I had been seeing Mr. Richards* for depression for about 4 months when he trudged into my office for our weekly psychotherapy session. He sat down and said, “Does God approve of ICD’s?” I was taken aback, not sure how to respond. I didn’t even know that he was a candidate for receiving an ICD. So thinking as quickly as I could, I replied with a statement representative of what all good therapists-in-training are taught to say in these types of situations (even though I was a licensed psychologist, no longer “in-training”): “Do you think God approves of ICD’s?”

Mr. Richards went on to explain that he wasn’t sure that God wanted him to alter the course of his life by connecting “a machine” to his heart. Indeed, God had given him his heart when he was conceived, and wasn’t that gift from God good enough? Perhaps God had planned that Mr. Richards would die from heart disease and now he was allowing physicians to “play God” by using medical technology to keep his heart working. Thanks to Mr. Richards’s honesty and self-reflection, we went on to have a rich, meaningful and sacred conversation that day, and over the course of several sessions. He opened my eyes to how a medical device that was developed to save lives might also evoke difficult religious, spiritual, and existential questions.

An ICD is an Implantable Cardioverter Defibrillator. ICDs consistently monitor heart rhythm, identify abnormal rhythms and determine the appropriate therapy to be administered to the heart (anti-tachycardia pacing, cardioversion, defibrillation, or bradycardia pacing). Defibrillation, often referred to as a “shock,” occurs when the heart is beating dangerously fast. A high-energy shock is delivered to the heart muscle to restore normal sinus rhythm. Shocks are subjectively experienced with a vast range of awareness. Some people are surprised to learn from their physician that they received a shock or shocks (perhaps while sleeping), others faint prior to receiving a shock, while still others report the experience as extremely painful and frightening.

As Mr. Richards so aptly articulated, these devices may raise religious and spiritual questions prior to implantation. Additionally, clinicians and researchers know very little about the use of religion and spirituality as

* The client’s name in this article is fictitious; it has been changed to maintain confidentiality.
potential resources, or detriments, in the process of adjusting to living with an ICD. To explore the use of religious coping among ICD recipients, my collaborator (Gordon Tomaselli, MD, Johns Hopkins Hospital,) and I assessed positive and negative religious coping strategies and spiritual well-being in 200 recently implanted ICD recipients.† Our findings indicated that both positive and negative religious coping strategies were frequently utilized in an effort to cope with living with an ICD, and that the use of negative forms of religious coping appeared higher than in most medical patient populations (Fitchett et al., 2004). Women with ICDs, who represent a minority of ICD recipients, were more likely to utilize both positive and negative forms of religious coping than men.

Positive methods of religious coping generally reflect a secure relationship with God, spiritual connectedness with others, constructive support-seeking behaviors, and stress-related growth (Pargament, Ano, & Wachholtz, 2005). In these ways, religion can play a protective and consoling role, leading to novel and health-promoting religious appraisals that take into account the challenging realities of adverse health conditions. However, some may mobilize religion in a maladaptive capacity, feeling, for example, punished by God and spiritually alienated from loved ones and others. In this sense, religion is concomitant with methods of negative coping; destructive strategies associated with depression, anxiety, poor physical functioning, and spiritual injury (Pargament, Ano, & Wachholtz, 2005).

Although shocked participants reported greater impairment in work, social, and family life in comparison to their non-shocked counterparts, no difference in use of religious coping strategies was found between individuals who had, and who had not, received a shock(s) from their ICD. Spiritual well-being was not found to differ by sex or shock status, but was linked to lower levels of anxiety, depression, shock anxiety (anxiety specific to the fear of receiving an ICD shock), and disability in family, work, and social roles.

This is only the beginning of the research and clinical work we plan to conduct with ICD recipients and their use of religion and spirituality in various stages of the decision-making and coping process with these devices. Next steps might include qualitative designs to gain a better understanding of how God, faith, and religion and spirituality are involved in device-related decisions. Moreover, predictors of who is at risk for “getting stuck” in religious and spiritual tension or adverse coping patterns are important lines of inquiry. Finally, considering what helps individuals resolve religious and spiritual struggles related to device implantation will be of utmost practical significance.

Mr. Richards decided to receive an ICD. Afterward, he continually engaged in conversation with God about his decision and how to cope with the uncertainties that come with having a medical device implanted within one’s body that can, unpredictably, administer an electrical shock to one’s heart. Mr. Richards taught me that we are all “in training” when it comes to gaining an appreciation for how human beings and God (as they understand God) interact around life-changing technology. Clinicians and re-

† The results described here represent a subset of preliminary findings from a study funded by the American Heart Association, Mid-Atlantic Affiliate, Clinical Research Program, Grant #09CRP2280341.
searchers alike would do well to be mindful of the religious and spiritual issues that may accompany the use of ICDs and other medical technologies.

CONTACT INFORMATION: Gina Magyar-Russell, Ph.D., Loyola University Maryland, 8890 McGaw Rd, Suite 380W, Columbia, MD, 21045 (gmmagyarrussell@loyola.edu).

References


APA COUNCIL OF REPRESENTATIVES REPORT

WINTER 2012

The APA Council of Representatives met in Washington, D.C. on February 23–26, 2012. APA President Suzanne Bennett Johnson opened council with a report on her presidential initiatives. Dr. Bennett Johnson outlined three initiatives, each of which is aligned with strategic initiatives that APA has adopted in its strategic planning. The first initiative is to engage the next generation of psychologists, in light of an aging trend in APA membership. A second initiative is focused in interdisciplinary science and practice. Dr. Bennett Johnson noted that psychological science is underrepresented on interdisciplinary teams and in integrative health care. This initiative will involve the formation of a work group to identify competencies for practice in primary care settings, partnerships with key organizations dedicated to health care, and 20 hours of convention programming in interdisciplinary science and interprofessional practice. Her third presidential initiative is focused on obesity. She presented alarming statistics documenting the dramatic increase of obesity rates over the past 20 years. One third of all adults in the US are obese, and it is currently the second leading cause of death. The rise in obesity is expected to result in decreased US life expectancy for the first time in a century, and is causing a diabetes epidemic. As a behavioral problem, psychology has much to offer in the prevention and treatment of obesity.

Norman Anderson, CEO of APA also gave introductory comments. As with the presidential report, the focus was on compliance with strategic initiatives aimed at accomplishing the goals of the APA’s new strategic plan. While all these initiatives cannot be mentioned in this brief update, highlights include technological updates to better serve
members, including a new bimonthly electronic newsletter and the development of the psychLink online communities; continued work on the development of treatment guidelines, beginning with depression and obesity; expansion of the public education campaign regarding psychology; and initiatives to provide continuing education to equip psychologists for primary care settings.

You will have the opportunity soon to vote on a bylaws change. This change would prevent a member who has served as President from being eligible to appear as a candidate on the President-elect ballot for a period of ten years. The rationale for the proposed change is to eliminate the unfair advantage of familiarity in the voting process; one concern that emerged in discussing the potential change is that it would potentially eliminate strong candidates.

CFO Archie Turner gave his report. APA’s finances remain strong. Real estate remains a valuable asset; our two buildings have contributed $53 million to the APA since 2003, and provide approximately $6 million in cash flow annually to support the APA. Long-term investments dropped $3 million since last year, from $67 million to $64 million, in keeping with market performance this past year. This is not of concern to our finance officers, as our portfolio appears to be resilient in the long run, with 10.18% annualized return since 1988. Membership dues revenue is considerably down, given the recent reduction in the cost of membership, but print revenues are up. Publications and databases contribute approximately $80 million of revenue annually to the general operations of the APA. Our annual budget was met, with year-end revenues higher than the budget and expenses lower than the budget, and a $3 million dollar surplus.

Two new journals were approved by council. Division 54 (Pediatric Psychology) will launch a new journal, tentatively entitled Practices and Services Delivery in Pediatric Psychology. APAGS will also launch a new journal, Translational Issues in Psychological Science, which, in addition to covering important translational topics, will provide opportunities for mentorship of students in the publication and editorial process.

Council voted to receive two presidential task force reports: Crossroads: The Psychology of Immigration in the New Century, and Dual Pathways to a Better America: Preventing Discrimination and Promoting Diversity. Council also adopted as APA policy the Guidelines for Preparing High School Psychology Teachers: Course-Based and Standards, and Resolution on Combination Biomedical and Behavioral Approaches to Optimize HIV Prevention. These materials will be available soon on the APA website.

This report emphasized the highlights of the meeting; if you are interested in viewing a more detailed draft of the minutes, please e-mail Liz Hall (liz.hall@biola.edu). Thank you for the opportunity to serve you as Council representatives.

— Elizabeth Lewis Hall and William Hathaway
"HOW DID WE GET HERE?"

CHRIS J. BOYATZIS, PH.D.

Let me open with an anecdote: Many years ago, my wife and I were driving home from church on Easter Sunday when my daughter, about 7 years old, asked a question that made me almost drive off the road: “How do we know this Easter story is true? I mean, about Jesus—how do we know it’s not just a story but really real?” As many fathers might, I quickly handed off this profound question to my wife (after all, at the time she was getting her master’s in New Testament studies) and while she was answering I had the harsh realization that nothing in my training as a developmental psychologist had prepared me to think about children as religious or spiritual beings. I also realized that my daughter had been asking deep philosophical questions since she was 3 years old.

If you’re reading this, you’re interested in the psychology of religion and spirituality. But what got you interested in this field? When in your personal and professional development did this interest emerge, and who or what helped you along the way? (For me, blunt challenges like my daughter’s surely inspired me to learn more about religious and spiritual development.) There may have been special mentors or personal epiphanies that moved you forward, or dark nights of the soul that made you hungry for “something more” in your work as a psychologist.

I bet we all have a fascinating story to tell in response to these questions. Learning about these journeys would help us understand each other and our own Div. 36 community better. In fact, our personal narratives might even constitute a corpus of qualitative data that could reveal new insights about not only professional development but perhaps our own religious or spiritual growth. For these reasons, I have organized a special session for this year’s Mid-Year Conference at Loyola, on “How I Got into the Psych of Religion and Spirituality.” I’ve invited 10 division members from a broad spectrum of age and status, gender and ethnicity, academic and religious background, and current roles (e.g., professors, clinicians, grad students). As I write this, the conference is a week away, and I can’t wait to hear their stories. Let me share mine here.

Personally, religion and spirituality had never entered my thinking until I was about 34 years old and had been teaching for several years. I was raised Greek Orthodox, but basically checked out of organized religion around age 12, when many youth disengage (I call the ages of 12-14 the “age of doubt,” which corresponds, perhaps not coincidentally, with many religious traditions’ confirmation rites). My father’s death just a few years later gave me all the proof I needed that there was no God, and the lack of support from my family’s church made me feel only resentment. Then it was college, and in my first semester Freud’s Future of an Illusion helped confirm my suspicions. Academically, my study of child development in college and grad school exposed me to nary a word about religion and spirituality.

But then years later this bizarre constellation of events happened in rather short time, events that singularly may not have mattered much but collectively they put me on the track toward where I am today. (I can see the Jungians smiling: There are no coincidences.)

On the home front, my young daughter started asking really spiritual questions that blew me away (see: Easter challenge!) and that I had never learned about in my study of child development, questions that made me examine both my own personal beliefs and my poor preparation for this philosophical nature of children. Also around that time my wife had a sudden desire to “return” to church (which I agreed to mainly for the sake of marital harmony but also due to some curiosity I was feeling myself). I soon turned 35, and that birthday night in bed I literally sat up and said aloud to myself, “what the hell am
I doing?!" With my life, I meant. Flash forward two months: I’m chatting with an insightful young student, Cheri, who had taken several classes with me, and she said one of the most important comments a student has ever uttered to me: “I have learned so much from your courses about many aspects of child development—cognitive, emotional, social, physical—but where’s the child? We don’t study the child.” A 2’ x 4’ hit me upside the head. I saw in Cheri’s face that she was thinking about (to use Robert Coles’ term) the child as pilgrim, the little meaning-maker trying to figure out life’s questions. At that moment I felt exposed for my ignorance of that dimension of children’s lives, I felt like I had let down those students who were hungry for such insights, and I felt angry at myself for having not looked beyond the traditional comfy confines of my education in child development. I said good-bye to my student and felt a debt of gratitude to her.

All those events got me thinking, but the coup de grace occurred shortly afterwards. In a department meeting (at the time I was teaching in Cal State Fullerton’s department of child development), Bob McLaren, a senior professor who was a lovely wise man and an ordained minister with a doctorate in human development, asserted that all our child development majors should be required to take a course on world religions. I challenged him ferociously on the grounds that our students were already overloaded with requirements and, while a world religions course may be a good requirement for the entire university, I refused to justify it as a requirement for our child development majors. (My response also reflected my personal ambivalence about religion, but I couldn’t admit that to Bob or myself, really.) Seeing my defensiveness, Bob graciously invited me to lunch with him and the chair of our religion department to talk about all this. We spoke, and disagreed, and after expressing my reservations about a world religions requirement, Bob grinned and calmly asked, “Well, Chris, what kind of course would you want our students to take?” I then launched into this spontaneous 15-minute monologue on what a course on religious and spiritual development could look like, laying out some basic issues and methods and why it might be worthwhile to study. Mind you, I’d never really thought about this kind of course ever before. But there it was—it just came out, and to this day I can’t identify the source of my ideas or passion. But when I was done with my speech, my gracious colleague gently pointed his finger across the table at me and said, “You’re going to teach that course.” (I can picture this 1994 exchange like it were yesterday.) Stunned, I leaned back in my chair, not knowing what the heck had just happened in that conversation. Well, one year later I taught a seminar on religious and spiritual development. I loved it. The students loved it. The rest, as they say, is.... To pick a few highlights, within the next 5 years my wife was in seminary toward ordination in the Episcopal church and I “found” religion in my own life. I found a new passion in my professional life, the study of children’s religious and spiritual development. I’ve published many papers and chapters and have organized many special issues of journals on the topic. My primary interest in this area? With loving thanks to both of my wonderful daughters: how parents and children communicate about religion and spirituality. In short time I came to see Div. 36 as my professional home, and for some reason someone named Ray Paloutzian told me, to my shock, that within 10 years I would be president of Div. 36.

This is my version of “how I got into the psych of religion and spirituality.” What’s yours?

Chris J. Boyatzis, Ph.D., is Professor of Psychology at Bucknell University and President of Div. 36. He has published many chapters on religious and spiritual development in childhood and adolescence in numerous handbooks. His primary interest is how parents and children communicate about religion and spirituality. Other major interests include the role of religion/spirituality in women’s body image and in emerging adults’ well-being.
I remember the Christmas when I first turned my attention to the psychology of religion. My early research had been focused on clinical psychology but I was getting bored and looking for a change. Having never had a course on the psychology of religion I decided to start at the beginning. I got a copy of William James’s *The varieties of religious experience* and read it over the holidays. I was smitten.

The aspect of *The varieties* that captured my attention was the distinction James made between a healthy-minded spirituality and a spiritual style James called the sick soul. When James spoke of religious “varieties” he was speaking to the distinctions he observed between the healthy-minded and the sick soul. On the one hand we see within the healthy-minded experience a style that tends to minimize the experience of disorder, evil, pain and suffering in the world. By contrast, the sick soul maximizes these experiences, ruminating upon the darker aspects of existence.

In reading *The varieties* I quickly identified myself as a sick soul. My spiritual biography is filled with doubt and ruminations on the problem of suffering in the world. I believed in God but that belief was often a source of distress rather than comfort.

Having encountered the healthy-minded and the sick soul typology in *The varieties* I turned to the empirical literature. Surely researchers had developed a variety of measures to assess these styles. I fully expected the empirical literature to be full of discussions as to how to best assess James’s types and filled with studies discussing the various correlates of the types.

To my great surprise, I found nothing. Why, in the hundred years since *The varieties*, had no one investigated James’s types, assessing, comparing and contrasting the healthy-minded and sick soul experiences? I wasn’t sure, but I’d found my entrance into the literature.

Soon after this project was dramatically affected by my encounter with Terror Management Theory (TMT), the work of Sheldon Solomon, Tom Pyszczynski, and Jeff Greenberg. Specifically, I was struck by a study they conducted in 1990 that observed Christian participants denigrating Jewish targets after a mortality salience manipulation (Greenberg, Pyszczynski, Solomon, Rosenblatt, Veeder, Kirkland, & Lyon, 1990). These results suggested that the Christian participants were deploying their faith in an existentially defensive manner, as a means to repress/assuage death anxiety.

This result struck me as it seemed to confirm the argument Freud famously made in *The future of an illusion*, that religious belief was a form of wishful thinking, an illusion deployed to repress existential anxiety. It seemed that Greenberg et al. had bolstered Freud’s case. That seemed like a big deal to me.
However my engagement with *The varieties* made me suspicious that religious populations could be treated in a homogenous manner, particularly when existential motivations are being assessed. If William James is to be believed, the healthy-minded and the sick soul engage with existential material very differently. Shouldn’t those differences be taken into account before we observe how religious participants react to existential stimuli like those in TMT research?

Thus began a series of studies that have culminated in the book *The authenticity of faith: The varieties and illusions of religious experience* (you’ll note the nod to both James and Freud in the title). The logic of much of this work has been straightforward: Assess James’s types and then observe how each engages with existential material. The outcome of such observations would tip toward either Freud or James. Specifically, do the religious types behave in a uniform manner, consistent with Freud’s contention that religious belief is, across the board, engaged in anxiety avoidance? Or we observe evidence for James’s varieties; that some religious believers (James’s sick souls) actively engage existentially distressing experiences? The existential experiences I’ve investigated in this manner have involved the encounter with ideological Others (in a replication of the TMT research), aesthetic judgments of artwork (investigating what I dub the “Thomas Kinkade Effect” or, more informally, “Why is Christian bookstore art so bad?”), the problem of theodicy (how to reconcile a belief in God with the experience of pain and suffering in the world), and existentially troubling doctrines within the Christian faith (i.e., the Incarnation, the belief that God fully participated in the human experience of the body—sweat, urine, feces and all that messy stuff).

In each case, as reviewed in *The authenticity of faith*, I found evidence for James’s varieties suggesting that Freud’s “one size fits all” treatment of belief in *The future of an illusion* misses out on the diversity inherent the religious experience. In the end it seems that I’ve come full circle, returning to where I had started: the wisdom of William James and *The varieties of religious experience*.

Reference


*RICHARD BECK is professor and Chair of the Department of Psychology at Abilene Christian University in Abilene, TX. An experimental psychologist, Richard is the author of Unclean: Meditations on purity, hospitality, and mortality and The authenticity of faith: The varieties and illusions of religious experience.*
DIVERSITY IN CLINICAL EXPERIENCES
HOW EXPERIENCES HAVE SHAPED CLINICAL PRACTICE

BRITTANY L. MONTES AND A. REESE HOLT

In our clinical work we often focus on the progress and tracking of our clients, consultees, and supervisees, rightly so. We, as students, navigate the curvaceous terrain of graduate school and mounting challenges of internship, and we often forget to take inventory of our diverse clinical experiences that we have accrued during our brief stint as graduate students. It is imperative that we reflect upon our developmental trend and various experiences that have shaped our path.

Broad foundational clinical experience was first encountered within our school and community at large. The university Psychological Services Center allowed for a myriad of clinical experiences in one setting. Several rotations within this single site provided foundational experience ranging from community outreach (e.g. providing psychoeducation and screenings), providing career counseling to alumni and current students, to working with our local Court Services Unit. In conjunction with these specialty rotations, we accrued seminal experiences conducting basic therapy protocols and intensive assessment administration and report writing.

As our areas of interest began to further sprout, various opportunities working with children became appealing and available. Working in partnership with a local inner-city community center, we have been able to provide tailor made group curriculum and implement these protocols with ethnic minorities of low SES. Additionally, active participation in a child trauma research team provides an avenue to reach children with Trauma Focused Interpersonal Therapy within our local community.

Continuing our unique niche of experiences, Eastern State Hospital, an inpatient setting for the chronically severe mentally ill, is our most current site experience. This particular site has been influential in its opportunities to engage in recertification hearings (i.e. court), various group facilitation, freedom to create new groups, forensic involvement, geriatric therapy, neurological testing cases, working with chronically severe mentally ill, and the unique challenge working within an interdisciplinary treatment team. While each of these settings has been unique and distinctive, juxtaposed, they have provided a wealth of practical knowledge, skill, and advancement in our own development as budding psychologists.

As clinicians in training, we constantly hear the words “diversity” and “range of experience” in reference to our training. Additionally, with the internship process fast approaching, the importance of diversity in training experiences is beginning to weigh heavy on our minds. However, in beginning our graduate training, we did not fully grasp the concept and importance behind diversifying clinical experience. As we progressed from our first year to over halfway through our third year, we began to fully understand and grasp the concept of diversity in training.

The opportunities we have been afforded through our program and clinical practicum have been extremely diverse and enriching. Through our required practicum experiences, research teams, and volunteer projects, we have had the unique opportunity to gather...
experience from a wide variety of clinical areas. Like most students who have the opportunity to diversify their clinical experiences, we have learned so much. These opportunities have shaped who we are as professionals and have started to form our career path in a number of ways.

Our experience working with children from low-income and single parent families has inspired within us a desire to reach out to our surrounding community through our clinical work. We have been inspired to view psychology and development from a different and unique perspective. That is, we have learned how to take into account the child’s background and experiences when considering whether or not behaviors are pathological or expected. Thus, we have learned how to take the client as a whole into consideration when making diagnoses and treatment plans.

Additionally, we have learned how to work with the chronically severe mentally ill population, which is not a population that most graduate students have the opportunity to work with. As such, we have had the wonderful opportunity to expand our clinical “toolbox” and learn to implement various clinical techniques in creative ways. Our patients have also challenged and stretched us as professionals, clinicians, and students. They have challenged the way we think about and view mental illness, and stretched and pushed us to become more creative in our interactions. Finally, they have pushed us as students in the overwhelming amount of information they have taught us over the past six months.

As we continue to grow and progress as young clinicians, we become more and more appreciative of the role that the diversity in our training has played in our professional development. Like most clinicians, our diverse clinical experiences have set us on a path that allows for a wide variety of opportunities in the future. Additionally, these opportunities have shaped who we are as clinicians and young professionals. These learning experiences are ones that will be carried with us throughout the rest of our professional careers and will be used to help shape future generations of young clinicians.

BRITTANY L. MONTES is a 3rd year Psy.D. student at Regent University in Virginia Beach, VA. She is currently completing her 3rd year practicum experience at Eastern State Hospital, an inpatient facility for the chronically severe mentally ill. She has also completed her 2nd year practicum experience at the Psychological Services Center on Regent’s campus, with rotations at the local juvenile court services unit, career services, and the community outreach team. Ms. Montes has also participated in the Hope Marriage Research Team, the Child Trauma Research Team, the Park Place Child Life Center Research Team, and the Trauma-Focused Cognitive Behavioral Therapy Research Team. She is currently working on her dissertation studying the effects of childhood abuse on religion and spirituality across denominations. Ms. Montes aspires to continue her community outreach as well as pursue a career working with the inpatient population.

A. REESE HOLT is also a 3rd year Psy.D. student studying at Regent University in Virginia Beach, VA. His current 3rd year practicum experience is being completed at Eastern State Hospital, where he is focusing his current clinical experience within the geriatric population. Mr. Holt’s 2nd year practicum experience was completed at Regent University’s Psychological Services Center. Rotations included the Virginia Beach juvenile court services unit, on-campus career services, and the community outreach team providing various services from developing a gang prevention curriculum to providing screening assessments. Additionally, he has actively participated in the Hope Marriage Research Team, the Child Trauma Research Team, the Park Place Child Life Center Research Team, and the Older Adult Research Team. He is presently conducting research on his dissertation studying the effects of combat exposure and coping on spiritual emotional attachments in military personnel. Geropsychology and international psychology are areas of interest that Mr. Holt hopes to integrate and pursue in his future clinical work.

It’s a very enjoyable and interesting read that’s thoughtful, informative, and fun. Fr. Martin is a well known Jesuit from Philadelphia who is the cultural editor at America magazine. In the book he does an excellent job discussing psychology and religion themes especially as they relate to religious coping and the value of joy and laughter.

Thomas G. Plante, Ph.D., ABPP
PROFESSOR, PSYCHOLOGY DEPARTMENT
SANTA CLARA UNIVERSITY


It’s a refreshing approach to applying key principles of spiritual formation. An easy, enjoyable, and timely read.

LaTrelle D. Jackson, Ph.D.
ASSOCIATE PROFESSOR, SCHOOL OF PSYCHOLOGY AND COUNSELING
REGENT UNIVERSITY


It’s quirky, gritty, honest, smart, and touching.

Julie Exline, Ph.D.
ASSOCIATE PROFESSOR, PSYCHOLOGY DEPARTMENT
CASE WESTERN RESERVE UNIVERSITY


... It is twisted, offensive, brutally honest, inspiring, and moving. Being that I am interested in addiction, as well as spirituality, one of the things that I take away from the book is that it provides an excellent description of what it can be like to be an addict.

John R. Webb, Ph.D.
ASSOCIATE PROFESSOR, PSYCHOLOGY DEPARTMENT
EAST TENNESSEE STATE UNIVERSITY


This first-person account by Asian-American Yale Law professor, Amy Chua, about raising her two daughters drew nasty criticism when released. And why not — this is a mom who
never allowed her kids to have play dates or sleep-overs, and had such demanding standards that when her kids made her birthday cards she returned them, telling her kids, You can do better. In describing her endless demands on her kids to practice their violin and piano, Chua stuns American parents when saying that the first hour she makes her kids practice is “the easy one.”

The book is a superb illustration of cultural influences on parenting and family life. The harsh backlash by American readers — including many “child-rearing experts” — reflected, in my opinion, their ethnocentric notions of “good parenting” along with ignorance about parenting from a Chinese cultural vantage. The book has made me reflect deeply on my own parenting and has revealed my own insecurities about falling short, which means that I’m too American in my parenting. I only wish I had the courage to be more like Tiger Mother — and I bet that many of her critics have the same feeling if only they’d admit it. This book reminds us of the profound value of studying other cultures: they hold a mirror up in which we see ourselves more clearly, warts and all, and what we find most beautiful about ourselves may suddenly seem less appealing when looked at through the lens of another culture.

Chris Boyatzis, Ph.D.
PROFESSOR, PSYCHOLOGY DEPARTMENT
BUCKNELL UNIVERSITY

On Suzanne Collins’ The Hunger Games trilogy
(SCHOLASTIC PRESS)

I found that the books were evocative in that they made me consider what life would be like without the freedoms that we regularly have. I found the books had layers of meaning beyond the story presented that revolved around hope and faith in dark times. Finding parts of ourselves that we did not believe existed and evolving in an imperfect world.

Gina M. Brelsford, Ph.D.
ASSISTANT PROFESSOR, PSYCHOLOGY DEPARTMENT
THE PENNSYLVANIA STATE UNIVERSITY, HARRISBURG

On Walter Isaacson’s Steve Jobs
(SIMON & SHUSTER, 2011, 656 PAGES, ISN-10: 141648537)

This is a fascinating journey of Steven Jobs who rose from a humble background to one of the most influential men in the U.S. and in the world in the information era. His struggle throughout his life is a touching story about a rich but truly caring man. Yet, his half-in and half-out Buddhist experience may be the more interesting part to scholars in psychology and religion themes, especially as it relates to modern Americans’ interfaith transitions.

Amy L. Ai, Ph.D.
PROFESSOR, SCHOOL OF SOCIAL WORK
UNIVERSITY OF PITTSBURGH
Application for Membership — APA Division 36

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Our Mission…

Division 36 – Society for the Psychology of Religion and Spirituality,

- promotes the application of psychological research methods and interpretive frameworks to diverse forms of religion and spirituality;

- encourages the incorporation of the results of such work into clinical and other applied settings;

- and fosters constructive dialogue and interchange between psychological study and practice, on the one hand, and religious perspectives and institutions on the other.

The division is strictly nonsectarian and welcomes the participation of all persons, without regard to personal faith, who view religion as a significant factor in human functioning.

The division’s quarterly Newsletter contains original articles, book reviews, announcements, and news of interest to division members.