—a line of thinking and conduct that contributes to stigmatization. Such reifications also lead to what Brinkmann calls “brainism,” or the social process of anchoring uncertainties regarding the causes of human behavior in the central nervous system through appeals to apparently scientific studies that employ brain-imaging technologies. As a consequence, errant tropes regarding the “broken brain” and “chemical imbalances” proliferate, crude biologism takes hold on an ever-wider scale, and social or relational perspectives on behavior change fade from view.

By self-affirming mediation, on the other hand, Brinkmann refers to the role of confirmation bias in maintaining the diagnosis. Again relying on his work with individuals diagnosed with ADHD, Brinkmann points to the tendency to view even everyday difficulties (e.g., losing one’s keys) as evidence of one’s diagnosis. In addition, self-affirming mediation includes use of behaviors that typically would be considered inconsistent with the disorder as evidence for the disorder. He cites the example of William, a storehouse clerk, who associates his desire to “keep everything in order and avoid chaos” (p. 70) with his ADHD, and provides numerous other examples of contradictory symptoms used by sufferers to support their diagnostic claims. Under this heading, Brinkmann also considers the propensity of those diagnosed with a given disorder to embrace their diagnoses as part of their cultural identity. The distressed response of the “Aspie” community at the removal of Asperger syndrome from the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) offers a case in point. Brinkmann also describes a participant in his ADHD group who elected to have the letters “A D H D” tattooed across his chest. Disclaiming mediation, for Brinkmann, refers to use of the diagnosis as a means of renouncing responsibility for one’s actions. In the case of Michael who “snaps,” for example, the disease process presumably underlying ADHD can serve as the entity responsible for his temper outbursts, allowing him to distance himself from his own behavior. Human beings have a longstanding habit of disclaiming responsibility when intoxicated—“that must be the wine talking!”—and for many, psychiatric diagnoses now serve a similar function. When others show irritation at an individual for insisting on having things his or her way, the person might, for example, disclaim responsibility by saying, “It’s my OCD!” Some psychotherapies, such as narrative therapy, Brinkmann notes, have used externalizing metaphors that resemble disclaiming. In those interventions, however, the disorder is typically portrayed as an “entity” in an effort to create alternative conditions of responding (e.g., that urge to wash my hands is “just my OCD talking,” I can freely pursue what matters to me even when the OCD urge is present—and without washing).

Toward a Theory of Human Kinds

Brinkmann engages in an effort to provide a more comprehensive and socially useful understanding of psychiatric diagnosis. His goal in this endeavor is to
navigate a path between biological essentialism, on one hand, and a naïve social constructionism, on the other. Maintaining his contention that mental disorders are not natural kinds or biological essences located in the brain, he also argues that it is hardly sufficient to consider them as merely collective fictions or simply as ordinary human behaviors subjected to pathologizing discourse. Reviewing territory covered in philosopher Derek Bolton’s (2008) book, What Is a Mental Disorder?, Brinkmann dismantles a variety of pathologizing perspectives. Regarding neuroscientific theory, he notes that despite advances in neuroimaging technology, mental disorders continue to be assessed phenomenologically and behaviorally. Meaningful biomarkers seem nowhere to be found. Medical theory, which corresponds simply to distinguishing between “the normal and the pathological,” suffers from lack of coherent norms and agreement about what a natural human function would be in the context of culturally and socially shaped behavior. It should be noted that as the human condition is progressively psychiatrized and the number of diagnostic categories continues to metastasize, it becomes increasingly rare, or “abnormal,” not to be sick. Jerome Wakefield’s (1992) theory of mental disorder as “dysfunction” raises a similar problem regarding the evaluative criteria against which function and dysfunction could be judged. Finally, still following Bolton, Brinkmann also considers Karl Jaspers’ (1963) definition of psychopathology as a breakdown of socially meaningful connections between what happens in life and a person’s reaction to it. Of the theories proffered, Brinkmann prefers Jaspers’ given its cultural moorings, though he concedes it lacks specificity and fails to reflect the social processes that inform the experiences of the individual diagnosed.

Ultimately, Brinkmann opts to view mental disorders as “boundary objects,” which represent a hybrid interaction of nature and culture—an interaction that includes the discursive looping effects posited by Hacking (1995) in his discussion of human kinds. In this way, Brinkmann contends, what we refer to as “mental disorders” cannot be said to be located “in the mind.” Indeed, Brinkmann argues, these disorders cannot be specifically found in any given location but could be viewed, more usefully, as distributed processes involving embodied sociocultural practices. He notes that such a distributed conceptualization of human experience has been widely accepted for the phenomenon of “stress.” As defined by Lazarus and Folkman (1984) and others, “stress” relies on a robust contextualization involving physiological factors, cognitive appraisals, behavioral responses, social relationships, and environmental interactions. Throughout this discussion, Brinkmann emphasizes the importance of seeing phenomena such as psychological distress or “mental problems” as pertaining to whole persons. They are “experienced, had, and done by persons” (p. 126; emphasis in the original) and, as such, cannot be reduced to problems or processes located within the person. This rich conceptualization suggests the utility of a more tentative—and considerably less reductive, circular, and stigmatizing—approach to nosological activity than much of what one finds in contemporary texts concerning psychopathology (cf., Craighead, Miklowitz, & Craighead, 2013). Professional psychologists and their clients could benefit from exploration of the avenues that Brinkmann has charted in this brief and compelling book.

References

ANNOUNCEMENTS: Awards and Grants

CIRP Outstanding Dissertation Award
The committee sponsors an award for the most outstanding psychology dissertation on international and global communities.
**Deadline: January 17, 2017**
Sponsor: Committee on International Relations in Psychology (CIRP)
http://apa.org/about/awards/cirp-dissertation-award.aspx

CIRP Recognition of Programs Fostering International and Global Perspectives
The committee sponsors an award for a doctoral program that has demonstrated an overall commitment to international issues.
**Deadline: January 17, 2017**
Sponsor: Committee on International Relations in Psychology (CIRP)
http://apa.org/about/awards/cirp-global-perspectives.aspx

Division 14 International Research and Collaboration (IRC) Small Grant
This grant program encourages research of a global or cross-cultural nature, conducted by international research teams, related to any area of I-O psychology.
Sponsor: Division 14

Henry P. David Research Grant
This grant provides up to $1,500 for support of ongoing research in behavioral aspects of population studies or human reproductive behavior.
**Deadline: Feb. 15, 2017**
Sponsor: APF (http://www.apa.org/apf/funding/david.aspx)

Otto Klineberg Intercultural and International Relations Award
An award by The Society for the Psychological Study of Social Issues (SPSSI) that honors Otto Klineberg, a former president of SPSSI and distinguished figure in intercultural and international relations. Submitted paper must demonstrate its relevance to the application of psychological science to both intercultural and international relations.
**Deadline: March 1, 2017**

**For more announcements visit http://www.apa.org/international/resources/announcements.aspx**

**Psychology International** is a publication of the APA Office of International Affairs.

Merry Bullock, PhD, Senior Director
Amanda Clinton, PhD, Senior Director
Sally Leverty, International Affairs Assistant
Sharon Asonganyi, MPH, Communications and Program Manager

Please visit www.apa.org/international or email the office at international@apa.org