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International Understanding is the name of ICP, Inc.’s first organizational publication. Starting in 1962, members’ presentations at national conferences were sent once or twice a year to everyone in order to consolidate research and thinking. Four years later IU was merged with quarterly Newsletters. During the 1980s an effort was made to publish a professional journal, *World Psychology (WP)*. No papers or studies by members were published after the *WP* was discontinued.

IP Part B, *International Understanding*, was re-introduced two years ago to fill that void. IU is not established to be a traditional journal. IU is intended to be a less formal production that can accommodate members who wish to have their articles seen in a more timely fashion than is often the case in mainstream journals, or newcomers to the international writing ranks and who wish to gain experience before submitting to full blind review critiques. I said to a colleague that IU was a half-journal and he asked, “which half: top or bottom?” My clumsy expression would have been better stated as a “half-way house for writers just entering the genre.” My favorite image for ICP, Inc. is as an “incubator” where

supportive information and suggestions are provided along with opportunities: e.g., student posters [in-absentia], presentations in English at conferences, and, of course, IP articles. The association uses English for governance, programs and publications. The preferred style is American Psychological Association Publication Manual style. Occasionally, the language of the country of the annual meeting is included when possible and affordable.

IU54.4 includes six diverse articles, ranging from the historical to the development of a new psychometric measurement; from medical disorders with mental health impact to details of a company program to promote safety behaviors, as well as a longitudinal, large picture approach to adapting US-made concepts for use in Asian culture; from a statistical look at kindness and moral development to a heartfelt theory about the benefits of love and forgiveness.

On this 35th anniversary of the Mariel Refugee Boatlift from Cuba to the USA, **Robert Velasquez, Eduardo Gamarra and Jeanett Castellanos** provide insights learned from first-hand and ongoing experiences with the plight of those refugees that is obviously relevant for today’s headline issue regarding the influx of unauthorized immigrants and children from Mexico.

Machiko Fukuhara of Japan salutes history in her acknowledgement of the influences of her studies in the USA and her collaborative work with ICP, Inc. colleagues since 1960. She discusses the issues she encountered in adapting the assessment instruments developed by Charles D. Spielberger to accurately measure state-trait emotions and job stressors in Japan where losing face is a feature of the culture. Her patience, persistence and creative ways of enabling her citizenry to understand the connotation of items that the original author intends to assess. The second

Letter from the Editor	Page 1
PAPERS and ARTICLES	Page 2
Code of Ethics and Professional Conduct	Page 21
74th ICP Conference Information	Page 25
INDEX	Page 30

Continued next page

part of her address to the ICP annual conference held in Paris (2014) will be included in the next IU issue.

Providing an easy to follow model for those interested in developing their own assessment psychometrics, **Anna Laura Comunian**, University of Padua, Italy, presents the processes used to create the *Comunian Kindness Maturity Scale*. She describes her use of this scale in conjunction with Kohlberg's moral development stages in an international comparison of individuals from Italy, Greece, Chile and Australia. She found no gender differences in moral development other than in adolescence, but did note that there is evidence for a significant role assigned by different cultures to various kindness behaviors.

In a philosophical, theoretical advocacy mode, **Ani Kalayjian** of U.S. and Armenia, reviews her long standing hypothesis that demonstrating love and forgiveness in place of hate and anger will promote good will and peacefulness among long standing enemies. She sends regular reports for the newsletter of her unceasing work in various hot-spots around the globe, from Turkey to Cuba to Kenya to Sri Lanka, wherever the most recent natural or man made disaster occurred.

The wellness value and priority in ICP, Inc. is addressed by Past President **Ludwig Lowenstein**, England. Ever wide ranging in thinking, and aspirations, Dr, Lowenstein addresses the mental health and stressors of diabetics. Details of the medical-clinical aspects of the disorder are reviewed as well as useful psychological treatments. In an earlier IU, the role of immigrant fast food businesses in Asia, Europe and South America in onset diabetes was discussed.

From a global issue perspective on wellness for the general public, **Harbans Lal Kaila**, India, provides details of an effective employee safety program implemented in an oil company in India. The tips and specific procedures identified here are as relevant as they were when Frederick Taylor implemented the first time-motion/observation analyses in the early days of Industrial/Organizational psychology.

We invite our readers to send to the *IU* editor and these authors any thoughts, comments or similar studies. These will be provided to the author and considered for inclusion in a future IU issue.

The lunar year of the Goat/Sheep is with us. In case you have not already looked this up on Google: People born in the Year of the Goat/Sheep are tender, polite, filial, clever, and kind-hearted. They have special sensitivity to art and beauty and a special fondness for quiet living. They are wise, gentle and compassionate and can cope with business cautiously and circumspectly. In their daily life, they try to be economical. They are willing to take good care of others, but they should avoid pessimism and hesitation.

My take-away from this is: ICP, Inc. Members and Friends: **DO NOT HESITATE. SEND YOUR PROPOSAL FOR THE AUGUST 1-5, 2015 SCIENTIFIC PROGRAM TO Dr. Janet Sigal NOW.** JANET282@aol.com



Lessons Learned at a Refugee Camp During the Mariel Refugee Boatlift: 35 Years Later

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Abstract

In 1980, the first two authors were recruited by the U.S. State Department's Cuban-Haitian Task Force to participate in the Mariel Refugee Boatlift at the largest of four refugee camps, Ft. Chaffee, in state of Arkansas. The first author worked as mental health counselor while the second author served as an administrator of a non-governmental agency or NGO which was responsible for sponsoring refugees throughout the country. This article summarizes some of the lessons that were learned while working at this refugee camp and which we believe are generalizable even today to individuals' experiences in refugee camps in other parts of the world, and under similar or dissimilar political circumstances.

Lessons Learned at a Refugee Camp During the Mariel Refugee Boatlift: 35 Years Later

He who has no revolutionary genes,... no revolutionary blood,... a mind that adapt[s] to the idea of a revolution,... a heart that can adapt to the effort of [the] heroism

required by a revolution: We do not want them; we do not need them....Well now Mariel has opened. And we are strictly complying with our stand: That all who want to leave for a country that will receive them can leave.

- Fidel Castro, May 1, 1980

Among the most salient characteristics [of the Mariel exiles] was their youth (most were young men, single or without their families); unskilled or semiskilled workers... Cuban blacks and mulattoes participated in larger numbers than ever before; there was a significant presence of gay Cubans; many had spent time in prison, and a sizable number of artists and intellectuals came in their midst. Silvia Pedraza, 2007

Introduction

April 1, 2015 marks the 35th anniversary of the Mariel Refugee Boatlift. The primary aim of this article is to discuss some of the lessons learned from our personal involvement in the boatlift, and how these lessons remain relevant today, both in this country and around the world. For example, a particular refugee group, as was the case of the “Marielitos”, can be easily stigmatized and demonized by the media and politicians and the effects can be both permanent and damaging. In the case of the Marielitos, this is epitomized by the film “Scarface” (1983), which forever painted this group as antisocial, homicidal, mentally ill, and undesirable (Aguirre, James, & Saenz, 1997). Another lesson is that refugee camps can easily take on the characteristics of prisons with regard to crowding, culture, exploitation, and violence, and that learned helplessness can quickly destroy the human psyche. This was evidenced at the four Cuban refugee camps where staff quickly evolved into prison guards and the refugees into inmates. As a result, placement in refugee camps, for any period of time, can cause more harm than good and ill-prepare the refugee to manage acculturative stress (Gonsalves, 1992). Another lesson was that persons who are gay, lesbian, or transgender can be easily abused and taken advantage of by others in these camps and are likely to never receive the attention that they need because they are viewed as freaks and burdensome, or are likely to be dehumanized by the authorities (Julio, 2010; Peña, 2013).

In the history of the United States (and Cuba), this exodus is considered to be one of the most controversial of all because it occurred during the cold war (Bach, Bach, & Triplett, 1982), and because it affected the lives of so many people, both directly and indirectly. For example, at the national level, this event was related to the defeat of President Jimmy Carter’s re-election bid, as well as that of

the governor of Arkansas, Bill Clinton (Engstrom, 1997; Williams, 1998). This event also opened the door to President Reagan’s stance against communism in the Western hemisphere and the “dirty wars” that would be fought in El Salvador and Nicaragua. Even today, this event continues to shape policy toward Latin America. For example, in July 2014, a large number of children from Central America had entered the United States illegally through Mexico. This event became known as “President Obama’s Mariel”, harping back to the Mariel Boatlift of 1980 and the negative images of that wave. This also served to incite increased anti-immigrant sentiment amongst the populace.

Some Additional Lessons from the Mariel Boatlift

First, many from the Cuban American community, especially in Miami, viewed this group as being “different” from them because many Marielitos had been born after the 1959 revolution. Also, they came from the lower classes and were largely unskilled and uneducated. Also, for the first time, many of the Marielitos were of African descent and not of European stock. In many ways, this posture held by many old guard Cubans confirmed deep-seated attitudes of prejudice, classism, and racism that had long existed in Cuba (Pedraza, 2007). Thus, many Marielitos were rejected and ignored by the Cuban community, and instead were assisted by White Americans.

A second lesson was that many Marielitos, while having had histories of incarceration and/or psychiatric hospitalization in Cuba, were never fully evaluated or given an opportunity to function within mainstream American. Instead, they were assumed to be undesirable and many were incarcerated for extremely long periods of time with no due process within the federal prison system (Hamm, 1995). In fact, there were several riots at various prisons in the subsequent years, and many cases were not resolved until 25 years after the exodus. Others were tragically misdiagnosed and improperly treated with psychotropic medications or committed to long-term facilities (Boxer & Garvey, 1985). Many were never treated for the PTSD associated with being unexpectedly uprooted from their country. For many, the scars remain today.

A third lesson is that while the total number of refugees is considered to be relatively small at 126,000, we estimate that up to six times more persons were affected by this exodus. For example, many who fled Cuba were not allowed to leave with their complete family while others left large extended families in other parts of the country. In addition, many families were separated during the exodus with the impact remaining even after 35 years. It is important to note that a significant proportion of the exo-

dus was composed of adult men who were also fathers. To date, there are many family members of Mariel refugees who remain in Cuba including grandchildren and great grandchildren who may never see their relatives.

A fourth lesson is that the federal government, in spite of including many government agencies and non-governmental agencies (NGOs), like churches, in the refugee resettlement process, the response was largely disorganized and costly (Copeland, 1983; Lazalere, 1988) including the delivery of mental health services (Perez, 1982). This contributed to problems in the development and delivery of timely and linguistically-sensitive psychological interventions. While the mental health outreach was more effective with unaccompanied minors, there was no sense of coordination or purpose with adults. This disorganization also led to very dysfunctional conditions in the refugee camps including high levels of substance abuse, prostitution, and other forms of criminality. This in turn, created the conditions for many well-intentioned refugees to turn to antisocial behaviors as a means of surviving the distress of the refugee camp. Ultimately, many of these persons continued such behaviors once they were sponsored into the community. Today, it appears that this country is better poised to handle the magnitude of the crisis that occurred in 1980 because of 9/11 and because other natural disasters that have occurred in this country. Yet, if there were another Mariel today in Cuba, would the U.S. be prepared to manage the many challenges that come with accepting a large group of political refugees?

A final lesson is that while Marielitos were initially resettled in different parts of the United States, the majority eventually relocated to Miami, Florida. This is no surprise since the majority of all Cubans, whether U.S. or foreign-born, reside in South Florida. Thus, in spite of rejection and aloofness by many in the longstanding Cuban American community, many returned "home". Moreover, unlike the lingering stereotypes of the Marielitos, over 90% of the total population eventually adjusted to life in this country. Yet, this does not mean that many do not continue to struggle with the stress of acculturation or the trauma of migration.

Conclusion

In conclusion, the primary purpose of this article was to add to the international dialogue regarding the psychological assistance of refugees. It is our belief that while the social, political, and economic factors that lead to the displacement of persons from their homelands may vary from country to country, and continent to continent, there is much in common with regard to the refugee experience.

While we wish that one day refugee migrations and resettlement camps would disappear, the reality is that they will continue as long as there is sociopolitical strife across the world.

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**International Perspectives on Global Issues Well-
ness of the Individual and Group from Multicul-
tural Counseling Views —
With Some Illustrations of an Empirical Study**
Machiko Fukuhara, Ph.D.

In reflecting on my career as a researcher and practitioner in the field of counseling/clinical psychology, I have found that I owe much to my international activities. Over the years I have developed great respect for different individuals throughout the world, as well as to research conducted with international colleagues.

I will explain how I have been encouraged by the studies that I carried with these people. The STAI (State Trait Anxiety Inventory) developed by late Dr. Charles Spielberger inspired me to become interested in human emotions and the importance to recognize and understand these characteristics of human beings. Studies of JSS (Job Stress Survey) by Dr. Spielberger, as well as those with Dr. Culbertson and others, taught me that the individual exists in “self-in-relation.” In keeping with this philosophy and applying it to my profession, I established the Japanese Association of Microcounseling, which is an academic, psychological association; and an NPO (non-profit organization) Psychoeducational Institute to go along with it.

Here, I am trying to find out how we can approach commonalities and differences among individuals and groups throughout the world for better communication and for all people’s well-being.

In a recent pilot study, using a machine I call the “behavior analyzer system.” I found that feelings of “being listened to,” and “being attended to” are likely to lead to reciprocal empathy.

First of all, let me express words of thanks to Dr. Sigal, Program Chair, Dr. Pir, President, and Dr. Ann Marie O’Roark, my adviser, for inviting me to this session. I feel very honored. Thank you Dr. Florence Denmark who is my long-term female model.

Let me talk a little bit about my career that led me to this ICP and its International activities.

I am considered to be one of the pioneering counseling psychologists in Japan. I started to learn counseling in the U.S.A. in 1960. After two years of study at Springfield

College, I made a promise to a mentor, Professor A, that I would bring what I had learned back to and implant it into Japanese society where Counseling was still in its infancy. Ever since, I have been concerned about this promise. Why do I have concerns about this promise? I was very much impressed by the philosophy of counseling which respects individual dignity and human rights in a visible way.

Coming back to Japan, I was at a loss: There was neither a place I could teach nor practice this kind of counseling. I wanted to try to open the door to make my dream real.

Just around that time, the late Dr. Emma Layman, the first psychology professor under whom I studied psychology in the U.S.A. sent a letter inviting me to the ICP to be a member. This was my start with the ICP (International Council of Psychologists, Inc.).

Though my attendance at conferences was limited at that time mainly because of my job environment, since then I have had interest in international activities and it continues even today.

In the ICP, I could connect with cultures of different kinds. On top of that, I could make many international friends, among them, many long-term and respected friends. I have learned much through my association with those people. I did collaborative cross-cultural research, and some helped me in the development and advancement of my academic career.

Here, I would like to dedicate my special thanks to the late Dr. Charles Spielberger.

Specific Studies inspired me to cultural issues

As I have stated above, my academic career is not unrelated to my international activities and/or relationships with those senior friends and colleagues; Without those relationships I would not have been able to survive in my career.

The major research projects that I was lucky to carry on are as follows:

1) Cross-Cultural Studies with Dr. F. Culbertson. Research was carried under the title of *Women and Mental Health Internationally* (1986). This study dealt with the stress of psychologists using Questionnaires and a Social Adjustment Scale Value. I found that women carrying both a career and household duties were having difficulty in their lives especially at the stage of mid-career. But, Japanese women had more difficulty with this even after the Equal Employment Opportunity Law came into effect in 1986.

2) Study on STAI, JSS and Anger. The Japanese Edi-

tion of STA-Form Y, STAI-JYZ was published in 2000 with the co-authorship of Dr. Spielberger. STAI (State Trait Anxiety Inventory) was constructed by Dr. Spielberger as the measurement of Anxiety. It consists of 20 items for State and 20 items for Trait, each consisting of 10 anxiety-absent and 10 anxiety-present items. Earlier, while I was trying to find Dr. Spielberger's works which were used in studies by Japanese researchers, I found some, I am sorry to say, that are likely not to have used STAI correctly from the viewpoint of validity and/or adaptability of the instrument. Although they appreciated the original STAI, they did not seem to know how to use it appropriately. Then, I realized that in order to comprehend it fully, researchers should fully understand the concept of the original author's purpose of making use of the instrument. Especially when the instrument is a translation, she/he has to understand the connotation of the items that the original author intends to measure. Again, I realized that we might have to be concerned with cultural issues here.

Being keen to help others understand the instrument, Dr. Spielberger was generous to those scholars and suggested to me (and Dr. T. Hidano, my Japanese mentor) to make a Japanese version of the STAI Form-Y, so that the connotations of 'Depression' and 'Anxiety' Dr. Spielberger intended to measure separately would be correctly understood.

With his zeal to help us in Japan, he visited us several times in order to discuss the matter very cooperatively, and we finally came to publish the Japanese version. In the process of study with him, I learned much. And again, I have realized the necessity of the recognition of Culture. For instance, the Japanese tend to express themselves negatively.

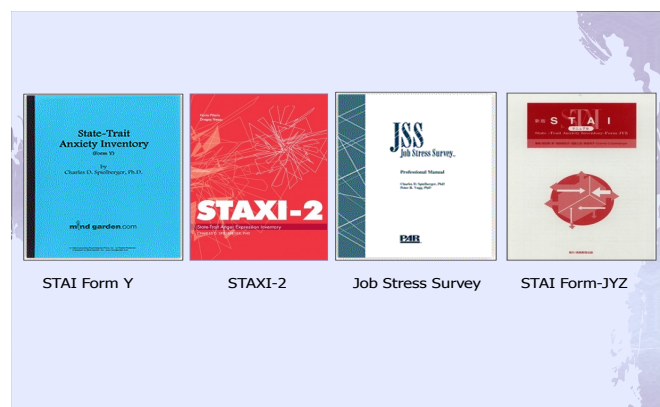
It was found that the instrument with an even number of items, positive (anxiety-absent) and negative (anxiety-present), might not measure the anxiety of the Japanese appropriately. After strict examination of each item, we settled on an uneven number (11 positive and negative items, rather than an even number). Also, I have found that those negative items chosen were likely to be concerned with another's viewpoint, often found in relation with others. This tendency is also understandable, due to the thinking in the culture, that is, in Japan shame or losing face is a feature of the culture.

The results of this study not only led to the completion of the STAI-JYZ which is now widely used in Japan, but gave me the opportunity of mentoring relationships which

would have to be explored from a cultural view (professionals, such as counselors, psychotherapist, etc.). These interdependent relationships might be difficult to fit into Japanese culture. This might lead us to studies about how counseling relationships relate to Japanese culture.

In one of my early cross-cultural studies that I carried out using the Fukuhara questionnaire (1980), I found that Japanese students were likely to hesitate to go to professionals asking for help with their problems, while the other group of students (American) did not show this tendency. There might be several reasons for this, however, one of them considered is that the students might not have understood the I-thou relationships which were conceptualized in relationships in western culture.

In the process of translation and adaptation of the original STAI, I, also, was inspired to study emotions from a cultural view. Dealing with emotions is a very difficult issue to handle on the part of the counselor in helping with relationships. There might be similarities and differences among the individuals having a variety of backgrounds.



Similarities can be discussed from the viewpoint of 'mechanisms' such as the regulatory system of emotions in human beings. The differences may be discussed from the viewpoint of physiological-social-cultural factors such as customs they follow, culture, traditions, religion, spirituality that affects the process of emotional expression, etc. "Conscious awareness of the emotional arousal and cognitive acceptance of emotion on the part of the individuals brings "dual expression of emotion" (Doi, T., 1971, 1986). Happiness and guilt, for instance, might arouse at the same time: There the Japanese people, for instance, might want to say "I am happy with and thankful for this award but if I express it overtly, friends will be embarrassed," etc., which is a dualism of consciousness. Johnson (1993) recognizes that the Japanese are emotional people but these emotions do not appear in mutually exclusive relationships. They are hesitant to express emotions overtly. There

is one cushion between consciousness and expression so intuitive communication exists here; It is natural that human beings might experience plural emotions which might necessarily be inconsistent. However, the form of expression of such dual emotions in the relationships might be different according to how they see the other and the relationships.

The STAXI (State-Trait Anger Scale) Dr. Spielberger developed might continue to offer us much information to study, along with the above mentioned.

In relation to this cultural issue another instrument by Dr. Spielberger that inspired me was JSS (Job Stress Survey) that dealt with a variety of stresses. I was encouraged to make a Japanese version, according to Dr. Spielberger's suggestion, but I regret that I have not completed it yet. However, with my early study (including translation), I have found there are some specific problems those people at work need to understand and to deal with in their daily life. The instrument consists of 30 stressful job events and 30 stressful job-related (associated) events. Items include job pressure, lack of support, organizational-environmental problems such as human relationship at the workplace, in communities, even in their homes. As to job pressure relative to interpersonal relationships, the Japanese indicated more stress on the items such as 'inadequate support by supervisor,' 'performing tasks not in job description,' and 'lack of recognition for good work.' While a study by Iwata (1998), in a comparative study with the original instrument, in terms of the construct validity, the original and the translated versions show a high correlation.

This is supported by another study by this author that interviewed the subjects. In my study conducted with interviews, workers expressed that they were stressed at 'authoritative attitude of supervisor,' 'not being listened to,' 'feeling isolated,' 'being compared to colleagues,' 'anxiety for being fired,' 'communication at home,' 'handling both work and household duties,' etc. This shows that pressure at work might be related to environmental factors such as physiological, social, economical, and cultural, which is not necessarily connected to the job itself. Each factor might be reflected differently from culture by culture.

Presently, the newly developed Career Counseling System at schools (of every level) or fields of work is getting attention and becoming popular according to the needs of economical situation in Japan for the welfare of people at every life stage. This is not exactly the same as what is known as traditional counseling, but the face-to-face, relation seeking, problem-solving uses the same principle in terms of dealing with helping relationships. This

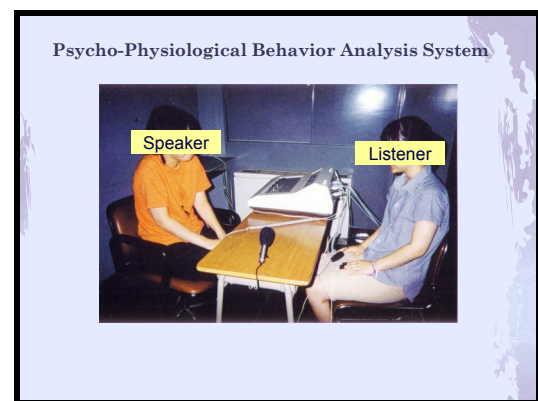
might suggest that we think about core concepts of relationships that aid others.

Nowadays, humans are always being exposed to fears and disasters (poverty, unemployment, trauma, flood, earthquake, conflict, war, etc.) of every kind and are under stress and anxiety.

According to the data (2013) total number of the suicide counts in Japan are approx. 30,000, which is two times compared, for instance, with the number in the U.S.A. and other countries. Suicide is no. 6 in terms of the cause for death. Reasons for suicide (2012) are related to their physical problems, unemployment, working poor, abuse, bullying, problems at home (DV, caring for the old), etc. Physical, job and social problems are there, as is seen in the other cultures, too.

Some people see the cultural personality of the Japanese as one of the reasons for this number. They are likely to express emotions towards self (inner oriented, instead of other directed). They do not express openly being conscious of others. This could be interpreted from the view of anger theory by Spielberger, C. (1986). Trait Anger-in might be the culturally approved reaction to stressful situations. O'Roark, A. (2014) sees "Anger is a normal survival emotion," and behavioral expression of Anger can be aggression or attack, but can also activate problem solving. In many instances, anger is in response to perceived injustice or unfair treatment, then, she indicates "Anger motivates us [like Marie Curie redoubled her research effort to understand radium in her angry reaction to her husband's senseless death] to pursue truth, beauty and excellence."

As psychologists, we have to think of how to encourage clients to express anger while keeping dignity. With respect for each other we can promote the universal philosophy of helping and nurturing relationships.



*End of Part I. Part II will be in the next I.U.
2015*

Kindness:

A cross-cultural study

Anna Laura Comunian, University of Padua Italy

“We all need each other”

Robert J. Sternberg

Summary

This chapter contains two separate studies. Study 1 a new inventory, the Comunian's Kindness Maturity Scale, with 25 item chosen to four related developmental stages, was evaluated. In Study 2, this test was used to explore hypotheses regarding cultural similarities and differences in kindness and moral development stages across Italy, Grece, Chile and Australia. The construct measuring kindness was defined in terms of Kohlberg's (1984) developmental stages. Data were collected from 191 male and 216 female subjects 13 to 60 years of age. The Kindness Maturity Scale evidenced acceptable levels of reliability (test-retest, internal consistency) and construct-related validity.

STUDY 1

The cognitive developmental approach (Piaget, 1932; Selman, 1980; Kohlberg, 1984; Kuhmerker, 1991) emphasised that values and ethics are developed during interaction between a person and the environment, and that this occurs in stages. A review of theoretical and empirical literature suggests there has not been research on the cognitive developmental construct of kindness and the interaction between the self and others. In this research, we used a framework of developmental stages in the study of kindness (Comunian, 1994, 1995, 1996, 1996a, 1996b, 1996c). In a concept like kindness then, instead of a continuum from great unkindness to comprehensive kindness, this construct suggests a vertical hierarchy, where in the lowest stage on a person's frame of reference is either giving or receiving self-related meaning for kind or unkind actions. Each stage is qualitatively different from the next. Kindness at succeeding stages shows transformation from an egocentric orientation to exchange and helping others, with conformity to stereotypical image of majority, to an orientation of doing one's duty and showing respect and regard for earned expectations of others. Finally, an orientation to conscience or principles, not only to ordained social rules but to principles of choice appealing to universality and consistency, characterizes Stage 4. In the last stage conscience is a directing agent, together with mutual respect, trust and harmony.

Defining the Test Construct

According to the theory of cognitive development, concepts of kindness at the Stage 1 are described as egocentric and subjective. On this stage, interpersonal conceptions tend to be focused on only one person and on that person's subjective perspective in the social relationship. Societal expectancies remain external to the self. An action's physical consequences are not clearly separated from the psychological consequences. The individual actor follows rules to avoid trouble, satisfy needs, and maximize personal interest.

Kindness is viewed as important at Stage 2, because the person believe people need relationships, need to be liked. At this stage appears an ability to see reciprocal relations between interpersonal perspectives; each person is seen as capable of taking into account the other's perspectives on the self's motives, thoughts, and feelings. The basic limitation of this stage is that the subject still sees the basic purpose of awareness as the serving of the self's interest or as a context-specific like or dislike of the fixed standard of the others.

At the Stage 3 the concepts of relations are mutual. The kindness includes and coordinates the perspective of self and other(s). Subjects thinking at this level see the need of coordinate reciprocal perspectives, and believe social satisfaction, understanding, or resolution must be mutual and coordinate to be genuine and effective.

Societal and symbolic perspective-taking characterize Stage 4. The individual now conceptualizes subjective perspective of person toward each other (mutuality) as existing not only on the plane of common expectations or awareness but also simultaneously at a multidimensional or deeper level of communication. Each self is believed to consider a shared point of view of the generalized other or social system, to facilitate accurate communication and understanding.

The Kindness Maturity Scale

This scale was originally developed by Comunian in 1994, first as a 30-item form and later as a reduced 25-item form as presented here. The scale is not only parsimonious and reliable, it also showed construct validity in the studies conducted to examine the psychometric properties of the Italian version (Comunian, 2000, 2002, 2003).

The Kindness Maturity Scale is a self-report scale, which contains 25 items. Of these, five of the items concern Stage 1 (example of item: “I am a kind person because is easier to get what I want”), Stage 2 (example of item: “I am kind with people who were good to me”), Stage 3 (example of item: “I know how to be properly

courteous with others”), Stage 4 (example of item: “I’m kind because I believe in respecting the dignity of others”), and five are distracter items.

Respondents are asked to rate each item on a four point scale anchored by 1=not at all true and 4 =exactly true so scores range from 20 to 80. The five items at each stage load principally on one factor distinct for each stage.

Method

Research Questions

The present study examined the psychometric properties of the Kindness Maturity Scale on the assumption that Kohlbergian moral development construct is a construct that can be applied to mature kindness and can be measured. The purpose is to confirm this assumption and provide a 25-item measure that can be adopted for collecting further evidence. The items for this self-report measure of the developmental stages of kindness were selected on the basis of preliminary studies and consistency with the hypothesized factor structure. These selected items were also inspected for internal consistency.

Three steps were taken to obtain the necessary psychometric data. First, the internal structure was scrutinized. Second, the item characteristics and test-retest reliability of the scores was tested. Third, sex differences were examined.

Sample

The sample of 407 subjects were selected from a wide range age, marital status, and education, and were selected in similar proportion from North to South Italy. There were 191 men with an average age of 25.1 (SD = 6.5) and 216 women with an average age of 25.4 (SD = 6.5). The test-retest sample consisted of 127 subjects of the original participants.

Procedure

Participants met individually and were told the purpose was to explore how people experience and approach kind action. Next the participant completed the Kindness Maturity Scale. All the participants were volunteers. The data collection was anonymous but the subjects were instructed to put a number on the packet of inventories. 127 subjects reconvened 6 weeks later and the Kindness Maturity Scale was administered again. Cases were considered valid for inclusion in the test-retest study if both Kindness Maturity Scale protocols with the same subject number were completed.

Results

This section focuses on the internal structure of the inventory and the psychometric properties. Then item characteristics, reliability and further evidence for validity are examined.

Factor analysis

A principal component factor analysis with varimax rotation was performed on the intercorrelation matrix for the Kindness Maturity Scale. The first factor, called *Kindness Stage 1*, had an eigenvalue of 5.05, and it accounted for 18.8% of the variance. This factor comprised five items of the stage I (loadings of .55 to .69). The second factor, *Kindness Stage 4* (in order of variance explained had an eigenvalue of 4.30, accounted for 16.5% of variance), and comprised five items of the Stage 4 (loadings of .37 to .66). The third factor, *Kindness Stage 2*, with an eigenvalue of 2.06 accounted for 9.4% of variance and comprised five items of Stage 2 (loadings of .43 to .61). The fourth factor, *Kindness Stage 3*, (eigenvalue of 1.36 and 6.3% of variance) comprised the items of Stage 3. The total variance accounted for was 50.70%.

The factor analysis on the Kindness Maturity Scale scores basically replicated the structure indicated in the preliminary studies. The assumption of a stage development construct of the Kindness is well represented by the data.

Item Characteristics and Reliability

Item analyses were carried out separately for each dimension of the scale. All item-total correlations were satisfactory. No improvement was possible by eliminating items. Coefficients were from .39 to .67 ($p < .001$). Scores on all 25 items correlated with their respective scales in the predicted direction for both sexes. To assess the internal consistency of the four stage dimensions, coefficients alpha were calculated for each of the four dimensions for the total sample. The alpha ranged from .65 to .80 indicating a sufficient or higher amount of internal consistency. Zero-order product-moment correlations were calculated to estimate test-retest reliability. The interval between Time 1 and Time 2 for testing was an interval of 6 weeks. The correlation coefficients ranged from .90 to .93 $p < .001$ and suggest that Kindness Maturity Scale scores were reliable.

Gender Difference

To explore whether there were meaningful gender differences in the developmental stages of kindness maturity, an analysis of variance in which sex was the independent variable and the kindness-stage score the dependent vari-

able give statistically significant differences for men and women, with higher values for the women only for the adolescent [$F=12.24(p<.001)$] but not for young and older adult samples. Sex did not interact with scores at Stages 3 and 4 of Kindness Maturity Scale. These results are consistent with those from other investigations (Gilligan, 1982; Walker, 1991; Basinger, Gibbs, and Fuller, 1992; Comunian and Gielen, 1995) on the development of moral judgment stages.

The results of the analyses of study 1 confirm the internal consistency and the construct validity of Kindness Maturity Scale. No sex differences emerged, which is consistent with the research on the stage development of Moral Maturity.

Discussion

The Kindness Maturity Scale evidenced a four-stage structure which corresponded to findings of the development of moral judgment (Kohlberg, 1984; Gibbs, Wideman and Colby, 1982; Basinger, Gibbs and Fuller, 1992). The Kindness Maturity Scale showed acceptable validity. The findings from our current investigation suggest that the major themes and specific concerns can be addressed within the context of kindness maturity study and that the scale assesses a developmental construct. There is no evidence for sex differences in responses to the scale. Sex differences emerged only in early adolescence. In exploratory research, we found that females scored higher on Kindness Maturity and at 2 stages than males during early adolescence, but this difference disappeared for the late adolescents. These findings are similar to those found in the research on the development of moral judgment (Gilligan, 1982), and the pattern of development found using the Kindness Maturity Scale corresponds to patterns obtained using other stage measures in studies of the development of moral judgment (Walker, 1991; Comunian and Gielen, 1995).

STUDY 2

This study examines cultural similarities and differences in kindness among Italian, Greek, Chilean and Australian young adults.

Cultural similarities and differences

Gielen (1996), in a review of Kohlbergian research in a cross-cultural perspective found that although there are more than 120 cross-cultural studies, Kohlberg's theory has undergone only preliminary testing and it needs to be tested in a more comprehensive fashion. The large majority of studies in the tradition have focused on stages of moral judgment development, on moral reasoning and on

research comparing the influence of standard variables such as age, education, and gender on moral reasoning skills. Studies exploring easily objective measurement of moral stages are very rare, indeed. Kohlberg's approach in measuring moral judgment development culminated in the extremely complex and difficult-to-administered Standard Issue Moral Judgment Interview and Scoring System. This effort was followed by the effort of Rest (1979), Gibbs (1982), and Lind (2002) each of whom developed his own approach to the measurement of Kohlbergian stages of moral development.

Cross-cultural psychologists investigating the development of moral reasoning have relied on four methods. These include Kohlberg's Moral Judgment Interview (MJ) and a number of coding guides associated with it, Gibb's Social Reflection Measure - Short Form (SRM-SF), Rest's Defining Issues Test (DIT), and Lind's Moral Judgment Test (MJT). As proposed by Gielen (1991), the four tests readily fall into two groups. The MJ and the SRM-SF are production tests that provide samples of the actual reasoning of respondents. In contrast, the DIT and MJT are recognition-preference tests that ask respondents to evaluate moral arguments. In this study, Kindness Maturity Scale was applied in association with a new moral judgment test, the Padua Moral Judgment Scale (Comunian, 2002, 2003). This measure is a 28-item objective recognition preference test that can be used by persons who do not necessarily grasp the details of Kohlberg's theory and methodology

Samples

Participants were from four convenience samples of university students from Italy, Greece, Chile and Australia. The Italian sample consisted of 173 undergraduate students drawn from Padua University. Their ages ranged from 19 to 56 ($M=23.88$, $SD=3.94$). The Greek sample consisted of 80 undergraduate students of the University of Tessaaloniki. The age also had a wide age range from 18 to 52 ($M=24.84$, $SD=6.54$). The Chile sample ranged from 19 to 43 ($M=21.95$, $SD=3.67$). The 110 undergraduate students were taken from the University of Concepcion. There were 50 undergraduate students in the Australian sample. Age ranged from 17 to 25 ($M=19.21$, $SD=1.59$). The sample was taken from the New South Wales University of Sydney.

Additional validity evidence

The Kindness Scale and Padua Moral Judgment Development Scale were administered individually in these samples. The 25 item Scale was previously adapted in the

respective culture and language. Principal component factor analysis supported the four-factor structure of the Kindness Maturity Scale in all four samples. By either the eigenvalues greater than 1 rule or the screen test, there were four distinct factors corresponding to the factor structure of the original Kindness Scale. The four factors accounted for close to or slightly more than 60% of the variance in the four samples. On average, factor loadings were at .70. Table 1 reports internal consistency reliability estimates and average factor loadings obtained from the four samples.

Table 1. Reliability Estimates (α) and Average Factor Loadings (AFL)

	α	AFL
Italy	.74	.72
Greece	.72	.69
Chile	.79	.70
Australia	.72	.71

Analysis

Pearson correlation coefficients were computed to assess the association between kindness stages and moral judgment development stages. Analysis of variance (ANOVA) was used to assess the gender differences on the kindness and moral judgment developmental stages. These analyses were applied in each sample of the four countries considered in this study.

Results

In the Italian and Greek samples, the kindness stage 1 was correlated with moral development stages 1/2 and 2; and stage 2 of kindness with stages 2/3 and 3 of moral development. These correlation coefficients were statistically significant and similar in magnitude across the two samples. In the Australian and Chilean samples, these two stages were not correlated significantly with the stages of moral judgment development.

In all four samples, the stage 3 and 4 of kindness maturity were significantly correlated with the moral development stages 3, 3/4 and 4. Table 2 contains correlation coefficients. These correlations were not statistically different across the four samples.

Table 2. Pearson correlation coefficients between stages 3, 4 of Kindness and stages 3, 3/4, 4 of moral judgment development.

Kindness Moral Development

	Stage 3	Stage 3/4	Stage 4
Stage 3			
Italy	.31**	.28**	.25**
Greece	.23*	.23*	.26**
Chile	.23*	.20*	.24*
Australia	.43**	.61**	.42**
Stage 4			
Italy	.19*	.20*	.21*
Greece	.37**	.36**	.40**
Chile	.31**	.22*	.26**
Australia	.54**	.55**	.41**

Note: * = $p < .01$. ** = $p < .001$.

Within each of the four samples, gender was compared using one-way ANOVA both for the kindness and moral development stages. There were not significant differences between male and female within all the samples.

Discussion

Given the consistency of cultural similarity across the four countries, it may be argued that with respect to kindness stages, cultural background influences the potential impact of moral development in determining kindness behavior. Altogether the findings of this study corroborate previous evidence for specific preferences for kindness behavior, underlining the significant role assigned by different cultures to the different kindness behaviors. The gender difference was not supported by the present data.

The normative expectations were similar for male and female young adult within each culture. These expectations were due to the particular period of development studied in present research. Previous evidence reporting gender difference were attached to adolescence stage development (Comunian, 1998, 2000). However, our findings demonstrate the impact of different relationships between the first stages of kindness and preferred moral development stages, according to different country examined. These differences should be further explored in future research.

Conclusions

The first focus of this study was to ascertain whether Kindness Maturity Scale scores predicted the developmental stages as theorized by Kohlberg. These results suggest that the factor structure of the Kindness Maturity Scale is consistent with a four stage development and that the components account for a large proportion of variance. Also,

the internal consistency of the scale is acceptable. The second study found general consistency across cultures in the association between kindness and moral development.

Specifically, this study has demonstrated that the impact of kindness style may change depending on the context and may suggest the ways in which kindness behaviors are interpreted is of central importance.

In sum this study underlines the importance of taking cultural context into account when examining the interrelations among psychological constructs. Moreover, the implications of these findings extend beyond theoretical understandings. In a world in which multiculturalism is becoming the norm rather than the exception, the present findings highlight the need for psychologists to be sensitive to, and aware of, the importance that cultural meaning and context have for the improvement of the relationships.

Measures of kindness and moral judgment maturity should be used with other measures of positive moral functioning such as moral identity, moral courage, empathy or related social variables, in the larger context of positive individual and collective social life.

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Embracing Love and Forgiveness

an article by Dr. Ani Kalayjian, USA

Anger, dislike, and hatred can be real emotions, however, they often also could be irrational and unhealthy reactions. Hatred has a greater impact on the “hater” as compared to the person or object being hated. In addition, overcoming hatred can be difficult since hatred reinforces itself. Hating someone or something gives an individual a false sense of power. Also, it may appear that an individual is helpless and that others are the cause of one’s feelings of anger and hatred.

However, as Martin Luther King Jr. stated, the most powerful tool that one can use to combat hatred is love. Dr. King also said, “Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate: only love can do that.” With this in mind, one may inquire “are you asking me to love the person I hate? That defeats the purpose of hating.” The answer to this question is yes!

God and religions ask their followers to love their enemy. Jesus asked us to love our enemy as well. Once we begin this practice, we will see an elimination of wars. Deciding to love something that you hate, whether it is a person, situation, or a part of oneself, can be a transformative experience. Love is a powerful force that can help one free oneself from confinement, and relinquish being a hostage to negative emotions.

However, it is normal for an individual to feel anger, dislike, bitterness, resistance, and/or resentment when trying to love that which one hates. The latter is something that requires continuous practice. It is not a onetime event or effort. One may have to rehearse this over and over again until it becomes like an automatic, knee jerk reaction. The transformative practice of loving something that you once hated changes emotions from hatred to love, leaving less room in our hearts for hatred.

In addition, there will be less of a need for those negative feelings, and as one therapist called them, ANTs, or Automatic Negative Thoughts. The goal is for one to transform one’s ANTs into PILs, or Positive Intentional Love (Kalayjian 2008).

While it is difficult not to be judgmental, transforming your negative thoughts into PILs helps the universe, or Gaia. Even if you don’t care about the universe, care for yourself, as by transforming your thoughts you will feel emotionally lighter and freer. Anger and hatred are extremely negative feelings and weigh heavily upon us, especially our hearts. In contrast, when you are free, you disrobe yourself from revenge and negativity, therefore becoming healthier and happier. In addition, when you are

free, you can begin helping others to achieve this state of nirvana that you have achieved. When you respond to people with love, radiating such transmutes their negative energy. You not only empower yourself by not letting their negativity enter your personal space, you also help them transform their ANTs into PILs. In this way, you not only rise above the negativity and hatred, you become a role model to others’ transformational journey.

Gandhi once said, “Be the change you want to see in the world.” Loving a person or object that you previously hated sends a positive and transformative energy that vibrates throughout the universe. Instead of reinforcing hatred, you become an advocate for love. As Henry Longfellow stated, “If we could see the secret history of our enemies, we would find there enough suffering to disarm all hostility.” Gandhi also said, “When I despair, I remember that through history the way of truth and love has always won. There have been tyrants and murderers and for a time they seem invincible, but in the end, they always fall - think of it - always.”

When we are so occupied with judging others, we don’t have time to love them, according to Mother Teresa. Remember Einstein’s words, that “there is no mistake so painful that love cannot forgive; no past so bitter that love cannot accept; and no love so little that we cannot start all over with.”

Forgiveness is shifting from the automatic ego reaction, grounded in anger, self-protection, and hurting back, to a non-reactive conscious response of empathy; that is, considering that the other person is ALSO a human being, and perhaps not mindful.

During these economically challenging days and throughout the holidays I challenge you to make a commitment to love more and create the peace within yourself and

The Association of Diabetes and Psychological Stress Disorders

Ludwig F. Lowenstein, Ph.D, UK

Abstract & Summary

Recent research as well as past research indicates that there is a strong relationship between stress experienced in one’s daily life and the developing of diabetes 2. Needless to say stress and psychological problems are not the only factors involved. There is also the tendency towards predictable diabetes forming as a result of genetic factors. Stress frequently comes from personal experiences early in life, personal relationships, and from within the work setting when individuals feel a lack of control and a tendency to be overworked, and in some cases underworked. Lack

of support in the work setting is prone to make individuals anxious as well as depressed. These psychological factors then have a strong indication of becoming somatic and such individuals frequently suffer from diabetes as well as heart problems and other somatic difficulties. In rare cases there is also the tendency for diabetes to result in depression and anxiety. There are a number of treatment approaches that appear to make some difference provided they are practiced assiduously. These include physical exercise, pharmaceutical intervention, and other forms of treatment which are capable of reducing stress due to psychological problems.

The Association of Diabetes and Psychological Stress Disorders

In what follows, the following will be considered a short description of the incidence of diabetes 2, followed by the three aspects to be considered, followed by the treatment of diabetes. The three aspects to be considered are:

1. The effect of psychological stress on diabetes.
2. Diabetes leading to psychological problems.
3. The bi-directional phenomenon.

Incidence of diabetes 2

Diabetes appears to be rising globally and this is frequently related to increased psycho-social stress, very often in the workplace. (This will be discussed in a later section) (Li et al., 2013).

Diabetes 2 appears to have escalated in urban India over the last decades. It used to be the disease of the affluent but now has been rising among middle class as well as working class poor. This is undoubtedly due to the poorer classes suffering considerably and often from depression due to financial insecurity and other problems (Mendenhall et al., 2012). According to Morris et al., (2011) diabetes 2 is the most prevalent chronic illness with about 200,000,000 (two hundred million) people suffering from this condition worldwide. The reasons for this will be discussed later.

The effects of psychological problems on developing diabetes 2

This section will be divided into two parts that which relates to the general population and that which relates to the work environment. Alastalo et al., (2013) noted that early life stress frequently led to physical and psychosocial dysfunctioning in adulthood. This Finnish study consisted of 1,803 participants who were born between 1934-1944. Many had been evacuated abroad in childhood due to World War II. Alastalo et al. (2013) studied the physical and psychosocial functioning in late adulthood of those

individuals who had been temporarily separated from their parents. This led to early life stress experiences and increased the risk of impaired physical functioning in late adulthood among men. This included such individuals suffering from excessive smoking, alcohol intake, body mass, cardiovascular diseases and diabetes.

An Indian study by Gupta & Banerjee (2010) realised that chronic stress led to diabetes mellitus and also coronary heart diseases. Husarewycz et al. (2014) noted the association between traumatic life experiences at any time and the physical development of the individual. It was especially reported that post-traumatic stress disorders were positively associated with gastro-intestinal diseases, diabetes, and arthritis.

Similar results were obtained in an earlier study by Kajantie & Raikonen (2010). Even such very early experiences as low birth weight increased the risk of chronic adult diseases including type 2 diabetes. It also affected high blood pressure and the likelihood of coronary heart diseases. This was also found in an earlier study by Kendall-Tackett (2009). As well as the previous list of physical disturbances there is also the likelihood of such individuals suffering from cancer, although other causes may be responsible including genetic aspects.

The relationship between post-traumatic stress disorder and type 2 diabetes in a population-based cross section study of 2,970 participants by Lukaschek et al., (2013) was significantly associated with diabetes 2. Nemeroff (2013) studied the psycho-neural immuno-endocrinological aspects, the biological basis of mind-body physiology and physical disturbances. The article focused on depression leading to cardio-vascular diseases as well as to diabetes 2.

Veterans returning from Afghanistan were assessed by Qureshi (2009). It was noted that post-traumatic stress experienced during the war had an impact on physical health including potential development of arthritis and other physical conditions including diabetes 2 and the potential for having a stroke. Stress and hyper-caloric food was recognised as a risk factor for obesity. This in turn was due to psychosocial stress experienced and leading to diabetes 2. This study was carried out on mice who developed diabetes 2 due to the stress under which they were experimentally put.

Taliaferro (2012) noted that millions of individuals suffered disability or death due to immune-based inflammatory diseases. This appeared to commence with four psychiatric disorders. These were: generalised anxiety disorder, post-traumatic stress disorders, major depression recurrent, and dysthymic disorder.

This then led to atherosclerosis, cardiovascular heart diseases, rheumatoid arthritis, cancer and type 2 diabetes. Anxiety, major depressions also resulted in the same type of physical symptoms or diseases (Wagner et al. (2012).

Work related causes for diabetes 2

A considerable degree of stress is frequently experienced in the work setting. It leads to what is termed “psychosocial stress” and is likely to be associated with type 2 diabetes and other similar conditions. Long work hours and other negative experiences are at least partly responsible for the development of diabetes 2. It must be noted however that long hours of work do not affect all individuals similarly (Cosgrove et al., 2012). The impact of shift work on cardiovascular diseases and diabetes 2 were also noted by Esquirol et al. (2009). The impact of shift work compared with regular work at the same time appears to have some impact on the possibility of developing metabolic diseases as a result of increased job strain. Hartley (2013) studies police officers who were a vital part of every community in the United States. The police are often faced with considerably stressful experiences including traumatic events as well as shift work. The impact of this is the greater likelihood of developing chronic physical psychological health problems including abdominal obesity, hypertension, glucose intolerance and type 2 diabetes.

The effect appears to be somewhat higher on women than men. Strangely enough, while men who were already heavy gained weight, those who were lean did not. They in fact lost weight. A German study of industrial workers by Li et al. (2013), noted the relationship between stress developed in the work setting and diabetes. Morris et al. (2011) noted that stress triggered the release of sugar into the blood. In the work setting many workers are concerned about the loss of their job and also personal problems such as divorce or death of a loved one. The daily hassles within the work setting create a stress condition which frequently also results in diabetes 2.

The effect of stress on management as well as the lower ranked workers in an organization cannot be forgotten. They too suffer from stress-related physical problems, including hypertension, diabetes and sleep disorders based on earlier experiences also of depression and mental health issues (Stixrud, 2012).

Specific aspects of stress resulting in the work setting were noted by Toker et al. (2013). These were high demands and low control. A Job-Demands-Control-Support model was used to measure two risk factors for diabetes which were glycated haemoglobin and fasting plasma along with self-efficacy. High demand and low control

plays a significant role in the causes of diabetes. In this Israeli study it was noted that the result of stress did not affect all individuals equally. In another study Toker et al. (2012) also found that the causes of diabetes related to stress were due to job demands and a lack of control and support from managers. Those who had good job control and received support were less likely to develop type 2 diabetes than those who felt that their job demands were excessive, lacked adequate rewards and had no control over their working life.

Diabetes 2 leading to psychological problems

There have been relatively few studies that deal with the effect of diabetes on the developing of psychological problems. In fact, only one study was noted in recent times that dealt with this point. Choi et al. (2013) noted that negative emotions and risk for type 2 diabetes occurred among Korean immigrants in the United States but equally negative emotions sometimes resulted from suffering from diabetes. The main symptoms noted were that such individuals suffered from nervousness, hopelessness, restlessness, anxiety, and depressive symptoms.

The bi-directional phenomenon of stress and diabetes 2

It has been frequently accepted that there is not only a straight reaction of psychological stress and the development of diabetes 2 but also the effect of diabetes 2, as mentioned in the previous section, on the development of psychological disorders. Gupta (2013) reported comorbidities between PTSD and vascular diseases especially hypertension. The constant interaction between diabetes 2 and the continued psychological problems were considered to be due to changes in the hippocampal function. This led to symptoms of diabetes associated in turn with hypothalamic pituitary dysfunctions. It also affected the memory and the expression of emotions (Ho et al., 2013).

Major depressive disorders (MDD) appears to be present in 15% of the American population. This is a condition which increases the risk of developing a variety of medical illnesses. Muskin (2010) also noted that chronic illness can lead to MDD as well as the reverse. This is a bi-directional phenomenon which results from increased levels of cortisol and norepinephrine and the loss of prefrontal cortical cells. Similar results were obtained by Perfect et al. (2010) who saw that stress and sleep disturbances may be related to diabetes 2. Six differences were noted by Williams et al. (2013) when they concluded that perceived stress predicted abnormal glucose metabolism in women but not in men.

Treatment of diabetes and its associated condition

The treatment of American veterans who suffered

from diabetes, possibly due to post-traumatic stress events found it valuable to receive telephone calls to motivate them towards activities such as physical exercise (Collins et al. (2014). This appeared to significantly increase exercise behaviour and reduced psychological distress. Pharmacological intervention was seen on occasion to be successful in reversing detrimental effects of diabetes on the brain and behaviour (Ho et al. 2013).

In order to deal with the trauma of the past leading to diabetes Kendall-Tackett (2009) recommended the use of long-chain-omega-3-fatty-acids combined with exercise and sleep intervention. All of these were to be combined with other treatment approaches. Again, the emphasis appears to be on physical exercise which directly assists in the metabolism of sugar from the blood and at the same time reduces acute stress (Morris et al. 2011). Perfect et al. (2010) reviewed several studies that have suggested that stress and sleep disturbances may be related to diabetic disease progression. Efforts to combat sleep disturbances can be of value in reducing the ongoing psychological problems associated with diabetes.

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Emerging Issues and Outcomes of Behavior Based Safety (BBS) Implementation

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Abstract

Unsafe or at-risk behaviours of employees are the root cause of almost all accidents and fatalities in organizations. BBS is a process of training people in safety behaviours. This article is a case of a large gas company in India on various processes and emerging outcomes of behavior based safety (BBS) implementation. A set of issues and apprehensions faced by the Lead Trainers/Observers as well as emerging outcomes of BBS implementation are reflected. Recommendations are made for consolidating BBS implementation. This article is intended to be useful for companies interested in implementing BBS as a significant step towards managing zero occupational injuries and accidents.

Introduction

Employees violate safety rules inside the company as children do in school. Employees begin compromising safety rules first by not wearing PPE (personal protective equipment) and gradually go up to violating the SOP (standard or safe operating procedures). These unsafe/ at-risk behaviours on part of employees commence the journey for injuries and fatalities (Kaila, 2012, 2014). According to security personnel of a company, “fifty percent of contract workers inside the plant are not wearing PPE; we could not enforce it at the company gate, as head of departments (HODs) would call us to allow them inside the plant without PPE as their work would suffer. On the other hand, the contract workers did not wear PPE as they were not provided with by their contractors and the safety department did not enforce penalty for the same on the contractors. This clearly reflects that they all joined to compromise with unsafe behaviours.”

With the change of ownership from top to bottom level, safety culture in organizations has dramatically changed (David Broadbent, 2014). According to Fred R. (2014), new BBS programs evolve through continual training. This requires communication skills among all employees, not just those on the work floor. The management team must be as excited to see progress, and participate with the behavioral observers on a continued cycle, where praise and reward goes a long way towards sustaining the BBS program.

BBS means more people would voice for safe behaviours as being trained observers (Kaila, 2013). According

to a deputy general manager of the company, “safety means the number of heads entered in the company premises should be equal to number of heads out of the company gate (with a smile) everyday.

Research Method

1. A large gas company in India invited the BBS experts to implement BBS in their gas processing units, petrochemical unit as well as pipelines for almost 4000 employees and 2000 contractors' workmen. The methodology used for implementing BBS is as follows: Conducted BBS awareness workshops for 20% employees i.e. 800 observers
2. Conducted Five Days BBS Lead Trainers Workshop for 5% i.e. 200 employees
3. Conducted Five Days BBS Roll-out Activities including support and hand-holding with lead trainers' observation and feedback skills
4. Formed and conducted meetings of Multidisciplinary BBS Functional Safety Committees for Safety excellence and implementation (such as Process, Physical, Maintenance, Road)
 - Process Safety Committee:- Review and updates on Safe Operating Procedures, Work Permit System & Lock-out, Tag-out procedure, Management of Change, Training needs, Incident Investigations, Audits, Interlocks, Design Verses operating Parameters, Loading and unloading etc.
 - Physical Safety: - PPE need and compliance, housekeeping, ergonomics, equipments and tools, mobile usage, rules-regulation and standards on safety and its compliance etc.
 - Maintenance Practices (mechanical, electrical and instrumentation):- calibrations, material handling, electrical tools, energisation and de-energisation etc.
 - Road Safety: - The road safety subcommittee is responsible for assisting the Site Steering Committee to ensure road safety by developing road safety guideline, Travel guideline, Rules and regulation for safe driving and implementing other road safety measures etc.

This is an on-going study and data in this article dates between September 2013 and May 2014.

Dealing with issues and apprehensions faced by the BBS Lead Trainers/Observers

Multidisciplinary Lead Trainers/Observers from various units/areas faced various issues and apprehensions

while implementing BBS and these are dealt with as below:

- a. How to deal with stubborn employees for correcting their unsafe behaviours? – By persuasion, follow-up, coaching or challenging them.
- b. How to deal with senior employees for correcting their unsafe behaviours? – It is matter of fear versus saving life. One should not make discrimination between junior/ senior employees in saving human life while dealing with at-risk behaviour which could trigger serious consequence such as death.
- c. People could enter fake data in BBS checklist of the safe/unsafe behaviours observed. Restrict filling-up of BBS checklist by trained observers and lead trainers. Random-check on the quality of observation by lead trainers. Compare percentage of behavioural trends with ground reality of corrected behaviours on the shopfloor. Being over-critical/over-anxious about future implementation to be avoided. There is no significant trend of fake data reported from other organizations. Hence, better focus on observation process outcomes and discuss regularly. Contract workmen may or may not fill observation checklist. They are basically trained to observe and correct unsafe behaviours around them.
- d. How to reward a best observer? Best observer could be rewarded for maximum number of observations as well as corrections of unsafe behaviours, maximum number of observations days, and maximum number of behaviour categories observed.
- e. Whether focus on Observation or measurement: first focus on firming up 'the process of observation and correction' by creating BBS awareness among all employees/workmen. Simultaneously and gradually focus on efficacy and accuracy of measurements of BBS data.
- f. Some employees do not involve or connect with BBS activity due to organizational behaviour reasons such as lack of promotion, low job satisfaction, poor interpersonal relations.
- g. To resolve this, first sensitize these people to the concept of BBS and then involve them in leadership role for BBS project activities for promoting their self-regard which has been damaged due to negative organizational experiences.

- h. In addition to the above, some HODs/OIC's apprehension for BBS implementation came up in terms of the extent of involvement of people and time due to lack of standard manning.

Emerging Outcomes of BBS Implementation

It is in their desire of meeting targets that people exercise power and authority, hurry up and bypass safety, and in this process that the poor workmen are disabled or killed. Therefore we need to challenge our own behaviour first and question our consciousness: is it proper to kill people to achieve goals and deadlines. This was implicitly confessed by the training participants.

BBS implementation in organizations has positively reflected in audit reports. Safety auditors have appreciated involvement of employees in safety behaviours (Kaila, 2013). An executive director said, "With BBS implementation, everybody would become behaviour safety officer 24x7, 365 days". An engineer in-charge expressed that applying BBS inside plant depends upon my boss. Therefore the role of unit heads is to encourage people through e-mail messages or personal interaction with observers is necessary.

Each awareness workshop was inaugurated by different General Manager each day pumping energy into participants. This is something special. Training and Safety departments coordinated very well. Work permit violations have been reported to a great extent. PPE non-use and its lack of provision is a big issue. An acceptance of BBS concepts is reflected through one-day sessions' participants. However the resistance was also shown by some participants mentioning organizational constraints such as pre-established goal pressures and lack of standard manning. The site BBS steering team and functional committees are formed. An issue of lowest quotation came up very significantly as the concerned contractors were least bothered or educated about safety issues or providing basic PPE to their workmen. Another issue of production priority over safety required organizational leadership intervention.

The visible outcomes that emerged as a result of BBS Implementation are the following:

- 1) Developed 359 BBS observers and 56 lead trainers to carry forward the safety culture movement to the remaining staff/contractors. Their enthusiasm and openness is witnessed.

- 2) Five Days Workshops upgraded the Lead Trainers' clarity of BBS concepts and skill of training delivery to their colleagues. As a result, the Lead Trainers conducted three supervised workshops with full confidence, faith and conviction in BBS at each location.
- 3) Lead Trainers felt a sense of satisfaction by correcting serious unsafe behaviours by regular reminders. They prepared the BBS awareness training module with much creativity and field examples.
- 4) Prepared IT enabled BBS Checklist, BBS Observation Card, Banners and Sticker for observers' identity.
- 5) Average base level of behaviours at Sites was found to be 73% safe behaviours, 27% unsafe / at-risk behaviours. As a result of corrections of unsafe behaviours, the safe behaviours have gone up from 73% to 95% that needs to be sustained by continuing BBS observation rounds.
- 6) Some of the characteristics of lead trainers were found to be: good voice quality, involvement of participants, clarity of BBS Objective, dealing with questions effectively, creativity and originality of examples/workshop material, high energy level.
- 7) The receptivity of the BBS programme by employees, CISF (Central Industrial Security Force), Contract workmen at the sites is felt to a great extent.
- 8) The BBS banners are displayed across the plants.
- 9) The monthly BBS award scheme has been chalked out for observers based on observation data in 4 categories i.e. executives, non-executives, CISF, and Contract workers.
- 10) The BBS Checklist (bound booklet) was distributed to all trained observers for continuing observations.
- 11) The personal involvement, administrative support and leadership of OIC, the cooperation and coordination of Head (Fire & Safety & IT), and all HODs is visible and appreciated for all BBS activities.
- 12) The regular discussions on the daily developments were held between BBS Task Force members and Experts.
- 13) The guidance and involvement of faculty members was found to be useful for the site to implement BBS in true spirit and to be an incident-free organization.
- 14) Despite all strengths of BBS Implementation, some employees at the Sites expressed resistance, pressures of work for goal completion, too many audits going on, degree of time involved and lack of resources such as PPE etc which were dealt with effectively and addressed by the officer in-charge (OIC) and BBS experts.
- 15) The regular highlighting of the fact at the sites that the

BBS Implementation is a Corporate Agenda and personal involvement of the Chairman of Corporate Steering Committee, General Manager – HSE and his Team, Task Force Members helped implementation of BBS.

- 16) Interacting with individual HODs and clarifying their role and involvement facilitated driving BBS.
- 17) Behavioral changes are visible as a result of implementation as perceived by the lead trainers.
- 18) Lead trainers perceived that on an average, 75% of safety is exercised by the work-permit issuer, 50% by the receiver/ acceptor, 30% by the executors and these gaps are filled by the BBS observers.
- 19) The closing meetings of the Site BBS Steering Committee expressed satisfaction and looked forward to the first follow-up meeting with BBS experts.

Recommendations

Unsafe behaviour of anybody in the site/plant is a continuous risk for all persons and the plant till it exists and does not get corrected. Unsafe behaviour howsoever small would become critical for life and property anytime. The following recommendations would help consolidating BBS implementation for maintaining incident-free organization (Kaila, 2013a).

- 1) Lead Trainers/observers must practice observation of one SOP or work permit or Lock-out Tag-out (LOTO) a day besides observation of PPE or housekeeping etc.
- 2) It is suggested for the company to set up an e-group on the intranet /website for lead trainers, observers, and those related to BBS from all sites to share their success stories and experiences.
- 3) Maintaining a 'directory of lead trainers of all sites' at the Corporate HSE and periodic mentoring by the corporate team would facilitate BBS Project.
- 4) The CISF enforcement for 'use of PPE and disallowing mobile' at the Gate by employees as well as Contract workers is emphasized. The CISF needs to be empowered for the same.
- 5) Lead trainers are backbone of BBS implementation & their active participation is a must for successful BBS implementation.
- 6) Lead Trainers are also internal change agents within the organization and has to train further observers, weekly review among themselves and sharing observations on fortnightly basis among their departmental observers for continuous

improvement in their respective departments.

- 7) The training honorarium/incentive to lead trainers as per existing company rules for conducting training for non-executives/contract workmen would be a motivating force.
- 8) It is suggested for sites to display 'board for best observer' of every month, board for behavioural trends as well as display board for listing names of site lead trainers and area observers.
- 9) The Corporate BBS Task Force members should simultaneously train themselves and emerge as permanent BBS trainers to sustain this project. Moreover all HSE staff whenever they are on internal audit should also conduct BBS refresher programme for the sites across India.
- 10) The lead trainers must conduct first BBS awareness session for contractors, their supervisors as well as concerned engineers-in-charge as most safety violations take place from contractors. For example, most of the contractors have not provided basic PPE to their workmen and the company has also not enforced much or put penalty for not providing PPE.
- 11) Field medical attendant on-site is needed for immediate care for preventing blood loss in case injury. "I have visited the plant area 17 years after joining the company hospital today for BBS observations", a lady medical officer.
- 12) Completing 100% BBS awareness training by lead trainers across the plant is a challenge of lead trainers. Weekly schedule for BBS awareness training for each lead trainer is needed for spreading awareness across the plant among all employees and contract workmen. This schedule needs to be prepared by safety department along with lead trainers.
- 13) Validation of observers' training conducted by lead trainers is required which can be achieved by weekly contact/meeting between them for better implementation.
- 14) Near-miss incident reporting is to be replaced with unsafe behaviours for HSE index as Near-miss shall be reduced by corrections of unsafe behaviour itself.

Conclusion: almost all accidents are a compromise with unsafe behaviours

This case research points out that accidents at workplace are caused as a result of compromising with unsafe/at-risk behaviours on part of contractors, engineers-in-charge, security/safety personnel and HODs in order to achieve more production in less time. This fact is agreed by all concerned during deliberations while implementing

BBS. This reflects that people are pushed to accidents and killed by organizations in a joint effort of all in any project execution. This can be avoided by BBS implementation accompanied by corporate leadership towards zero tolerance for unsafe behaviors at the workplaces.

These days, workers and executives of Indian organizations are working in a highly competitive environment and hard-task oriented environment. Sometimes, they have to give the required production with less manpower in less time. This results into creation of unsafe conditions due to pressure and they adopt shortcut also. In such situation, it is required to care their behaviours by their co-workers which are missing in Indian organizations.

The safety standards, systems, procedures and manuals are well defined in companies but unsafe behaviours are observable at several execution points. According to an executive director, "we have best safety systems but not the best safety behaviours". The existence of unsafe behaviours precisely reflects the lack of enforcement and compromising with safety standards which is a collective arrangement of HODs, safety department, the plant head and contractors to meet production targets. At the company gate, if security personnel stop employees who are entering without proper PPE, some senior employee would call up or send email to the security department to allow such people inside the company so that the work does not stop. Such compromise with safety only begins with PPE and then employees and workmen compromise safety standards at every execution level even violating work permit, LOTO, SOP. This is how safety culture deteriorates and accidents begin. Hence the unsafe or accident behaviours are carried out with the knowledge of all concerned simply to achieve targets.

Unsafe behaviours exist and occur every day at the workplace indicating that the journey for injuries and fatalities for employees has commenced. It is widely recognized that the unsafe or at-risk behaviours of employees are the root cause of almost all accidents in organizations. If we try to analyze why people died in workplace accident, we understand that their unsafe behaviors were not observed and/or not corrected. By increasing number of trained BBS observers, we augment our range of observation and address unsafe behaviours of employees and contract workmen on regular basis. To sustain safe behaviours, we need to observe and correct unsafe behaviours again and again by training behaviour safety observers in every area of an organization. Thus BBS implementation attempts to minimize or zero down injuries and fatalities at the workplace. "If BBS was implemented earlier, it would have saved few more lives", a senior safety manager. BBS

is to promote safe behaviours partnering everybody in an organization as an individual change orientation leads to organizational change.

Finally, an overall feeling about the BBS implementation experience is found to be encouraging and satisfying for everyone involved in this case of a large Indian gas company which could be a great support for other organizations willing to implement BBS for taking a step forward to achieving zero unsafe behaviours.

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Brief about the Author

Dr. H.L. Kaila is a Professor of Psychology, Mumbai. He has over 30 years professional experience and has to his credit several projects with ICSSR, UGC, NSC and World Health Organization; and has authored 12 books, and a large number of articles for refereed journals and newspapers. He has appeared several times on television for providing his expert views. Dr. Kaila represented India at the International Conferences at New York, Berlin, Rome, Oman, New Zealand and Sydney. He is an Editor of the *Journal of Psychosocial Research*. He is only industrial psychologist who is regular BBS trainer/ implementer and popularized BBS in India.

Dr H. L. Kaila conducted about 600 BBS training workshops for organizations such as ITC, ESSAR, RIL, Colourtex, Reliance Energy, Ultratech, GAIL, SAIL, CFCL, KAPS, RCF, SEML, HPCL, BPCL, OISD, L&T, NPCIL, HWB, Voltas, Bajaj Auto, BFL, NFCL, Whirlpool, DFL, ONGC, GE, BFL, FMC, PI Industries, M&M, BHEL, ICC, Excel, Bayer CropScience, Sanofi-Aventis, Foseco, IOCL, Vedanta, and conducted 30 safety awareness surveys in India.



ICP, INC. Endorses the APA AND IAAP Codes of Ethics and Professional Conduct. Portions of APA's Code are Below for Reference

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty and

truthfulness in the science, teaching and practice of psychology. In these activities psychologists do not steal, cheat or engage in fraud, subterfuge or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no

circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards [1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority](#), and [1.03, Conflicts Between Ethics and Organizational Demands](#).)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard [1.04, Informal Resolution of Ethical Violations](#), or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard [1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority](#).)

1.06 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics

complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2.01 Boundaries of Competence

(a) Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard [2.02, Providing Services in Emergencies](#).

(c) Psychologists planning to provide services, teach or conduct research involving populations, areas, techniques or technologies new to them undertake relevant education, training, supervised experience, consultation or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or adminis-

trative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards [2.01e, Boundaries of Competence](#), and [10.01b, Informed Consent to Therapy](#))

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards [2.02, Providing Services in Emergencies](#); [3.05, Multiple Relationships](#); [4.01, Maintaining Confidentiality](#); [9.01, Bases for Assessments](#); [9.02, Use of Assessments](#); [9.03, Informed Consent in Assessments](#); and [9.07, Assessment by Unqualified Persons](#).)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance and determine whether they should limit, suspend or terminate their work-related duties. (See also Standard [10.10, Terminating Therapy](#).)

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or

unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations and published materials. Psychologists do not knowingly make public statements that are false, deceptive or fraudulent concerning their research, practice or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive or fraudulent statements concerning (1) their training, experience or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television or other communication media in return for publicity in a news item. (See also Standard 1.01, *Misuse of Psychologists' Work*.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures or advertisements describing workshops, seminars or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do

not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, *Basis for Scientific and Professional Judgments*.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

5th VANCOUVER INTERNATIONAL CONFERENCE ON THE TEACHING OF PSYCHOLOGY

July 23-25, 2015

**Coast Plaza Hotel and Suites
Vancouver, Canada**

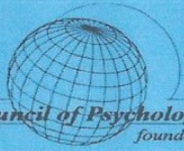
**Information available at <http://kpu.ca.victop>
Or contact Steve Charlton at
sjccharlton@shaw.ca**

INTERNATIONAL PSYCHOLOGY OF WOMEN SUMMIT

Preceding the 2015 APA Convention

**August 4-5, 2015
Toronto, Canada**

**Information available:
<http://intlpsychwomensummit.com>
Questions? Email:
intlpsychwomensummit@gmail.com**



International Council of Psychologists ICP
founded in 1941

UN NGO Consultative Status ECOSOC & DPI 1981

PSYCHOLOGICAL CONTRIBUTIONS TO SOLVING GLOBAL PROBLEMS IN THE 21ST CENTURY

AUG 1 – 3, 2015
TORONTO,
CANADA

ANNUAL SCIENTIFIC CONFERENCE
& BOARD MEETINGS



International Council of Psychologists

A non-governmental organization in Special Consultative Status with the Economic and Social Council

and the Department of Public Information of the United Nations. Website: <http://www.ICPweb.org>

74th Annual ICP Conference, Toronto, Canada

AUG 1 – 3, 2015

Radisson Lakefront Hotel

Scientific Program

PSYCHOLOGICAL CONTRIBUTIONS TO SOLVING GLOBAL PROBLEMS IN THE 21ST CENTURY

Guidelines:

Only typed abstracts in English will be considered.

Use Word, Word Perfect or Plain Text, Times New

Roman font in 10 or 11 point size.

- **Abstract** is to fit inside the box on the right and may be provided on a separate sheet using those parameters and the following guidelines:
- **Title**: ten words or less in UPPER CASE that clearly indicates the content of the contribution.
- **Skip a line**, 3rd / 4th Line: Your full name, Degree, institution or Practice, city and country
- **Skip a line**. Abstract single spaced, limit to 250 words, avoid abbreviations
- **Abstracts should include** problem or objectives, methods, results, and Conclusions. Do not include references, charts or graphs. No attachments will be accepted

Submission of the abstract constitutes agreement to register, arrange for own travel and lodging plans, and to be present at the scheduled time and place for the session. Requests for schedule changes can not be accepted. Letters of invitation will be provided.

Select one

Paper (15 or 20 Min) _Symposium (15 or 20 Min per presenter) (all names of & one abstract for each r)

Conversation Hour [all names and contact info]

Poster [registrant. Identify student, early career, or professional]

Request for Technical Support.

Note: hotel resources may limit what can be provided

- **Slide projector** ___ **Overhead projector**
- **SVGA projector/computer/multimedia**
- **(Word/Power Point will be supported)**
- **VHS video player**

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- **Projector** ___ **computer** ___ **flash drive**

GUARANTEE OF CONFERENCE REGISTRATION

IS A CONDITION FOR ABSTRACT CONSIDERATION & INCLUSION IN PROGRAMME.

- **Program Chair and Committee** will group proposals by category topics into thematic sessions in order to promote communication among presenters and to allow for inspiring discussions.
- **Scientific Committee** will notify the **FIRST AUTHOR OR MODERATOR** of acceptance and time of session within the overall program. **Chair or moderator is to notify other participants in the session.**
- **Acceptance does not include** any financial assistance or fee reduction.

Insert submission here!

CELEBRATING 70 YEARS OF WORKING TOWARDS HEALTH, PEACE AND SOCIAL JUSTICE

International Council of Psychologists Proceedings
2011-2012
Washington, D.C. (USA) & Seville (SPAIN)

INTRODUCTION MESSAGE

Psychology Enters a Global, Interdisciplinary Era ICP, Inc. Opens Full Membership to Allied Discipline Colleagues

Ann Marie O’Roark, Ph.D., ABAP
St. Augustine, Florida USA

With pleasure, I express appreciations to Ana Guil, Anna Laura Comunian and Manuel Cruz Forte for the publication of these proceedings from years I served as ICP president. Following in the footsteps of Roswith Roh, Sherri McCarthy, Edith Grotberg, Uwe Gielen, Chok Hiew, Noach Milgram, Naty Dayan, David Ho, Anna Laura Comunian and Leonore Adler, this proceedings collection, the 16th proceedings book, extends ICP, Inc.’s tradition and adds a new dimension: some words are in Spanish. ICP proceedings books are being digitalized for electronic access by American Psychological Association’s PsychEXTRA [<http://psychextra.apa.org>] which links clinicians, librarians, consumers, policy-makers and researchers to a variety of databases: psychology, behavioral science, and health. This link with interdisciplinary groups is especially appropriate as ICP, Inc. formally opened full membership to professionals from allied disciplines in 2011 at the 69th annual conference.

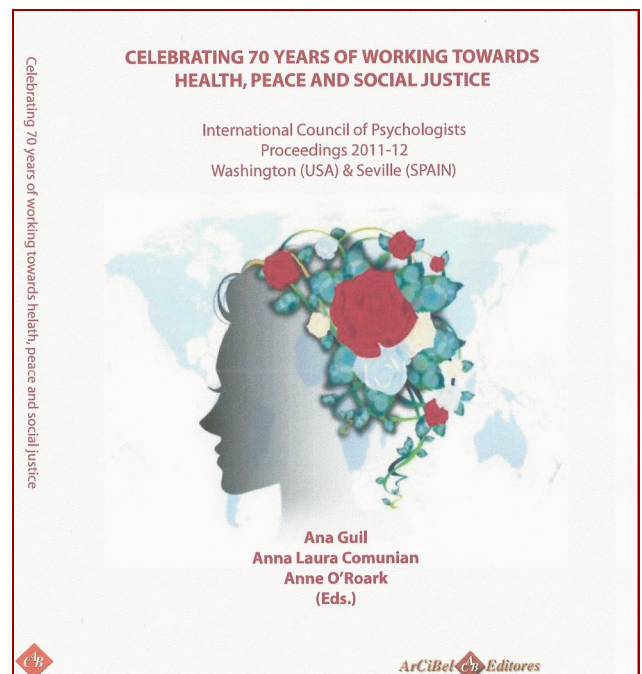
Conscilience and *Nexalism* are watchwords of a fresh era in science. The harbingers of the incoming wave forming across the 21st century horizon mean, respectively, a synthesis of all ways of knowing and a structured, deliberate, interdisciplinary science. Both concepts are compatible with core values promulgated by ICP, Inc. since it was formed in 1941 as The National Council of Women Psychologists. Known today as ICP, Inc., the association remains a comparatively small band of psychological generalists representing multiple countries and multiple specializations in psychology. Talented and determined leaders frequently introduced initiatives to promote international-interpersonal engagement with knowledge based-science in meaningful ways. The earliest being in the interests of

children and women.

The first full Allied Discipline Members of the ICP, Inc., were welcomed at the 69th annual meeting of the Council in Washington, D.C. under the theme of “Integration of Health and Mental Health in the Context of Culture. Providing Comprehensive Services in Partnership with Allied Professionals.” While ICP, Inc. may be among the first wave of professional associations opening membership to colleagues in disciplines with similar value for and dedication to human wellness and health, especially of those groups underserved, the evidence of a new awareness of integrated knowledge is being included in professional conferences, sparking fresh interest in collaborative projects. For example, the 2012 APA President highlighted women working on interdisciplinary research teams.

“To advance psychology and the application of its scientific findings throughout the world” is the vision of founding members of ICP. Their vision, creative energy, and passion for the discipline of psychology was framed in a global, international context and centered on establishing an association of academically and technically trained colleagues with a shared purpose. They were among the very first to realize the importance of establishing a validated knowledge base about healthy human behavior and responsible methods of applying psychological knowledge for the betterment of individuals, groups and societies.

ICP stands tall as a model for ways to be a psychologist-activist, promoting constructive ways of gaining knowledge and providing psychology where needed...



Introduction.....	9-15
Washington Conference:	
INTEGRATION OF HEALTH AND MENTAL HEALTH IN THE CONTEXT OF CULTURE: PROVIDING COMPREHENSIVE SERVICES IN PARTNERSHIP WITH ALLIED PROFESSIONALS	
Resilience and Moral Judgment Development. An empirical study. Anna Laura Comunian.....	19-31
Post Separation Conflicts which affect Contact for an Alienated Parent. Ludwig F. Lowenstein.....	33-63
Post-Global Psychology emphasizes Interdisciplinary Cooperation. Ann M. O’Roark.....	65-79
The Mobile Phone: a report of the use of cellular phone by children and teenagers. Livia Gaddi and Oriola Ndreu.....	81-91
Countertransference Empirical Analysis and Evaluation of Clinical Process. Diego Rocco, Diego Zanelli and Annalisa Pettenon.....	93-105
Successful Global Leaders. La cultura importa. Elisa Margaona.....	107-123
One Context, two Sexes and three Genders: discursive positioning of Brazilian trans-prisoners in Italian jails. Alexander Hochdorn, Paolo F. Cottone, Brigido V. Camargo and Bruna Berri.....	125-139
Understanding the Terrorists’ Mind. Sarlito Wirawan Sarwono.....	141-163
The Sound of Silent Skills: how to recognize and define tacit knowledge. Giuseppe Paxia.....	165-177
The Paradigms of a Constructed Reality: an overview of bullying through the Italian newspapers media. Eleonora Bordon and Mariselda Tessarolo.....	179-200
Slow Movement and Ecofeminism. Ana Guil, Manuel Cruz and Sara Vera.....	201-213
World of Warcraft Gamers: behavior addiction and consequences. Roswith Roth and Ulrike Pichler.....	215-233
Seville Conference:	
CELEBRATING 70 YEARS OF WORKING TOWARDS HEALTH, PEACE AND SOCIAL JUSTICE	
Personal Happiness (symptoms, causes, and treatment based on recent research). Ludwig F. Lowenstein.....	237-255
Positive Psychology. Indices of resilience in assessing personality. Anna Laura Comunian.....	257-266
Psychological Intervention to facilitate the Move to a Nursing Home. Roswith Roth and Claudia Feichtenhofer.....	267-278
Assessment on Aging: what social perception do men and women have about older people? Alfonso Javier García González.....	279-285
Cooperative Learning in Elderly University: strategies for implementation in social context of justice. Alfonso J. García Yolanda Troyano.....	287-301
Effect of Stress Inoculation Training on Perceived Stress in Different Identity Styles. Mojgan Nicknam Islamic and Abbas Ali Allahyari.....	303-317
Social Justice According to Peacekeepers. Eleonora Bordon and Mariselda Tessarolo.....	319-329
Environmental Education Centre & Farm School: learning how to value nature. Concepción Garrido, María Luisa Moreno and Pedro Garrido.....	331-338
Women in Higher Education: comparisons among countries since 2000. Donna J. Goetz.....	339-347
Women Psychologists Pioneers	
Facing a conflictive world in 1941. Elisa Margaona.....	351-367
Recovering Women in the History of Psychology as a Teaching Practice. Silvia García Dauder.....	369-382
Psychology of Women within the Spanish Academic Environment, History and nowadays. Concepción Fernández Villanueva.....	383-397
The Voice of Women Psychologists. Ana Guil.....	399-407

Immigration

Immigrant Organizations. Ann M. O’Roark.....	411-417
Human Trafficking and Human Consequences. Maria Consuelo Barreda-Hanson.....	419-471
Gender Differences on Lifestyles and Health in Spanish and Immigrant Adolescents. Manuela A. Fernández-Borrero, Pilar Ramos-Valverde, Carmen Moreno-Rodríguez, Antonia Jiménez-Iglesias and I García-Moya.....	473-490
Strategies of Acculturation versus Interethnic In-groups Bias and Socio-school Adjustment in Multicultural Contexts. Rocío Guil Bozal, José Miguel Mestre Navas and Paloma Gil-Olarte Márquez.....	491-502
ICP Publications.....	505-507

International Council of Psychologists, Inc.

INVITATION TO GRADUATE STUDENTS & EARLY CAREER PSYCHOLOGISTS

74th ICP Conference: Toronto, Canada Aug 1-3

Call for 2015 In Absentia Poster Proposals

InAbsentia Posters in International Psychology
about: PSYCHOLOGICAL CONTRIBUTIONS TO SOLVING GLOBAL PROBLEM
IN THE 21ST CENTURY

1

ICP's INABSENTIA exhibit of poster papers is a continuous display.
InAbsentia graduate student poster authors do not need to be in attendance
or registered to submit a poster proposal.
Proposals ASAP. No later than June 15
Send to: annalaura.comunian@unipd.it

2

OPTIONS FOR CONFERENCE EXHIBIT DISPLAY
Power point slides via email to annalaura.comunian@unipd.it
STANDARD DISPLAY & LAMINATE Completed Posters of accepted proposals are to
be surface-mailed
INFORMATION TO FOLLOW

3

The Dayan-O’Roark Award for InAbsentia Student Posters: first prize is \$100. Second place prize is \$50.
And membership in the ICP, Inc. until December 31, 2016.

Authors are requested to send cover letter with proposal and include:
➢ PROOF OF GRADUATE STUDENT IN PSYCHOLOGY STATUS
OR POSTER BASED ON GRADUATE & EARLY CAREER RESEARCH
➢ CONTACT INFORMATION
➢ PHOTOGRAPH

ICP is a person-to-person association. As a mentor / incubator association, ICP welcomes psychology students & encourages
studies in International Psychology

Some of Our I.U. Contributors



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Ludwig Lowenstein, Ph.D., ICP Past-president, founder and director of Allington Manor, Southern England Psychological Services



Jeanett Castellanos, Ph.D., UCIrving, Social Sciences Academic resource Center Director

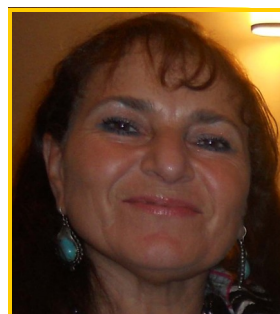
[note: no photo available: Roberto J. Velasquez, PhD., Riverside CA]



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Ani Kalayjian, Ph.D., founder and director of Meaningfulworld, Inc., a humanitarian organization without borders

INDEX of CONTENTS

Editor's Column, Dr. Ann Marie O'Roark, USA	1
Lessons Learned at a Refugee Camp During the Mariel Refugee Boatlift: 35 years later, Drs. Robert Velasquez, Eduardo Gamarra and Jeanett Castellanos, USA	2
Wellness of the Individual and Group from Multi-cultural Counseling Views, Pt. 1 Dr. Machiko Fukuhara, JAPAN	5
Kindness: a cross cultural study, Dr. Anna Laura Comunian, ITALY	8
Embracing Love and Forgiveness, an article by Dr. Ani Kalayjian, USA	12
The Association of Diabetes and Psychological Stress Disorder, Dr. Ludwig F. Lowenstein, UK	13
Emerging Issues and Outcomes of Behavioral Based Safety (BBS) Implementation, Dr. Harbans Lal Kaila, INDIA	17
Code of Ethics and Professional Conduct (APA & IAAP)	21
74th ICP, Inc. Annual Conference, Toronto, Can, Aug 1-5, 2015	25
Proceedings 69th & 70th Annual Scientific Program Index	27
If you would like information regarding the International Council of Psychologists, Inc., the conference, or any of the publications for the organization, please visit the website at http://www.ICPWeb.org .	

CALL FOR MANUSCRIPTS

Please submit manuscripts using APA style, Word, 12 pt. Times New Roman to the Editor at annoroark@bellsouth.net. The *IU* is published two to four times yearly, according to the number of manuscripts received. An Editorial Review Panel reviews all material submitted for the International Psychologist for readability and consistency with ICP, Inc policies. *IU* submissions are screened for style and professional content. Submissions may be returned for revisions as needed. We invite your participation. While *IU* is not a formal journal, it may set the stage for re-activating *World Psychology*.

Ann O'Roark

ICP REMINDERS...

Dues are due! Easy to do at the website—just go to www.icpweb.org and click on the MEMBERSHIP tab at the top! From there, just fill in your dues amount and payment type. Thank you.

Calls are due in May for the awards! Information is in the International Psychologist 54.4 which is available at the website. Paid membership in ICP for one year as well as monetary awards. **Get those nominations in.**

ICP Board of Director Nominations Due Now!

Email nominee information to Dr. Ludwig Lowenstein at:

Ludwig.lowenstein@btinternet.com