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This Part B is intended to be used for longer reports and as a place for the ICP's Research Interest Groups to present their collaborative work. One expectation is that *IU* can be a linking pin between print media and electronic communications offered through the ICPWEB.ORG site. Dr. Varda Muhlbauer [Israel] is exploring ways with the help of new Director at Large Diana Boer [Germany] to implement a blog for scientific conversations and professional discussions, as well as using it for planning conference symposia and joint research projects.

We certainly hope that you will enjoy this ICP publication and consider contributing to future issues. This is a fine venue for sharing your work with others in our field.

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Helping Prevent Elder Abuse Globally Through the Use of Social Media

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Elder abuse is a single or continuous exploitative behavior, or failure to take an appropriate action (as expected) in a relationship, which involves trust, and eventually causes distress or psychological harm to an elderly person. This form of mistreatment can occur at home within a family, care givers/assistants, friends, etc. or in an institution such as a nursing home in the hands of a professional caregiver. Approximately 2.1 million elderly people in America are victims of elder abuse yearly. Neglect and failure to carry out a responsibility towards an elderly person are the most common forms of abuse. Other forms of abuse which often cause psychological and emotional harm include lack of respect and denying the elderly freedom (e.g. freedom of expression and doing what makes them happy like listening to music), controlling all their moves and making all decisions for them, threatening to withdraw care, bullying, financial exploitation (e.g. misappropriation of the wealth of an elderly person, exploiting their finances and depriving them the right to use their wealth as desired, denying them access to their property and giving them false reports regarding their wealth). Other forms of elder abuse include physical abuse like beat-

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ing or slapping, unnecessary medical sedation, and physical restraint, as well as sexual abuse (Bagshaw, Wendt & Zannettino, 2007). This paper explores the various forms of elder abuse and how social media can be useful in reversing this vice.

Statistics indicate that women are more commonly the victims of elder abuse and perpetrators of this abuse are mostly men, particularly family members, partners or spouses. People aged 85 years and above are more likely to undergo elder abuse than those aged between 65 and 84. Moreover, exploitation increases as the health of victims deteriorates. Also, elderly people who have a lower socioeconomic status are more likely to experience elder abuse. Other aspects like psychological disorders, physical injury, cognitive impairment, restricted mobility, fear of isolation, ignorance of their rights and social isolation can increase the risk of an elderly person being mistreated (Bagshaw, Wendt & Zannettino, 2007). Some individuals hold the belief that elderly people are weak, helpless and less significant in society. These are ageist attitudes, which make society more tolerant of elder abuse and ignore the detrimental consequences faced by the elderly. However, the good news is that elder abuse can be prevented. Although few studies have been put forward on prevention of elder abuse, there is still hope for the elderly. This paper explains how social media can be used to prevent the pervasive problem of elder abuse.

Social media, the society, and prevention of elder abuse

Social media is a technology, which uses web-based techniques to offer information and create awareness on several issues. Social media can also be used as a tool that creates dialogue among front-line employees looking for support and professional assistance on how to stop elder abuse. Caregivers from rural areas and remote places often feel isolated, unappreciated and unmotivated in their profession. Continued communication among caregivers is important because they can share information, encourage each other and share updates on what is happening in their local areas. This is where social media comes in handy though avenues like “exploring the space between” (an experimental blog that invites communication for professional and caregivers for the elderly),

“CHNET-Works” (a conference system for health professionals) and “USTREAM TV” (a live streaming resource used on various geographic levels). Chat services enable immediate and prompt communication between individuals and they can also share photos. This increases support for other caregivers and gives them an opportunity to obtain professional guidance from others. When caregivers and professionals who deal with the elderly connect, they can share information, which will be useful in eliminating elder abuse in the society (Cooper, Selwood & Livingston, 2008).

Currently, statistics indicate that more elderly people are using the Internet and social media than ever before. Statistics Canada (2011) reported that age is a significant factor in determining Internet use regardless of the other factors being taken into account such as income and education levels. In 2010 alone, 80% of Internet users over 45 years old were between 45 and 64 years. Those aged 65 and above were less likely to use the Internet and the percentage of Internet users declined with age (Kathryn & Mary, 2012). However, current statistics indicate that the elderly are increasingly using the Internet and social media, and they are the fastest growing category of Internet users. In a 2012 survey by American Life Project and the Pew Internet, 34% of those aged 65 and above used the Internet and another study by Ipsos Reid research firm indicated that 44% of those aged 55 and above used the Internet. Of the people who contribute to blog content, take part in discussions, upload photos and participate in social networking, 9% of them are aged between 55 and 65 (Ipsos, 2011). This trend is a clear indication that the Internet and social media is an important tool for creating awareness about elder abuse and offering advice through current support services (Kathryn & Mary, 2012).

Social media creates forums and groups where individuals can hold discussions, share information, communicate, and work together towards a common goal. Social media includes blogs, twitter and Facebook. People have the opportunity to share personal opinions and professional recommendations on blogs. Facebook gives individuals an opportunity to meet friends and create a group where people can form a network, which they use to share information, photos

Continued next page

and post updates. Twitter is a short instant messaging network, which gets updated immediately as a message is uploaded. These social networks are often free of charge and even if they have to charge, the cost is very little. They are also accessible from any place, at any time. Moreover, the elderly need to get awareness about what they should tolerate and what not to. For instance, a support group can start a blog, which posts articles or provides information that highlight behaviors and actions that the elderly should accept from caregivers and what they should report as abuse. This blog can offer advice and help to locals in knowing what is acceptable; hence, increasing awareness (Cooper, Selwood & Livingston, 2008).

The fundamental issue that has given birth to the spread of elder abuse in society is the negative attitude that people often carry towards the elderly. The first step is therefore, creating an atmosphere, which encourages a positive attitude towards the elderly. Many people, especially the youth have stereotypes, negative attitudes, and discrimination towards the elderly. The elderly are believed to be of no great significance to the society because they are thought to basically rely on others for physical assistance, housing, financial support, medical help, among others. Since they are physically frail and worn out, they have little control over their own life (including personal activities like physical hygiene, feeding, etc.) and are therefore believed to be of little value to the society. This reasoning affects the way relatives, caregivers, friends, and society as a whole treats the elderly (Kathryn & Mary, 2012).

Interventions that encourage people to have more respect and warmth for the elderly are a major step towards eradicating elder abuse. This comes in the form of public education where the social media is used to raise awareness of elder abuse in the society. Knowledgeable people make informed decisions, which are likely to bring transformation in the society. Movements that support the elderly have started campaigns and have groups online, which create awareness. Some important elements highlighted in these social networks are increasing respect for the elderly, seeing the valuable experiences, skills and abilities in the elderly people, and treating them as fellow human beings who can make a change in the

society. Social media can also be important in increasing identification and the referral of elderly people who have been abused. This will make it easier to report a case of abuse or suspected abuse because all you would need to do is log in and post the information after which the support group can do a follow-up. This means that even if the person being abused is afraid of taking action, the support group can help them to bring the case to the attention of the authorities (Outreach Gide, 2013).

Everyone can participate in this fight; it can be as simple as liking a Facebook page for the fight against elder abuse or ‘tweeting’ your friends about it. You can post photos with elderly people with smiles to show your friends that older people are interesting and “older is wiser”. You can make a poster about prevention of elder abuse and post it on your Facebook wall. Start an awareness group on your social network and invite friends to join. Inform your friends in your social networks about rallies, conferences or public forums on prevention of elder abuse. Chat with your online friends or group members and make arrangements to visit a local nursing home or a homebound senior adult and engage in games, picnic or a barbecue. Post articles in a blog about elder abuse prevention, mentioning the rights of the elderly and why they deserve better. Visit organizations featured in your social network and partner with them for more opportunities to collaborate and raise awareness for eradication of elder abuse.

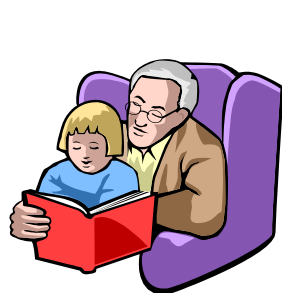
Conclusion

It is hard to measure the effectiveness of social media in preventing elder abuse. However, the fundamental idea is to make an effort to challenge the negative attitudes that people have towards the elderly, increasing protection for the abused and informing people that such behavior is harmful to our aged generation and should not be tolerated. Social media provides numerous opportunities for caregivers, organizations, society, and the elderly themselves to take a stand against elder abuse. Visit organizations featured in your social network and partner with them for more opportunities to collaborate and raise awareness for eradication of elder abuse. All in all, older people must be given the opportunity to live in dignity, free

of exploitation and mistreatment, and participate in cultural, economic and spiritual activities.

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Alzheimer's Disease and Dementia

(Past and Current Research)

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Abstract

This article seeks to investigate dementia via past and current research. The condition of Alzheimer Disease and dementia is described. The causes, incidence, and signs and repercussions of dementia are delineated. Finally, there is a brief section dealing with the diagnosis and treatment of the condition. Much needs to be done to identify early dementia and seek new and more effective treatment for this condition.

Introduction

It has long been known that people live longer now than in the past. This is partly due to the better medical services that they now have than they did in the past. It is also due to the attitude and behaviour of many individuals such as changing of lifestyles, including working longer, taking more exercise, eating more healthy foods, avoidance of smoking and reduction of alcohol intake etc. etc. Efforts have been made, without total success, in differentiating Alzheimer Disease from Vascular Dementia (Laukka et al., 2012). It was only found that those suffering from dementia deteriorated more quickly than those with Alzheimer Disease and that Alzheimer Disease is a form of dementia. Also included as forms of dementia are vascular dementia, dementia with Lewy bodies and frontal temporal dementia.

Longer life means that many will reach their 80s and 90s and beyond. This naturally puts considerable pressure on the medical profession, Social Services and the relations of those having to care for those suffering from dementia. It also puts pressure on individual who may ultimately develop Alzheimer Disease. The two conditions, as already mentioned, are similar. Others consider them identical, due to similarities in their causes and symptoms, and the fact that like many causes they are difficult to prevent. Hence, there is a need for early detection via screening (Fowler, 2012). At this stage certain therapeutic strategies and medications can be used as soon as possible.

Little at present can be done except to try to slow down the condition for a time. This is because genetics plays such an important role in determining dementia (Williams, 2003). Therapeutic methods may be said to be working against genetic predispositions. Many individuals consider dementia a form of a 'death sentence'. Affected are the individual's memory and other cognitive functions. There are still many who hope that some form of genetic manipulation can in future improve the dismal ultimate outcome of deterioration.

Brain abnormalities in the form of tangles and plaques are responsible for the causes of dementia as well as high levels of zinc which affect memory and other functions. It is especially likely to affect short term memory or working memory, and less so long term memory. Long term memory can be divided into procedural memory and declarative memory. Procedural memory is still performed without needing to think, such as walking. Declarative memory involves remembering names, dates and other facts. Declarative memory is more affected than procedural memory by dementia.

Areas of the brain responsible for memory are the pre-frontal lobes and other important structures are the diencephalon including the mammillary bodies, the thalamus and hypothalamus. These organs transform short term memory into long term memory (Van der Flier et al., 2005). There are also chemical changes which occur in the brain including proteins that run amok.

Incidence of dementia

Being over the age of 65 is usually considered to be old age. There are however, many in society who function well and work successfully beyond that age and into their 80s. In the USA those deemed to be aged over 65 are 13% of the population. This constitutes an 11-fold increase since 1900 (Webster, 2005; Dietch, 2001). There are still a larger number of females that live longer than males by a ratio of 3:2. Hence dementia is more common in females. Only 2-5% of people under 65 suffer from dementia.

Repercussions of signs of developing dementia

Among the repercussions of growing older is the

greater susceptibility to illness, physical injuries, psychological stress (Nordhus & Nielson, 2005), a loss of hope due to becoming depressed and suicidal. Part of this is undoubtedly due to a lack of purpose and motivation after unwanted retirement (Inselmann, 2004). Many, at least 50% of individuals would benefit from mental health treatment, yet only 20% seek such help (Aldwin, Spiro & Park, 2006).

Gero-psychology or dealing with the mental health of aging is only 50 years old, but only 5% of clinicians work in this area (Birren & Schroots, 2001). The most common problems of the aged are depression, anxiety and substance abusing of their medication or alcohol (Biringer et al., 2005; Devanand, 2002). Depression is associated with feelings of hopelessness and having low self-esteem (Knight et al., 2006). Many of the elderly suffer from low self-esteem, emptiness and sleep disturbances including insomnia (Chong, 2005). They often suffer from loss of appetite, feeling guilty, and pessimistic (Nelson et al., 2005). Many experience trauma and loss such as the loss of a spouse, or other members of one's family, and friends (Alexopoulos, 2005; Freyne et al., 2005). It has been well established that the elderly recover less quickly from physical illnesses such as heart failure, hip and other fractures, pneumonia and other infections. The other aspect related to frequency of physical illness and depression are increased likelihood of feeling suicidal, and actually committing suicide (Preville et al., 2005; Fisher et al., 2001).

The suicide rate is 19 per 100,000 among the elderly in the United States. This is much higher than among the normal population. In the normal population it is 12 per 100,000. For those over the age of 85 the suicide rate is 65 per 100,000 (Fisher et al., 2001).

Another sign of dementia is a decline in cognitive ability, that is, intelligence and memory (Ancelin et al., 2012; Sorbi et al. 2012). This is due to frontal temporal lobe neuro-degeneration (Sperling & Johnson, 2012). Sometimes this is associated with Parkinson's, and Huntington's Disease. Decline in cognitive ability may be rapid as noted in 32.7% of cases (Sona et al., 2012).

Another development in some of the elderly, especially those who have a tendency towards sub-

stance abusing is the excessive use of medication and alcohol. This is used by them to reduce anxieties and stress (Jeste et al., 2005; Knight et al., 2006). The most common substance abuse is likely to be alcohol and the misuse of the patient's own medication in the form of prescription drugs (Beckman, Parker & Thorslund, 2005). These medications are often supplied by the medical profession not being aware of the tendency of the elderly to abuse their use.

Another reaction, but somewhat rarer, due to aging, is the development of psychotic symptoms or disorders. These include delusional disorders and schizophrenia (Fisher et al., 2001). These conditions frequently have been present before the aging process commenced. Such individuals also suffer from paranoid ideations such as feeling they are being persecuted, cheated, or maligned. This feeling is frequently expressed toward well intentioned family members.

Many suffer from cognitive disorders most especially short term memory deficits and attention (Hoyer & Verhaeghen, 2006) as well as delirium sometimes. This affects the capacity to concentrate, focus, attend and to think clearly (Kempler, 2005). Such individuals become confused about where they are and there can be frequent changes in their personality due to brain disease and stroke. Fewer than 1% suffer from dementia at aged 60, while 50% suffer from this condition after the age of 85 (Cowley, 2000). Other signs of dementia are poor judgement and suffering from disorientation, confusion, delusions and incoherent thinking. Eventually such individuals require almost constant care (Shenk, 2001). Fowler (2012) emphasizes the importance of screening the elderly in order to provide treatment as early as possible, this being either medication, psychological treatment, or both.

The DSM Checklist indicates that those suffering from dementia of the Alzheimer type also develop, in addition, memory loss, aphasia, apraxia, agnosia and executive functioning problems. Social and occupational functions also become impaired and there is a gradual decline in every day functioning. Early diagnosis of the condition is necessary to hold or slow down the process of deterioration (Getsios, et al., 2012; Genius, et al., 2012; Perneczky & Kurz, 2012).

Diagnosing dementia

A number of diagnostic assessments have been used to identify, as early as possible, those suffering from Alzheimer Disease. These include the Alzheimer Disease Knowledge Scale (ADKS) consisting of 30 true and false items covering risk factors, assessment and diagnosis symptoms. Another useful test is the Clinical Dementia Reading Sum of Boxes (CDR-SB) measuring the symptoms of Alzheimer Disease. Agreement on diagnosis is important in order to develop the most effective treatment approach possible (Zaleta et al., 2012).

Treating dementia and its effects

Other than medication, there is the use of multisensory training approaches which can be of value in slowing the ravages of dementia (Lippa, 2013). Many who suffer from Alzheimer Disease or another illness that causes dementia are cared for by their families. This however, is very demanding and stressful for the family members and there is the need to consider the emotional needs of these care-givers (Zarit & Talley, 2013).

Many investigators and researchers are currently seeking to curb the growing population of individuals suffering from dementia (Lyketsos & Miller, 2012; Naylor et al., 2012). Many researchers are currently looking for new innovative methods to prevent, delay and deal with dementia. One researcher who is undoubtedly optimistic has stated "Twenty years from now dementia as a disease may be a distant memory. The best is yet to come." (Reiman & Jagust, 2012). At this point in time however, there is still a heavy reliance on nursing homes and hospitals where 60% of these individuals spend their final days (Nichols, 2013).

The treatment of the depressed elderly consists mainly of the use of anti-depressant and other medication (Annweiler et al., 2012) as well as the use of statins (McGuinness et al., 2013). Cognitive therapy, interpersonal therapy, group therapy or an eclectic use of all of these approaches has also been of value (Knight et al., 2006). In some cases ECT or electroconvulsion therapy has also been used (Blazer, 2002), mainly to combat severe depression and tendencies towards suicide. One hopes current research will

bring about a revolution in new therapeutic rehabilitation approaches.

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ANGER: Heroic Idealism in Action

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[Excerpt with author’s permission]

What we love and what we get most angry about tells a tale of the hero within. Anger reveals our ideals, our goals, and our grand passions. Angers are indelible character markers. We go to war to defend beliefs and persons we cherish. We fill with outraged determination when an obstacle interrupts progress toward our goals.

The Anger Leitmotiv

Anger is a normal survival emotion. Yet, we treat anger as if it were Pandora’s box. If we dare open it, to see what’s inside, we believe we will let loose a horde of evils. That apprehension is not without reason. Court dockets are overloaded with testimony of negative consequences of anger. As far back as our earliest memories of elementary schooldays, we recall encounters with troublemakers who were quick to get mad and pick-a-fight. Children, at predictable ages, tend to take immediate action to resolve conflict or disappointment, fists flying, tears flowing, feet kicking. As adults, we hear news reports of how often anger is the motive for criminal acts.

Ironically, and appropriately, anger is described by some as the moral, judicial emotion. Anger motivates acts of heroism as well as acts of mayhem. Especially, when love is involved. Strong attachment, as in grand passion, inspires both grand arts and folk arts. Do Greek theater, Wagnerian opera, country pickin-music, and western guitar songs possibly have anything in common? Yes: Love, honor, anger, and death.

Judicial Anger in Greek Tragedy and Grand Ole Opry

Oedipus Rex, the tragic hero in a classic 5th century BC Greek drama, is remembered as a model leader-king, yet one who inadvertently killed his father and married his mother. In mid-life, Oedipus learned that the menacing traveler he battled to the death when he was a youth was actually the king of Thebes, the husband of the woman he later met and married, and a man whose murder he vowed to

avenge to honor his bride. His shock deepened when he further learned that the king and queen of Thebes were the parents he had been separated from in infancy. Ethically-bound to carry out his pledge of vengeance, Oedipus gouged out his eyes and went into exile with his daughter to guide him. His wife committed suicide. A Freddie Kruger-Halloween plot of ancient times.

This story became a favorite example for psychoanalysts. It was elaborated into the Oedipus Complex, which is used to diagnose and explain a particular kind of love-anger conflict. This condition is diagnosed when a male child’s attraction for the mother, innocent or not, is complicated by rivalry with, or anger toward the father. Another classic tragedy, based on events that took place more than a millennium later, is immortalized in the 18th century opera, *Tristan and Isolde*, where Wagner’s love-honor-anger-and-death leitmotiv probed medieval erotic desire and death wishes of a heroic dragon slayer and a beautiful Irish princess. Later, in the opera *Parsifal*, Wagner dares compare emotional similarities of love as aroused in sexual experiences with religious experiences. He explores the subtleties of the diverting and perversion of emotions and, always, harsh consequences of denial of emotions.

Grand passions and perversions are no less traumatic among the poor and the untitled. From the stage at the Grand Ole Opry in Nashville, Tennessee and from roadhouse music-circuits, simple ballads passed down through ordinary folk are full of the tragic, the sadistic, and the forbidden. Country-singer Johnny Cash made Folsom prison famous as a homeplace of love-stricken suitors. Cash also sang about desire, anger, and death wishes -- homey tales of jealous rages, of murders of rivals, and of unobtainable loved-ones. Even before Johnny Cash topped the hit parade, two unextraordinary but ill-fated lovers, *Frankie and Johnny*, were immortalized in song and dance by Gene Kelly, who staged the now famous bluegrass ballad as a musical spectacular for the 1951 film, *American In Paris*. Kelly’s fusion of life’s common passages into memorably innovative contexts earned him a place in history books, and speaks volumes about universality of a love-anger connection.

Justified Anger

Passionate love endures in spite of, and sometimes because of, hardships, separations, and anger-arousing experiences. Such passion inspires the extraordinary in science as well as operas, ballads, and paintings. A love-anger motif became the driving force behind Marie Curie's efforts to extract radium from pitchblende. Madam Curie [1867-1934] loved her work and her teacher who, later, became her husband. Together, the Curies made discoveries that won them Nobel Prizes.

Yet, Marie's greatest work was done after her husband's tragic death. He was run over on a Paris street by a heavily loaded dray transporting commercial goods. Madam Curie's impassioned anger at this untimely loss had far-reaching consequences, inspiring her single-purposed dedication to completing their unfinished research. Her life of love, loss, sadness, anger, and purposeful work is a tale which could fit easily into Wagner's favorite plot: redemption through love. Her story equally well illustrates effective use of justified anger.

Justified Anger Is The Unsung-Hero Emotion

Anger receives little praise because it is a closet emotion. Stress researchers early-on found anger to be a hard-wired signal occurring in animals and humans, a distinctive neurochemical survival mechanism. Cannon was the first to associate anger with a biologically determined fight-or-flight response observed in all forms of life. Across the ages since prehistoric eras, adults had experiences that suggested it was best to avoid the painful, often irreparable consequences of fighting, at least with members of one's own tribe. Societies worked to eradicate or ignore the presence of anger. Children who showed their anger were quickly, sternly punished. A noticeable side effect of generations of effort to civilize angry behavior is under-appreciation of anger, and failure to recognize anger as a built-in problem detector.

Anger sends us signals that it's time to attend to justice, or love, or integrity. Anger's normal job is to increase chances of survival by adjusting attention to matters of immediate importance, and to work in concert with the two other stress emotions--curiosity and anxiety. Curiosity gets us moving and exploring, find-

ing nourishment for body and mind, and anxiety keeps us from being foolishly naive, reminding us the duty officer on *Hill Street Blues* advises us to "be careful out-there on the street." Anger fires us up to be sure things are right for ourselves and our loved ones. Anger motivates us to pursue truth, beauty, and excellence.

In order to recover an appreciation for anger's intended beneficial function, it is necessary to look directly at anger, to acknowledge anger's presence and it's relationship to perfectionism, health, and happiness. We begin by taking a fresh look at anger. Everybody knows what anger is, even those who say that they never get angry. Everyone has experienced frustration, exasperation, and irritation.

Problems arise when anger is confused with hostility and aggression. Overlaps in the daily use of these terms contributes to a common misperception sometimes referred to as an *AHA Syndrome*. The acronym suggests Anger is automatically infused with Hostility and destined to culminate in acts of Aggression. In contrast, behavioral scientists make distinctions between anger and hostility. Hostility, like anger, is considered to be an emotional condition that can vary in intensity from annoyance to rage. But hostility, unlike anger, incorporates permissive attitudes toward destroying objects and injuring others. Hostility also involves disliking others and evaluating them negatively. Anger does not.

Aggression is behavior that results in punitive effects on persons or objects. Some aggressive acts are carried out to achieve desirable, generative outcomes. Harmful or destructive side effects are unintended. This type of goal-driven aggression is called "instrumental aggression" in contrast to "hostile aggression." Hostile aggression is behavior that is punitive, and sometimes destructive, proceeds out of negative evaluations. For example, sporting competitions that shift from competitive, instrumental-aggression into hostile-aggressive fighting are most likely to occur when team rivalries include a preconditioned hatred, contempt, or disrespect for the opposing group.

The fresh look at anger, in its natural form, shows it to be a survival emotion that motivates actions of innovators and idealists. Anger is a quality assurance emotion: *If I point out flaws when I see them; if I re-*

dress insults, then the good things of life can be won. Anger signals that quality of life is being threatened, and that corrective, sometimes punitive, action may be required.

Anger, recognized as a *stop-look-listen* message, means it is time to get clear about what we are expecting or are hoping for that is not happening. Stop and reassess the situation to be sure it is currently realizable and appropriate, or if it is an out of date expectation or objective. What is a reasonable goal in terms of fairness or improvement? Then, with that reasonable goal in mind, formulate an *instrumental* action plan, one that moves toward a constructive goal. Infusing Anger with Hope followed by Action produces a different kind of AHA Syndrome.

To re-claim the natural power [adrenal energy/motivation] of the anger emotion involves the shift in expression of anger from the hostility to the hope mode. Experiences of anger, once acknowledged, are found to be neither a Pandora's box of evils nor a Medusa's head. We do not let loose a horde of horrors or turn into stone when we look deeply at anger. Instead, what researchers noticed is that anger experiences come in two related, but noticeably different ways. One, a broad-band signal, is called *angry temperament*, and the second, a personal protection signal, is called *angry reaction*. Individuals vary in their tendency to see a lot of situations as unfair, which is reflected by their reporting high or low levels of angry temperament. We also vary in the intensity of our reaction to being criticized, to not receiving recognition, or to being slowed down in pursuit of a goal. Angry reaction, while related to angry temperament, is triggered primarily by a perception of unfairness that strikes close to home-- nsults to the self.

More surprises awaited researchers who investigated what happens following an experience of anger. The expression of angry emotions has two separate, independent pathways. Anger expressed inwardly and anger expressed outwardly are not polar opposites of one trait. I could, for example, score high on one scale and not on the other, high on both scales, or low on both scales. Anger-in is when I know I am experiencing a mild to intensely angry emotion, but I do not express this directly to others. Anger-out is when I know I'm feeling angry emotion and I verbally or non

-verbally let others know it. I speak-up, I strike others, I throw things.

The anger emotion impacts us in three ways -- mind, body and behavior. The experience starts with a mental signal that something is wrong. The autonomic nervous systems kicks into action and neurochemicals flow through the body. Energized by the emotional state, we shape mental conclusions [i.e., apperceptions] about the meaning of what we are perceiving. Finally we select a behavioral action. That action depends on available resources, knowledge, recent experiences, and creative thinking skill.

New ways of thinking about anger began with attention to stress, Type-A behavior, workaholics, and heart diseases. Surprise findings and subsequent changes in how researchers understood anger reshaped insights about longevity and vitality. Once anger proved to be the most salient emotional factor effecting heart disease patients, it wasn't long before scientific explorers mapped out topographic features of the emotion.

A scientific *Anger Box* replaces Pandora's Box to illustrate Spielberger's research findings about the experience and expression of angry emotions. Notice a strong separation of **state** from **trait** anger. State-anger describes variations of *intensity* of angry emotion being experienced in the present. Trait-anger looks at differences in the *frequency* that angry emotions are experienced in an extended time frame. State-anger may, or may not, reflect an individual's typical intensity of experience, and state intensity does not look at source or provocations of anger. State anger reflects *current circumstances*. Trait-anger suggests how often and how easily the **control** lid on anger **expression** is likely to be raised. Trait anger does sort between generic provocations: Temperament-no specific provocation; and Reaction-receiving negative evaluation or being treated badly.

Since one person's boiling over point is likely to be quite different from another's, it became important to assess anger control. Measures reflect how much effort is expended to manage experiences of anger and subsequent expression of anger. Heroes who address every flaw, who always point out how things can be improved, may be acting out of love and loyalty, wanting only the best possible for others, push-

The Tyranny of Perfectionism

Few things in life attain the perfection of a first love. Few people fail to remember the first love-of-their-life. Frequently, it's a memory from high school years spiced with first kisses and first proms and first heartbreaks. Recalling first-loves may bring flashbacks of hard-won baseball games, or a shiny used-car, or frequently played tunes on a cherished guitar. Love at first sight may be best represented by the famous photograph showing sociologist Konrad Lorenz striding across a marshy field with a row of baby ducks following along behind him. Lorenz was the first thing these duckling saw when they opened their eyes, so they followed him wherever he went. Other new-born ducks follow a mother duck who is sitting by their eggs as they hatch.

First Impressions, Admirations, Irritations, and Trust

How long does a first impression influence where one goes? Some believe *reward-and-punishment* make the difference in how long a first love lasts. Others suggest it depends on the quality of trust in early relationships. Either way, a current reading of your early imprinting is easy: what do you most admire? What are you most proud of about yourself? What makes you angry? What about others irritates you most? Angers and irritations may give the best clues to deeper roots of your own characteristics.

Externally caused surprises, like falling and loud noises which Karen Horney said invoked the earliest experiences and expressions of anger, bring on internal feelings of disequilibria: Something is wrong. I must stop this. I must regain balance...must not fall. I must keep out the strong sounds. I must resist invasion. Why is someone/thing causing abuse to my body? It makes me angry.

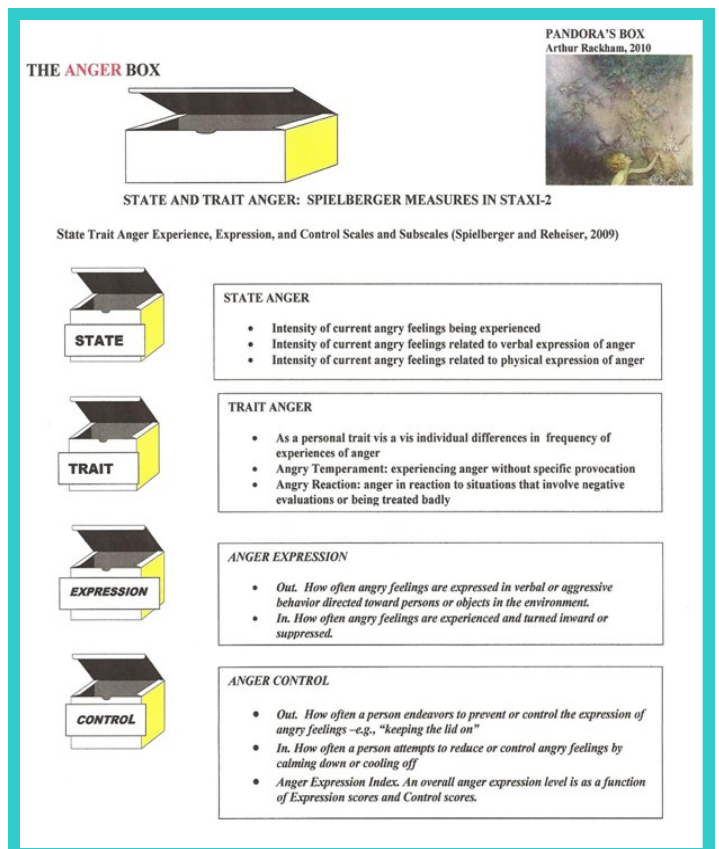
Not everyone interprets imbalances or counter intuitive sensations as a call to aggressive behavior. Rather than instrumental or hostile acting-out, Einstein took a fresh approach to surprising external movement. Near the end of his life, he declared that his most happy moment came when he conceived of a man falling from the roof who simultaneously dropped an object he had been holding. As the man and the object continued to fall, the man was in mo-

tion, falling from the roof--yet he was in a state of non-motion or a stable, unchanging state in relationship to the object falling beside him at the same rate of speed. As a result, Einstein formulated his theory of relativity, a startling breakthrough in the science of physics, releasing scientists from Newtonian expectations. Visions of a dual state of being, without Einstein's insight, might generate more questions about one's sanity than about relativity.

Editing is Better than Denying

Like Einstein, we can control how we respond to our emotional signals. We can decide not to deny anger signals. We can *edit* how we behave after we get a surprising signal: *Something is not moving as expected. Perhaps it needs some fixing.* Or, even better, *we need to consider relativity.*

Denial may bring short term relief, but is long range trouble and reduces survival probabilities. Editing, on the other hand, maximizes survival potentials, in a relativity context. Editing responses to emotional signals involves intentional thinking about immediate actions compatible with future benefits for all.



This flow chart suggests it's best to accept sensations for what they are. Recognize when something is falling, invading, or moving in a surprising direction. Notice how anger can be used radar-like, to show when the ship is veering off-course. Never losing sight of the fact that if anger is allowed to be king among emotions, to dominate curiosity and anxiety, then, anger's quality assurance perceptions can turn ugly. Or, if anger is allowed to disguise itself in robes of honorable perfectionism, it begins planting seeds of depression.

Anger and Depression In Second Generation Corporate Leaders

Harry Levinson, one of the wisest US therapists who worked primarily with executives, understood that depression and psychological illness is one of the most important problems associated with failures in corporations. He argues that understanding depression is the first step in resolving complex psychological issues inherited by second & third-generation leaders, especially in giant corporations. Levinson found that, too often, individuals groomed for succession leadership and even newly-hired talented technicians were vulnerable to depressive rage in the aftermaths of abrupt or dramatic changes in corporate operations.

Less than two years after the downsizing rush, popular management publications reported that reengineering advocates were reversing pattern and rushing to aid beleaguered staff in human resources departments. These once hard-nosed, time-task neo-Taylorites reported feeling pain, anger, and guilt. The corporate reengineers suffered emotions they denounced while arousing them in others.

Unattended Anger, Injustices, and Depressions are Dangerous

What's the problem with just ignoring the distress felt when something we advocate ardently doesn't turn out to be perfect? What's the cost of executive depression, burnout, heart attack, suicide? A classic example from the 1980's is Vincent Foster, the accomplished attorney who was deputy counsel to President Clinton. Psychological autopsy of this suicide suggests it was perfectionism that led to the depression that ended with a solitary gunshot. Yale's

Sid Blatt describes Foster as a pillar of strength, a portrait of poise, and a person of impeccable integrity, someone who seemed outwardly successful in both his professional and personal life.

It was the intensity of his perfectionist standards and his vulnerability to personal and public criticism that allowed his inner voices to stalk him relentlessly. There were observable symptoms: He lost weight, his mood was low, he spent weekends in bed with the shades pulled, he told the graduating class at the University of Arkansas Law School a few months before his death that "The reputation you develop for intellectual and ethical integrity will be your greatest asset or your worst enemy."

Executive suicides represent an extreme resolution of severe depression. More frequently, high achievers survive the periods when they experienced some or all of the criteria used to diagnose major depression and the time of reduced productivity. Many more endure episodic experiences of one or two of the critical symptoms: diminished interest and pleasure; significant increase or decrease in weight; chronic fatigue; inability to sleep or over-sleeping; agitation; sense of worthlessness or guilt; reduced thinking or concentration abilities; thoughts of death.

Living in Beautiful Surroundings Is Not Protection from Machismo Thinking

In New Zealand, recently reported to have highest suicide rate in the industrialized world, it's the young men who are six times more likely to kill themselves. Analysts conclude that they are trying to conform to exaggerated standards of masculinity. They are expected to excel in school and in sports and to never give vent to their emotions. No wonder the families are often surprised by their suicides. Self-criticism, a key aspect of perfectionism, plays a central role in depressions and in suicide.

Blatt points out that Perfectionism, in some forms and to a certain degree, can contribute to high achievement. He suggests that perfectionism comes in three varieties: socially prescribed perfectionism, other-oriented perfectionism, and self-oriented perfectionism. Of the three, self oriented perfectionism is the one closely linked to executive effectiveness. High personal standards, a need for order and organi-

zation seem to go along with good work habits, striving, and high achievement. Executives with strong self oriented perfectionism characteristics, as in an active striving for improving performance to the point of being flawless, are typically managers who have been seen as resourceful and engaged in constructive problem solving activity. Executives who set high expectations and standards for others, Blatt's third face of perfectionism, when those expectations are realistic and presented in supportive ways, are identified as charismatic leaders and mentors in studies reported by Bernard Bass. They inspire others to achieve even more than they ever imagined they could achieve.

Beneficial vs Debilitative Perfectionism

Beneficial perfectionism, a condition found in hardy executives, is characterized by a sense of pleasure from painstaking effort, rather than a feeling of anger with oneself or others if an outcome is not perfect. These persons are flexible, adaptable leaders who seek excellence while being able to be less precise when necessary or appropriate. For example, an anonymous saying advises the busy person that "some things are worth not doing well."

Perfectionism coupled with fear of failure or with stressor conditions which limit the level or nature of achievement is a prelude to a number of disorders, especially depression. Negative conditions intensify when self-oriented perfectionism is influenced by socially prescribed perfectionism. The perfectionist harbors a belief, real or imagined, that others are expecting difficult or impossible achievements and will withhold acceptance or approval until these imposed demands are met. Such external expectations are felt to be uncontrollable. They generate, as in an experience of falling, feelings of anxiety, helplessness, and anger.

Debilitating perfectionism is found in persons who have excessive concern over mistakes, who perceive high parental expectations along with strong criticism, and who struggle with doubts about the quality of their actions. These people carry an intense need to avoid failure, nothing is quite good enough, and there is an endless cycle of over-striving and distress. Health problems linked to debilitating

perfectionism, in addition to depression, are eating disorders, obsessive-compulsive disorders, anxiety, panic disorder, migraine, sexual dysfunction, and Type A Behavior.

Death, Divorce, Abandonment, Self-Criticism

Depressions that are not caused by chemical imbalances in the body are believed to be activated from two sources, either interpersonal relationships or self-definition issues. Inner questioning is either about *who we are*, or *who I am*. Depression arising from interpersonal relationships is often related to a loss of a significant other who was greatly depended upon. This type of depression can be noticed after a death of a significant other and after a divorce. Likewise, it underlies the abandonment experiences of employees fired or retired from companies after many years of employment. A second source of depression is associated with autonomous responsibility, self-criticism, and guilt. There is continuous harsh self-scrutiny and evaluation, plus a chronic fear of criticism. They make many demands upon themselves and are often highly competitive, with others and with themselves.

Assessments of health-care mid-level managers and of local pastors from two major Protestant denominations reflected higher-than-average levels of assessed trait anger. Both mid-level managers and local pastors reported noticeably higher anger levels when contrasted with executive level or regional administrative staff, who reported higher levels of trait anxiety. One explanation is that senior executives and administrators know that no one has neat solutions to industry or profession-wide issues, while new managers and professionals, frequently selected for front-line positions because they are fired-up go-getters, experience impatient frustration. They assume those in seats-of-power are hoarding information, or else they are incompetent to produce decisions on timely basis. *These executives and administrators are keeping me from doing perfect work.*

Helping-professionals and therapists coined and applied the term *burnout* to negative, depressive periods in the careers of professionals of all types. These intervention specialists determined that the way to reduce depressive episodes for professionals and executives is for organizational leaders to recognize the

symptoms of depression in persons like Vincent Foster, and use their authority to take action to provide assistance to individuals struggling against burnout or depression.

Too Little Control, Too Much Control Exact a Price

Type-A behavior patterns show that hard-driving individuals liked to gain and maintain control over their environment. Assessment of anger control shows that persons with high anger control scores are those who invest a great deal of energy in gaining and maintaining control over their expression of anger-in and, or out. If there is a high level of angry temperament, anger is predicted to show through as authoritarian behavior with deliberate use of expression of anger to intimidate others. On the other hand, observers and predictors, also see that excessive control can at times result in passivity. High anger-out control levels and high anxiety scores are also considered conducive to depressive states.

Suppressed anger, as measured on the anger-in scale, is associated with hypertension, especially in Black males. Interpretation of anger-in control is underway and is expected to also impact elevations in depression. A tendency to work hard at control of anger expression conforms to Pandora-Box beliefs about keeping anger in the closet. Excesses in anger control are not more prevalent in either male or female populations. Gender differences on anger measures do show up in questions about particular situations. Women experience more intense anger when criticized in front of others, and males are more angry when slowed by others mistakes. Men are much more likely to report expressing anger out physically or verbally, e.g. when I get angry I say nasty things.

While women generally seem more able to tolerate higher levels of anger without becoming ill, recurring patterns are similar in both gender groups. High trait anger, high anger control is associated with recurrence of breast cancer in women. A high trait anger, high angry reaction, and high anger-out is an at-risk factor for myocardial infarcts, heart attacks, and cardiovascular accidents, strokes. These later findings are not news when we recall the tale of Rip Van Winkle. This fictional New Englander got home after a 20-year nap and learned that his ill-tempered wife had

died of apoplexy. Internal physical disasters are known to happen in the wake of frequent and intense bouts of fury.

Fifty Plus Years of Investigation into Executive Stress

Specific insights into the role of anger in health have been a long time in the making. At the end of World War II the US male was twice as likely to be struck down by heart failure as a Dane, a Swede or a Norwegian, and five times as likely as a Japanese man. Deaths from strokes and heart attacks had risen from 20% in 1900 to 55% in the 1950s. The federal government launched the first longitudinal study of the causes of heart attacks. With more specific information about risk factors like tobacco use and cholesterol, the general public gradually became less fatalistic about heart diseases.

Changing behaviors--stopping smoking, exercising, watching the diet--was accepted as a means to preventing heart attacks in people with basic good health. Next came the study of nonphysical risk factors, and close attention to the fact that many heart disease patients were ambitious, competitive, and highly stressed. The direct comparison of Type As with Type Bs showed that over a period of eight-and-one-half years the Type As were more than twice as likely to suffer heart attacks as the Type Bs, even with other risk factors like cholesterol and smoking were taken into consideration. Major components were found to be the competitive way of life, the sense of time urgency, and an excessive involvement with one's job. Factors were refined to hostility, irritability, impatience, and competitiveness. Under scrutiny, the underlying factor distills into anger and its power to activate the autonomic nervous system.

Physiological Pathways from Anger to Heart Disease

Anger fires-up a signal that travels down the pituitary, hypothalamus, adrenal cortex pathway and puts into production excess catecholamine which in turn are what put the plaque on the inside of the blood vessels and give the heart a hard time. This is one way that perception of external irritation brings about internal actions that wear down and burnout physical beings. Other emotions collude with anger, to our det-

riment and to our benefit: Anxiety boosts the anger signal into a bigger wallop. Curiosity tones things down by revving up proteins in the brain and strengthening the auto-immune system.

Cynicism, an acquired attitude, is believed to stimulate production of additional fight-or-flight hormones [catecholamines, i.e., adrenalines] that accelerate buildup on artery walls, causing hardening of the arteries. Following the cynicism etiology school-of-reasoning, hostility questionnaires measure, primarily, mistrust. The assertion is that those who have untrusting hearts, who believe it is safer to trust nobody, who say “most people will tell a lie to get ahead,” are, perhaps, not angry, just cynical. It’s hard to believe that those who find it safer to trust nobody would not have an emotional history dominated by anger and anxiety. Darwin and Freud recognized that depression generally resulted from the interaction of anxiety and anger. Spielberg and Reheiser (2009) further trace the history of theory and research on depression, which carries symptoms that vary in severity and can include sadness, guilt, hopelessness, gloomy attitudes [cynicism] and even thoughts of suicide.

Disturbances of Normal Processes

Hostile aggression begins with a negative attitude about the object of the invasive behavior, a cynical attitude. Evaluating others negatively escalates the dislike, which is manifested in harmful ways as sanctioned by permissive attitudes toward destroying objects and injuring others. If anger is a neurochemical process proceeding from experiences of a hardwired emotion, then hostile aggression is an aberration of normal survival function. Normal processes gone haywire are examined for characterizing features and classified as disorders.

Classification of disturbances of natural processes, physical and mental, is not a new idea. Medical libraries are full of volumes describing the physical parts, their workings, their interactions, and their abnormalities. Mental workings and abnormalities are more recent targets of diagnostic and prognostic knowledge seekers. Four revisions with another in-process of the initial 1952 Diagnostic and Statistical Manual of Mental Disorders have been produced since 1968. While not one addresses anger directly,

acute anger is frequently listed as a symptom and as a primary diagnostic criteria in a wide range of disorders -- affective, organic, neurotic, psychotic.

Panic Attacks

Panic attacks, an unpleasant and acute anxiety episode, offers a prototype for thinking about “anger attacks.” Panic attacks, described frequently in popular magazines, are DSM listed as a unique anxiety disorder.

Symptoms include difficulty breathing, palpitations of the heart, chest pains, dizziness, hot and cold flashes, sweating, fainting, trembling, fear of dying or going crazy. A panic attack brings sudden and intense apprehension, fear, or terror. These moments occur unpredictably, yet may become attached to certain situations -- i.e., driving a car. The disorder often begins in late adolescence or early adult years. It may be limited to a single brief period, or become chronic. It is rarely incapacitating unless complicated by severe phobia, abuse of alcohol, or drugs and medications. Early warning clues are experiences of separation anxiety in childhood and or sudden loss of significant others.

Anger Attacks

Temper tantrums are recognized in children, and can continue as an adult behavior pattern. In an early consulting assignment, I learned about both the tantrum and the perfectionist. Contracted to provide organization development services, my monthly activities were periodically side-tracked to attend to special situations identified by the Vice-President. One month, I talked with a computer specialist who was kicking the main-frame computer and screaming at it several times a week. Another month, I spent time with a supervisor who was being heard down the hallways venting her anger at her staff. She berated them about inappropriately dressing for work and excessively wasting time.

The computer specialist was intentionally venting his frustration and anger in order to send a message upstairs that he wanted a new computer. The woman supervisor, with no daughters of her own, was unaware that her voice tone and affect conveyed anger at her young staffers. This supervisor-perfectionist

not only wanted to shape her employees into top performing employees. She wanted them to make a good appearance by being professionally well-groomed. Most of all, she wanted to protect them, fearing that they were at-risk wearing short, short skirts in the dominantly male environment of their heavy-industry workplace. She was trying to warn them that, at the very least, they could evoke insults and undesirable sexual attention. Of course, at her more settled, less adventuresome stage of life, she failed to see that attention from the male workers may have been an important goal for the younger women.

After those early assignments, I began to notice that my organizational consultation assignments frequently involved [a] cleaning-up after an employee's expression of anger and [b] communications training to prevent angry exchanges. Looking back, I see that many of the anger incidents I witnessed or intervened with were similar in many ways to panic attacks. Angry behaviors, however, in my experience, occurred more frequently in work settings than panic attacks and had more after effects than did panic attacks. I observed that:

Anger attacks include labored breathing, flaring of nostrils, narrowed eye focus, pounding of the heart, clenching of head, arm, and leg muscles, clutching of the chest, hot flashes, going cold, and loss of concern for personal safety, life, or others at risk, a tunnel vision awareness.

An anger attack begins with a sudden and intense sense of frustration, deprivation, or insult. These moments occur unpredictably, yet may attach to certain situations, e.g., an umpire's ruling in a baseball game. The disorder often begins in childhood or pre-adolescent years. Anger attacks may be limited to a single brief period, or become chronic. Anger attacks are rarely incapacitating unless complicated by particularized hostility, abuse of alcohol, drugs, or medication. Early warning clues that an anger attack is imminent can be similar to aura precursors of an epileptic seizure: onset of sensory hallucinations of smells, colors, or pains in parts of the body where tension is maintained, such as the jaw or the neck. Etiologies of chronic anger attacks include a history of severe parental punishment and / or criticism, sibling fighting, or severe deprivation in childhood and

early life. Anger expression is influenced by family and social norms, and may be effected by genetic factors.

How Do I Love Thee? Let Me Count the Angers

Anger, like love, can be personal, professional, and generic, for example, as defined by erotic, filial, and agape types of love. Things that make us angry enough to take action at home, at work, or as a citizen reveal the hero within. Angers are indelible character markers of what it is that we value and love.

Examples of Filial and Agape Angers

Martin Luther King said, "I have a dream." A legendary Mexican contemporary, Don Juan was a very different type of visionary. Made famous in the writings of Carlos Castaneda, Don Juan understood individual, separate realities and taught the importance of controlled folly. King loved his kinfolk: filial love. Don Juan loved all folk: agape love. One advocated an instrumental, non-aggressive anger-out strategy for demonstrating ways of protecting and loving others. The second plumbed the depths of anger-in strategies, ways of controlling fascinations and frustrations that inhibit our ways of respecting and loving all life. King was angry about racial prejudice against his brothers. Don Juan was angry about social norms and biases that inhibit talent utilization, and respect for life potentials in each individual.

King, full of righteous *filial anger*, spoke about injustices done to people with black skin by people with white skin. He harnessed and channeled the anger of many people to move society toward the dream of equality, his goal was justice. Don Juan spoke of mastery over anger through intensive, individualized training. Don Juan's students were challenged to let go of externally imposed perspectives, and to train the powers within to extend their idiosyncratic capabilities into the world. He taught that cultivation of inner strength let's one achieve beyond ordinary expectations and goals. He was full of agape anger about people enslaved to things, people or ideas. Both were charismatic participators in the quest for quality of life.

Erotic Anger

Most of us fall somewhere between the activist and the individualist, and all of us have at least a glimpse of what personal, erotic anger is about. Freud's love-anger-deathwish notions make sense even for those who disagree with elaborate psychoanalytic assumptions and conclusions. For the less fatalistic, living beyond first impressions and first loves is a matter of putting new spins on emotional experiences. Anger signals a time-out for planning. Refocusing gets us to be at-rest with what's beside us, here and now. Like Einstein, we shift an internal sense of falling into one of moving relative to another person or object of our love or anger.

Concentration on goals, much like Marie Curie's determination to complete the research work she began with her husband, becomes a stabilizing influence as we adapt in response to anger's alert that it's time for a perceptual shift. Executives and managers who refuse to accept new goals, new technologies, new assignments are difficult, sometimes impossible, to motivate. They are using their anger to dig their heels in, to stay right where they are for the rest of their days. Some call it being in a rut, others consider it digging an early grave.

We know, first or second-hand, the debilitating consequences of a wrong choice in a career or in a marriage partner. Struggles come either way, staying in a bad job or marriage, and when divorcing or starting over. Over-estimating and relying on first impressions is a matter of doing more wishful thinking than data gathering. First impressions seldom include all relevant and accurate details. Mistaken first loves, as well as long-lasting loves, show themselves in our angers and too often lead to our sadness and depression, which in extreme situations culminate in suicide or hostile aggression.

As we live out our days in the non-stop stream of experiences, emotions, and behaviors, we can count on anger to be an informed ally bent on improving and perfecting things. We can tune into what our angry temperament and our angry reaction points out. We can edit our behavior, pausing the spontaneous flow of anger-out or anger-in long enough to determine the behavior that will maximize survival potentials when we lift the lid of the anger box.

Anger As Political Advisor: Constant Campaign for Justice, Fairness, Improvement

Beneficial anger in its intended form keeps us from being walked on, abused by the systems around us, and increases our energy for achievement. Anger makes it possible for us to survive, to feel adequate, to grow, and to make meaningful contributions to life around us. In fact, our anger can be compared to a politician who runs for office every two, four, or six years, and knows staying relevant means being on a *constant campaign*. To hold your place of influence and get re-elected, the politician must be alert to what is lacking and needed, and must stay publically visible. Like anger, the elected official will be constantly pointing out what's wrong with the way things are in the present and how to make it better in the future.

Anger, like love, is a moral emotion...We are ambivalent about anger because sometimes it is effective and sometimes it is not, because sometimes it is necessary and sometimes it is destructive. . . anger is ultimately an emphatic message: Pay attention to me. I don't like what you are doing. Restore my pride. You're in my way. . . Give me justice.

Anger, The Misunderstood Emotion. Carol Tavris

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Establishing Forgiveness and Peace Gardens Around the Globe

Dr. Ani Kalayjian
ATOP Meaningfulworld, USA

Forgiveness is not an occasional act.

It is a permanent attitude.

Martin Luther King, Jr.

Although an abundance of peace organizations, non-governmental, as well as related university affiliations exist; conflict continues to flourish around the world. The roots of these conflicts and violence may be political, religious, territorial, tribal, generational, as well as those motivated by greed, rigidity, ego centrism, and shortsightedness. Since 1988 I have organized and delivered programs in over 45 countries to bring peace, conflict resolution, post trauma healing, forgiveness, and meaning-making through our organization, the Association for Trauma Outreach & Prevention, Meaningfulworld (www.meaningfulworld.com). We have noticed repeatedly that in spite of the establishment of a number of peace centered groups there are at least a handful of oppositional groups, or extremist groups being formed in opposition to another extremist group. In addition, many states have used extreme force, slavery, and violence in the name of peace and security.

Only in the Middle East, we have seen Israeli government building a wall all around Palestine and complicating and delaying the check points. We have also seen many Islamic extremist groups formed to defy these new developments. Similar oppositional groups are formed in Africa, such as in Kenya, Somalia, the Democratic Republic of Congo, and Burundi, all in the name of peace and security while destroying lives and ecology.

In addition to our educational and empowerment programs, we have recently integrated the establishment of Forgiveness and Peace Gardens around the world, in countries where we have collaborative centers and programs. These gardens have been welcomed as an alternative ecological connection, as well as a reinforcement of our educational programs. Forgiveness & Peace Gardens are a place where peo-

ple can visit privately, or in a group, to renew their commitment to peace, and to be mindful of the importance forgiveness plays in establishing peace within, and all around. We can use these gardens to gather around and have educational, ecological, and emotional healing programs, especially on United Nations International Day of Peace annually 21 September. Peace begins in every individual, first on a personal level, and then spreads through our actions, behaviors, thoughts, and intentions. This extension happens both energetically as well as in learned and reinforced behaviors.

Many individuals, as well as States, are not mindful of inconsistencies they engage in; they may talk about, yet yell, hit, or destroy in anger and rage. If one's thoughts, actions and intentions are not harmonized we will not be able to establish peace on any level. We need to harmonize our head (thoughts), heart (intentions), and hands (actions) in order to be in peace.

Central to our educational programs is the 7-Step Integrative Healing Model (Kalayjian 2002, Sofletea & Kalayjian 2012). This innovative model incorporates various theories including: psychodynamic (Freud, 1910), interpersonal (Sullivan, 1953), existential and humanistic (Viktor Frankl, 1962), electromagnetic field balancing (EMF, Dubro & Lapierre, 2002), learning theory, ecology, forgiveness (Kalayjian & Paloutzian, 2010), flower essences (Bach & other flower remedies), essential oils, physical release (yoga, martial arts), and mind-body-spirit chakra balancing exercises, prayers, meditation, indigenous rituals and celebration.

The 6th step of this Model integrates ecological principles of Mother Earth, for engendering inner peace, peace all around, as well as physical, mental & spiritual health. Creating gardens as sanctuaries is important to reconnect with Mother Nature and honor our presence in this world in harmony with our Mother. Whether we have a window seat, a terrace, a porch, a corner in our room, or a garden is irrelevant; instead, what matters is a corner that we create with thoughtfulness, intention, and love to house a work of art that celebrates our connection with the earth and our unconditional love. Our feelings of fear,

isolation, hopelessness, and uncertainty will decrease immensely once we establish and frequent this special sanctuary. We may explore a variety of themes, such as angels, flowers, wood, trees, bells, gongs, candles or colorful flags or scarves, with each theme representing an aspect of the earth. We need to be mindful to include something to represent love, something for passion, another for forgiveness, love, nurturing abundance, gratitude, and compassion.

Therefore, we are mindful of including 7 elements: Water, such as a fountain or running water; earth, such as a plant with a planter; fire, such as candles, wind, created with chimes; rocks and crystals, especially rose quartz, jade or turquoise; sculptures, representing peace and forgiveness, and incense. We have sown the seeds to create these ecological peaceful places for students, faculty, clinics, hospitals, and community centers in eight countries in the Middle East, Haiti and Africa. Community is invited to gather around the garden to engender inner peace, to help forgive oneself and others, to raise consciousness on being mindful of one's own feelings, managing and transforming negative feelings of anger, rage, envy, and greed, and replacing them with positive and uplifting feelings such as love, gratitude, forgiveness, empathy, compassion, abundance, and acceptance. These gardens will be in every house, in front of every university, secondary and primary schools and kindergartens, including in the slums, refugee centers, and other open community centers.

Garden description

The garden should be circular, representing natural space. Evergreen short bushes are to be placed all around to mark the circularity, which represents unity, as well as follows the shape of a medicine wheel. Large river stones or rocks could be placed around the perimeter for definition and grounding. A small cedar tree could be central. The following flowers and herbs are recommended, with special attention to perennials for their endurance and practicality.

- Hybrid Tea Roses, such as Peace, Pope John Paul II, Our Lady of Guadalupe, and Innocence
- Baby's Breath, to connect us with our in-

nocence and purity of our heart

- Gardenias, for purity of purpose
- Magnolias, to activate our heart
- Allium Giganteum, for nurturing unity
- Gladiolas, for sincerity
- Bird of Paradise, central for meditation
- Iris, for appreciation of friendship and instilling hope
- Blue Scylla, for forgiveness
- Honey Suckle, for letting go
- Jasmine, for transformation
- Lily of the Valley, to open our heart to let love in
- Lilies in general, to strengthen our commitment to be the change we want to see,
- Larkspur, to open our heart even when we are in pain, and we have been hurt
- Clematis, for nurturing peaceful thoughts
- Hosta, for devotion to our inner health
- Yarrow, for healing
-

Other flowers could be added based on your garden's exposure to sun, type of soil, water needs, and season. I encourage you to add tulips, daffodils, crocus, iris, bergamot, butterfly catcher, bearberry bush, lobelia, evening primrose, poppies, mums, bachelor buttons, and so forth. Inside the circle I recommend to plant the following healing herbs: lavender, mint, rosemary, sage, thyme, and other local healing herbs.

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Meaningfulworld Ecology Project Forgiveness & Peace Garden (name of institution, city & state)

Brochures and informational material could be prepared to have an opening of the Forgiveness and Peace Garden, and press releases sent to the community at large, to disseminate this concept widely. Liaisons will be assigned to mentor community members on the importance of these gardens, how to start them in their homes, how to begin a practice of mindfulness for peace and forgiveness, and how to utilize these gardens in a meaningful way. Forgiveness is shifting from the automatic ego reaction (anger/self-protection, hurting back), to a non-reactive conscious response of empathy; considering that the other person is ALSO a human being, perhaps not mindful, and there is no peace without forgiveness (Kalayjian, 2010).

How to use the Forgiveness and Peace Garden

Meaningfulworld liaisons will mentor the community on how to use this garden daily for prayers, meditation, and a time for refuge, silence, renewal, commitment and mindfulness. This Forgiveness and Peace Garden could signify that no matter how challenging life circumstances become, we can surround ourselves with love, peaceful plants, herbs and flowers, and reinforce the importance of peace for our health, for generations of healthy people who are guided by peace, forgiveness and love. For forgiveness is not an innocent act of Pollyanna but rather is self-love above and beyond anything else, as well as love of others, engendering inner peace as well as peace all around us.

Gratitude: special gratitude to Antonia Gentile, Sandra Delcioppio, and Leysa Cerswell.

For further information on how to start your own garden contact the author Dr. Kalayjian at DrKalayjian@Meaningfulworld.com selective gardens would be displayed at our website: www.Meaningfulworld.com

Kitty Genovese Forum Convened in New York City

Harold Takooshian, Ph.D.
New York, New York, USA

On March 8-9, 2014, 150 people gathered in the rooftop conference center of Fordham University in New York City, to hear 24 experts address the "The Kitty Genovese Memorial Conference: 50 years later." These 24 speakers included journalists, scholars, activists, and Genovese family members--most of them meeting for the first time. Participants heard each expert speak with passion for 15 minutes, presenting their new information or insights, on one of three themes: (1) a celebration of young Kitty's life, (2) a re-examination of the facts in her senseless death, or (3) the many ways society has changed for the better after Kitty's tragedy.

When Kitty was fatally stabbed outside her New York City home at 3 am on March 13, 1964, her little-known death soon exploded into headlines world-wide, when journalist A.M. Rosenthal's bold book, THIRTY EIGHT WITNESSES, asked this simple question: "If many of Kitty's neighbors saw or heard her screaming for her life, why did none of them help her, or even phone the police in time?" Even a half-century later, we continue to learn new facts about Kitty and her iconic tragedy. Inexplicably, not one biography of Ms. Genovese has appeared these past 50 years--yet this conference included the voices of authors of at least five powerful new or forthcoming books this year about Kitty and her tragedy. A list of these books appears in the conference program, at <http://file-id.org/140310/13688>.

One question probed in this conference was whether knowledge of Kitty's tragedy has changed bystander behavior since 1964? A blog seeks people's views on this question, <http://psycritiquesblog.apa.org/2009/04/what-is-the-value-of-the-genovese-parable.html>.

For any details, contact the forum's co-chairs: Attorney Joseph F. DeMay of New York City, or Professor Harold Takooshian of Fordham University, kgconf@gmail.com.



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