



Michigan Psychological Association

SCIENCE • EDUCATION • ADVOCACY

First Quarter 2021

The MPA Annual Spring Conference to be Virtual Event

The MPA Annual Spring Conference will be the second consecutive Spring Conference to be presented on Zoom. The conference, which takes place on **Friday, April 16 from 9:00 am until 5:00 pm**, will feature two mini workshops, one in the morning and the other in the afternoon.

The keynote speaker for the morning workshop will be Dr. Ben C.H. Kuo. His topic will be "Foundations of Cultural Competence, Cultural Humility, and Culturally-Informed Practice: An Introduction."

During this workshop, Dr. Kuo, Professor of Clinical Psychology at the University of Windsor and a licensed, practicing psychologist in Ontario, will introduce participants to the foundational knowledge and concepts related to culture, diversity, and clinical practice. This workshop approaches cultural training from a personal growth and professional growth perspective and a social justice framework.

Dr. Kuo will use mental health counselling and therapy intervention as an example to help guide participants to reflect and think through critical cultural diversity issues for themselves as well as others.

Among the topics Dr. Kuo will cover will be the intersection of culture and diversity issues and health care, the definition and delineation of multicultural competence and cultural humility, and issues related to clinicians' implicit biases and intersectionality of identities. The speaker will also provide strategies to enhance individual-level and institutional/organizational-level changes to promote racial equity.

Dr. Ben C. H. Kuo's research has focused on the critical interface between culture and mental health, specifically on how culturally-diverse groups and individuals cope with stress, and respond to psychological and mental health concerns. He received his Bachelor and Masters Degrees from the University of Toronto, and his Ph.D. from the University of Nebraska-Lincoln. Dr. Kuo's research focuses on the critical interface between culture and mental health, specifically on how culturally-diverse groups and individuals cope with stress, and respond to psychological and mental health concerns.

The afternoon workshop will feature three presenters who will discuss COVID-19's impact across different groups.

PRESENTER 1: Dr. Brenda Whitehall

Starting the afternoon session, Dr. Brenda Whitehall will talk about "Older Adults' Experience of COVID-19: Stress, Coping, and Resilience." In this talk, Dr. Whitehead will discuss older adults' experience with the COVID-19 pandemic through the lens of stress and coping. She will present findings from her own mixed-methods study, conducted during the first months of the pandemic, regarding factors contributing to older adults' stress experience as well as effective approaches to coping. Her presentation will conclude with present considerations and future implications, given the evolving nature of the pandemic.

Dr. Whitehead is an Associate Professor of Psychology at the University of Michigan-Dearborn, and earned her M.A. and Ph.D. in Lifespan Developmental Psychology from the University of Notre Dame. Dr. Whitehead's research specialty is gerontology, with investigations focusing on stress and coping, the intersection of mental and physical health, and –most recently – older adults' experiences with the COVID-19 pandemic. Dr. Whitehead's work has been published in top peer-reviewed journals of the field, including *The Gerontologist*, *The Journals of Gerontology*, *Aging & Mental Health*, *Journal of Health Psychology*, and *Psychology & Aging*.

PRESENTER 2: Dr. Valencia Montgomery

The second presenter in the afternoon workshop will be Dr. Valencia Montgomery, who will be speaking on "Cognition and COVID-19: Lessons Learned from Cases."

In this seminar, participants will learn about the current trends in COVID-19 cognitive impairment through the literature and actual cases. Dr. Montgomery will also examine the current cognitive batteries utilized for assessment, current models for neuro-Covid assessments, and issues on health equity. Participants will receive information on current research, and future research recommendations will be shared.

A Chicago native, Dr. Montgomery earned her Doctorate in Clinical Psychology, with an emphasis in Neuropsychology, from Roosevelt University and completed a competitive internship at the VA Ann Arbor Healthcare System. She completed her 2-year postdoctoral fellowship in neuropsychology at UCLA Geffen School of Medicine in Los Angeles and the Easton Center for Alzheimer's Disease Research in July, 2019. Currently, she provides neuropsychological services on the inpatient rehabilitation unit at St. Joseph Mercy Health System Ann Arbor, and has treated several patients hospitalized with COVID-19. She is also Treasurer of the Michigan Psychological Association.

Passionate about helping others understand the course, diagnosis, and treatment of Alzheimer's disease and other dementias, she believes that community engagement is a critical component of wellness and has been a sought-after speaker in the Los Angeles area on the subject of dementia. She strives to provide culturally sensitive treatment to individuals affected by poor access to services.

PRESENTER 3: Dr. Julie Braciszewski

The final speaker in the afternoon workshop will be Dr. Julie Braciszewski. Her talk is entitled "The Path Forward: Understanding & Addressing the Mental Health Impacts of COVID-19 on Kids and Adolescents."

The pandemic has made an indelible impact on children's and adolescents' lives since they have not been able to attend, at least in many districts, for a year. That means that we have all come to realize that the COVID-19 pandemic has

affected all domains of mental health functioning for children and teens – and that this impact will continue far into the future.

Dr. Braciszewski will utilize current snapshots of data from around the world, combined with historical context, to bring into sharper focus what these long-term effects will be. She will discuss psychological assessment and treatment within a developmentally-informed and trauma-focused emphasis to try to suggest what the path forward will look like. She will discuss clinical tools and insights that will help support youth and families through the remainder of the pandemic.

Julie Braciszewski, PhD, LP is a practicing clinical psychologist as well as owner and Clinical Director of Monarch Behavioral Health in Bloomfield Hills, Michigan. In addition to providing direct care to children, adolescents, and families, she provides professional development for community agencies, schools, and businesses. She is often a contributing guest on media outlets such as National Public Radio and Metro Detroit news programs. Dr. Braciszewski is passionate about translating psychological and neuropsychological research into direct care, providing research-based assessment and therapy, while addressing important cultural and contextual factors. After earning her bachelor's degree at the University of Michigan, Dr. Braciszewski completed her Master's and Doctoral education at Wayne State University. She completed a pre-doctoral internship at Hawthorn Center in Northville, Michigan and post-doctoral studies at Brown University, Warren Alpert School of Medicine.

Registration for the Annual Spring Conference is available on the Michigan Psychological Association [website](#).

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From the President's Desk: Transitioning to President

Antu Segal, PsyD, ABPP



The transition from MPA's President-Elect to President has been an exciting venture. As an early career psychologist (ECP), opportunities and training in leadership roles have been rare. I signed up to participate in two leadership seminars in 2020; both were canceled due to COVID-19. I was therefore feeling a bit intimidated by the prospect of transitioning to the position of President.

I have been fortunate, however. I have had the opportunity to shadow Past-Presidents, Drs. Lissa Patterson and Joy Wolfe Ensor. They have provided me with a wealth of knowledge. Of particular note, how to build resilience in challenging times within the Board by improving inter-committee communication, create policies and procedures that shape the mission and values of the MPA, and work together to foster innovation in the Board's communication with its members. Additionally, last Fall I was able to participate in the American Psychological Association's Emerging Leadership Academy where I was able to start fostering what it means to be a leader to myself. All the seminars were spectacular! I recommend the seminar series to any ECP who is interested in leadership roles at work, or within your state psychological association (hint, hint). Drs. Eduardo Salas and Scott Tannenbaum's presentation on the science of teamwork was relevant to me as I work in an integrated medical team. The presenter's focus on the psychological research that drives team performance motivated me to also think of the MPA's Executive Committee and Board as a collaborative team with a common mission to serve all psychologists in Michigan and the public welfare.

At the end of each year, the MPA Board gathers for a retreat to review the year and look to the future. In November, 2020, the Board examined MPA's strategic plan. The Board decided to emphasize goals regarding increasing membership for graduate students, ECPs, and academics. Also, to diversify MPA programming to include culturally relevant one-hour seminars, panel discussions and full-day conferences. To start a leadership pipeline and strengthen MPA's diversity and advocacy initiatives. More to come as the year unwinds!

Regarding another important transition, I want the MPA membership to know that we are actively working to hire an Executive Director.

On another note, as interim Program Committee Chair, I am excited to announce that the Spring Annual [registration is open!](#) Consider joining the MPA on April 16th to listen and learn from the amazing speaker line up (6 CEs). In the

morning, Dr. Ben C. H. Kuo will be discussing the “Foundations of Cultural Competence, Cultural Humility, and Culturally-Informed Practice,” which is an important topic that warrants much longer than a few hours. I am looking forward to learning more about the culturally-informed approaches and techniques, as well as the breakout room discussions with attendees. In the afternoon, we have a panel of speakers who serve different populations within various settings, and who will be discussing the impact of COVID-19. The Program Committee’s goal was to recruit Michigan psychologists who could discuss their clinical work and research with children and adolescents, older adults and the neurocognitive sequelae. Looking forward to seeing you there!

If you are interested in being a speaker for a future MPA event, please let me know. The MPA Program Committee would like to showcase your clinical work and research!

(To comment on this article, contact [Antu Segal, PsyD](#))

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Violence at the U.S. Capitol: Statement from the MPA Board

Statement from the MPA Board

The Michigan Psychological Association condemns the violence witnessed on January 6, 2021 at the U.S. Capitol. This horrific and deadly incursion was especially troubling to us as Michiganders, as it followed a protest by armed militias in our State Capitol, as well as a domestic terrorist plot against our Governor.

We support the American Psychological Association’s [statement](#), and further endorse that trauma is cumulative and psychologists have a critical role to play in informing the public on psychological science as it pertains to anti-racism and building resilience during uncertain times within our communities.

APA President and CEO Condemn Violence at Capitol

Dear APA Members,

The recent storming of the U.S. Capitol has shocked our nation and the world. After 200 years of peaceful transfers of power between political parties, we were assaulted with images of rioters desecrating one of our greatest symbols of democracy. Regardless of our political views, we can agree that hate and violence toward each other are never acceptable.

All of this took place as our nation has been emerging from a year dominated by trauma—a rapidly spreading virus, widespread divisiveness, and economic uncertainty. These layers of trauma are cumulative and make it difficult to function.

Psychology is of immense value in a time of such complex tragedy and trauma. It is vital that our science and professional expertise are utilized to help heal the political, economic, and ideological divides in our country.

Misinformation and conspiracy theories are at the root of this week's tragedies. Despite every state certifying the results, and those results being validated by dozens of courts across the nation, repeated claims from the President that the presidential election was "rigged" or "stolen" drove Wednesday's demonstrators to engage in the mayhem we witnessed. As psychologists, we understand the human propensity toward confirmation bias. We must continue to educate people on how to resist seeking out information that supports their own viewpoint and promote the use of techniques that encourage more objective consideration. The continued propagation of mistruths fosters tribalism, outrage, and rancor, which prevents us as individuals from seeing our shared humanity and interests.

There is much to do, and APA is taking action. We have been educating reporters and the public on the science underlying trauma and resilience, political psychology and polarization, misinformation and conspiracy theories, and how to talk to children about traumatic events. We have been working with members of Congress and both the outgoing and the incoming administrations to ensure that psychology and our science is not just at the table, but informing vital decisions. Our APA task force on police use of force is underway and releasing recommendations early this year. And our members—all of you—are using your expertise to help individuals, communities, and policymakers.

The work that we do as a field is critical. It is understandable if you are feeling shaken, angry, or emotionally exhausted. But recognize that—as a part of the APA community—you are not alone. We are all in this together and we must be intentional in taking care of ourselves and supporting each other as we work through this national trauma in all its forms.

Our nation faces immense challenges that will not end on Inauguration Day. Psychology and our association must play a critical role in addressing those challenges. Most people—across the political spectrum—want the best for our country. Together, we must look toward the future. Psychologists offer science and expertise that can promote hope, resilience, and a path forward for a nation that is in trauma and in need of healing. APA is committed to doing that work with all of you.

Jennifer and Arthur

[Jennifer F. Kelly, PhD, ABPP](#)

President - American Psychological Association
Licensed Psychologist
Board Certified in Clinical Health Psychology

[Arthur C. Evans, Jr., PhD](#)

Chief Executive Officer/Executive Vice President
American Psychological Association

(To comment on these statements, contact [Sarah E. Domoff, PhD](#))

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Taxes Do Not Need to be so Taxing

Valerie L. Shebroe, Ph.D.



If you are in an independent practice in psychology, chances are that you never received any training in the business of practice issues. And the chances are good that you quickly discovered that having an independent practice is not a hobby – it is a business.

Very likely you also learned that to become more savvy about business accounting, retirement investing, running a business, and figuring out taxes was your responsibility. No one was going to teach you what you needed to know to be successful.

While it is beyond the scope of this article to discuss setting up the structure of your business or to teach you accounting, I would like to share with you what I've learned from my practice about taxes.

My favorite tax guide, which is updated every year, is "J.K. Lasser's Small Business Taxes." You may think it's boring, but it can be exciting to learn about how to save money through business deductions. The 2021 edition provides more than 700 pages of how to save money on your taxes. And believe it or not, the IRS [website](#) is fairly easy to navigate.

Although there are do it yourself web-based tax programs, my bias is that it is well worth consulting with an accountant who specializes in small business taxes to make sure you are capturing accurately all of the business deductions to which you are entitled. Just as there are self-help psychology resources, computer tax programs are do it yourself, but a consultation with a professional is well worth the time and money.

Whether you are a Sole Proprietor or an S Corp, the documentation principles are the same when it comes to recording expenses. It's all about behavior. The sooner you document data after a purchase or charge, the more data (think deductions) you will capture. Deductions equal savings. No matter what system you employ, the most important thing is that you find a system that works for you.

William E. Boss, CPA, of William Boss and Associates, PC, East Lansing, Michigan, comments that small business owners should "seek advice from the inception of their business to determine the correct entity type and form or record keeping; whether it is spreadsheets or bookkeeping software, such as QuickBooks." William Boss says that, "the biggest mistake I see small business clients making is not being organized and keeping good records."

I have done my business books a number of ways: monthly, quarterly and, once, even, annually. The annual method was a dream for 363 days. But it took two solid days of sorting and recording documentation, and in the end, it was not worth the stress and emotional agony to use the annual accounting method. And I was convinced that all of my business expenses were not being captured. Keep this in mind: the more contemporaneous your accounting, the more deductions you will capture.

My current system involves writing the deduction category on each receipt,

documenting the purpose and putting all hard copy receipts in a file to sort at the end of the month, along with my business credit card and business checking account statements. I then reconcile my receipts with my credit card statements and document the mileage on the credit card statements as well as business checkbook and bank account statement.

While there are mileage tracker apps, I found it easier to make a "Mileage Cheat Sheet" that has a listing of the common places I drive for business. This makes documenting miles easier. Even if you don't think documenting certain data is "worth" it, do it anyway. For example, for a year's worth of business mileage, it took me about an hour to add up my business miles. But, in that hour I "made" a \$1000.00 deduction (multiplying miles driven by the mileage rate for that year). That's not chump change!

From a behavioral perspective, I keep my business credit card in my wallet on top of my major personal credit card. Seeing my business card triggers this question: Is this a business deductible expense? If I can rationalize it (and have discussed it with my accountant), I charge it to my business.

Finding money to invest in your retirement also involves a mindset—and it affects your taxes. My rule of thumb: If you can afford to eat out, you can afford to invest for retirement. That doesn't mean that I'm saying you should never eat out. It's even better to eat out if you can deduct it as a business expense. Likewise, a café coffee will taste better if you can deduct it because you are meeting a colleague to discuss referrals. The principle to keep in mind is that spending and expenses should be carefully evaluated in the context of your retirement future. Having this mindset will not feel like deprivation; you will feel more secure knowing that you are preparing for your financial freedom in the future.

Educate yourself on different retirement plan options. If you need more cash now and want to lower your gross taxable income, invest in retirement vehicles in which you will lower your gross taxable income now. Those retirement options include a SEP IRA, a SIMPLE IRA, and a Self-Employed IRA. There is a formula that happens to be a bit complicated to figure out exactly how much lower your gross income will be—but that's why I pay an accountant.

If you are more concerned about your tax bracket in retirement and paying taxes on income in retirement, invest in a retirement vehicle in which you pay your taxes on the money invested now (as you would do with a Roth IRA); or do both. I recommend both, if possible. Fidelity Investments is an example of one of many financial websites that has information that is easy to understand to help you make the best determination of how you are going to plan for retirement. You can also consult with a tax consultant or a financial planner.

If you graduated from undergrad or graduate programs with student loan debt, you will probably be paying on that for a few years. But when you pay off your student loan, immediately set up a direct deposit of the amount you were paying for the loan into a retirement savings plan. Similarly, if you have been saving for a home or for some other major expense, when you reach that goal put at least part of the freed-up money into your retirement savings plan. Since you lived off the income you generated while paying off your student loan or when saving for a home, theoretically, you won't miss that money if you are direct depositing it into a retirement savings plan.

Finally, know your strengths. And know that as you mature as a clinician, you become a more valuable commodity. Think about yourself as an asset. William Boss states this more elegantly when he says, "As your practice grows, you are

more valuable to your practice as a mental health professional than you are as the company bookkeeper; recognize when to delegate the tasks that are holding you back timewise in your practice.”

In closing, it is definitely worth consulting with an attorney and accountant to educate yourself on how to structure your business from a tax perspective. In the interests of full disclosure, I have a financial relationship with William Boss. He is the CPA from whom I purchase his expert consultation and skills regarding taxes and finances. He was kind enough to review this article as well as the companion piece in this newsletter, “Business Tax Deductions Summary.” He was generously took time from his busy practice, especially during the busy tax season, to answer my questions regarding small business owners and taxes.

References

Weltman, B. (2021). **J.K. Lasser’s Small Business Taxes 2021: Your Complete Guide to a Better Bottom Line.** New York: John Wiley.

Internal Revenue Service website: IRS.gov

Fidelity Investments website. Small Business Retirement Plans. Available [HERE](#).

Editor’s Note: Valerie L. Shebroe, Ph.D., is a psychologist who has been in Independent Practice in East Lansing for nearly 30 years. Since mid-March, 2020, she has been practicing telehealth from her home office. She has a special interest in Health Psychology and teen and adult executive functioning, in the context of a broader general practice. She has written business of practice articles in the past for The Michigan Psychologist as well the APA DIV42 journal Independent Practitioner. Dr. Shebroe will be contributing more “The Business of Psychology” columns in the future to The Michigan Psychologist.”

(To comment on this article, contact [Dr. Shebroe](#))

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The Business of Psychology: Business Tax Deductions Summary

Valerie L. Shebroe, Ph.D.

What are the possible tax deductions you can claim on your income tax this year?

While I am not an accountant, I do have decades of experience learning about business taxes and retirement investing. Thanks to consultations with tax professionals and financial planners, I have made a list of the deductions psychologists in independent practice might be able to claim. However, you should check with your own accountant or financial planner as to whether these apply to your own personal situation.

1. Office Space:

- Home Office: There are two methods of determining deductions for

using your home as your office. One is based on a flat percentage of square footage of your home office relative to the total square footage of your home. The second is based on actual expenses incurred. You should talk to your accountant to figure out what makes the most sense for you.

- Other Deductions:
 1. Office Rent or Mortgage
 2. Phone
 3. Cell Phone (Percentage used for business if not a dedicated business phone)
 4. Computer & computer maintenance
 5. Electronic Tablets
 6. FAX
 7. Internet expenses
 8. Other Utilities
 9. PO Box Rental
 10. Cleaning Supplies/Service

2. Business Expenses

- Office Supplies
- Ink Cartridges
- Paper/envelopes
- Postage & mailing
- Stationery/Cards
- Business Cards
- Coffee, Tea, other office beverages; office snacks
- Business Entertainment/Meals
- Billing Service
- Billing Programs
- Equipment repair
- Website Design, Maintenance
- Web based referral services fees
- Tech consultant fees
- Magazine subscriptions

3. Other Business Expenses and Costs

- Secure HIPAA Compliant Telehealth Platforms
- HIPAA secure e-mail platforms
- HIPAA secure billing platforms
- Electronic Health Care Record Platforms
- Tax Preparer/accountant/attorney
- Business mileage
- Parking fees
- Professional Books and Publications
- Professional journal subscriptions
- Specialty Books (cookbooks, for example, for disordered eating/eating disorder clients, teens and adults who don't know how to cook)
- Mindful eating food supplies (this does not include your own meals!)
- Business Credit Card and Checking Account Fees
- Business Membership Fees (Costco, Amazon Prime, etc.)
- Self-Publication Materials/costs, supplies for groups
- Play Therapy Equipment, Toys, Games
- Gifts (\$25.00 limit per individual, other rules apply for gifts for other entities)

4. Testing Equipment and Expenses

- Testing Equipment and supplies
- Computer testing programs

5. Professional Dues and Fees

- Licensing Fees
- Professional Association Dues
- Professional Conferences, CEUs, and travel expenses, hotels, meals
- Psychotherapy, consultation, supervision
- Marketing/advertising expenses

6. Insurance and Taxes

- Health insurance
- Malpractice insurance
- Business office insurance
- Business property taxes
- Retirement investing vehicles (depending on vehicle)

7. Capital Expenses

- Office equipment (copy machine, printer, computer, iPad, Kindle, etc.)
- Equipment repair
- Furniture
- Lighting
- Artwork

(To comment on this article, contact [Dr. Shebroe](#). She is especially interested in hearing from you if there are deductions not noted in this article.)

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ALSO FOR PSYCHOLOGISTS: Review of *Hidden Brain* Podcast

Jack P. Haynes, Ph.D.

This repeating newsletter feature is based on review of media that appear to this psychologist writer as being of interest to psychologists. The selections reviewed are not generated by psychologists for psychologists, nor are they the specific subject matter of psychology. This feature has appeared in the *Michigan Psychologist* 18 times in the past 8 years. The majority of reviews have been of a wide variety of books—novels, autobiographies, biographies, and essays. Some have been reviews of films, a Netflix series, and now, a review of a podcast series.

The *Hidden Brain* podcast (launched in 2015/312 episodes) is heard weekly on 350 public radio stations, and is part of a family of products also including a book and a radio program. The show also is available on Apple Podcasts, Google Podcasts, and Spotify. The podcast reportedly produces two to three million downloads per week.

The podcast has been created by Shankar Vedantam, an Indian born American journalist, writer, and science correspondent who is the podcast interviewer. His reporting focuses on human behavior, often with show themes regarding forces and patterns that shape our choices. Its context is real, not fictional. The avowed commitment of the show is to scientific and journalistic rigor. To this listener, this is a welcome divergence from most media presentations.

The format is conversational and often involves storytelling. I will just state here my overview that this is a worthwhile series that is interesting, engaging, intelligent, thought provoking, and the format of which often conveys a sense of empathy. The subject matter and approach are simpatico with psychologists. I will highlight a few favorite episodes.

*“How They See Us.” (episode of 2/8/21) included a presentation and discussion with insightful inquiry by Vedantam of Claude Steele who coined the term *stereotype threat*. The term refers to circumstances in which an individual feels they are at risk to conform to stereotypes of their social group.

Steele and Vedantam discuss in an engaging way how stereotyping and its effects can be bidirectional. The discussion focuses on negative stereotypes and the mechanism of how it often plays out, often involving anxiety. Discussion also focuses on the opposite---what amounts to stereotype lift in which individuals achieve better performance because of negative stereotypes about other social groups. Steele’s book *Whistling Vivaldi: And Other Clues to How Stereotypes Affect Us* explains how an individual can reshape negative expectations rooted in stereotypes.

* **“The Logic of Rage” (10/5/20 episode)** presents detailed, dramatic anecdotes. The episode in detail discusses interesting and real events including by a neuroscientist. The underpinnings of unpredicted, intense expressed rage, and the basis of such experiences and possible brain mechanisms and functions regarding the phenomenon are presented.

* **“Hungry, Hungry Hippocampus”** (11/11/19 episode) discusses food, identity, and culture with expressive and enthusiastic psychologist Paul Rozin. Interesting anecdotes and discussion of the interrelationships of value, memory, anticipation, and experience abound.

* **“What Twins Tell Us” (3/25/19 episode)** addresses the nature-nurture issue with interview of Nancy L. Siegel, behavioral geneticist and Director of the Twin Study Center of Cal State, Fullerton. The episode presents remarkable anecdotes about some similarities of twins reared apart. One thread of Siegel’s research studies twins to better understand broader human components and relationships. The podcast also reveals that Dr. Siegel herself is 7 minutes older than her own fraternal twin sister.

* **“The Ostrich Effect” (9/18/17 episode)** focuses on information aversion: humans intentionally avoid information that includes or anticipates painful or uncomfortable news or information. This is distinguished from information overload. Humorous anecdotes as well as research results are discussed. Applications to health, financial information, and other areas of daily life abound.

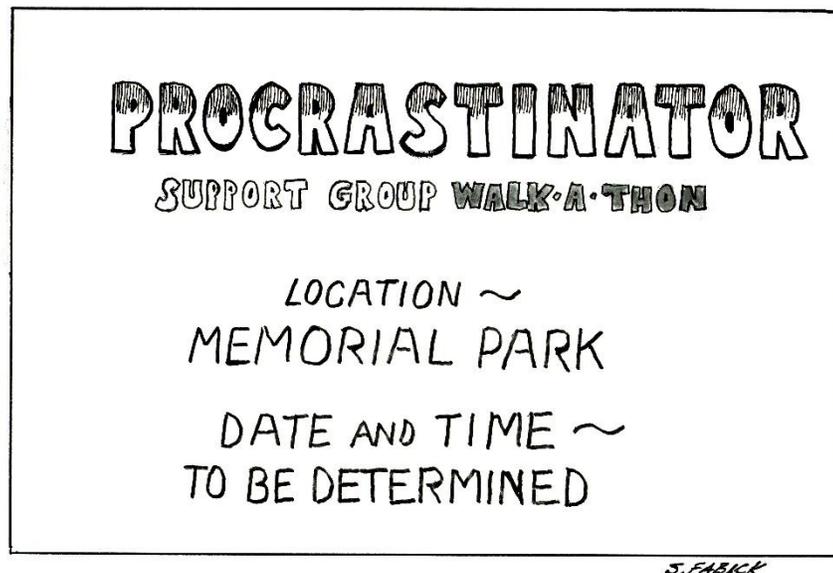
* **“Forgery” (6/16/16 episode)** primarily investigates the world of art forgery. The personal motivations of art forgers additional to financial gain are discussed. The setup for forging art is discussed, including the provenance trap in which preparatory drawings are faked for known famous master works, then presenting the preparatory drawings as having been found, when in reality they

are just fakes of hypothetical studies for famous paintings.

(To comment on this article, contact [Jack P. Haynes, Ph.D.](#))

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An original cartoon by Steve Fabick: *Jest For The Health of It*



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From the Family Health Lab: Talking to Kids about What's Going on in the World

Sarah E. Domoff, PhD

Children are struggling to cope with the huge disruption that the pandemic has had on their routines, their schooling, and their social interactions. But how do you talk to children about the pandemic and other things currently going on in their world?

It is important to note that the stress brought about by the pandemic also includes a decrease in resources – not to mention access to resources – for children who would normally get support in school or out in the community. On top of that, it is also important to remember that children – just like so many of us adults – are coping with the loss of family members and friends to Covid-19. Additionally, these losses disproportionately impact Black or African-American families, Indigenous families, and Hispanic/Latino families. These experiences, such as the unexpected loss of loved ones and the economic impact that job loss has had on families, are stressful for children.

Children may also be affected by witnessing the insurrection on January 6th. The symbols, language, and imagery reflecting anti-Semitism and White supremacy

negatively affect Jewish children, African-American or Black children, and children who directly have been targets of racist behaviors. Witnessing the insurrection coverage on the news may generate feelings of anxiety, fear, and confusion. All of these events – the pandemic, the death of loved ones, job loss, and the insurrection – may raise questions for children and concerns about the future and their family’s well-being. These experiences should be processed with children with the important adults in their lives, such as parents, guardians, and other supportive individuals.

How do you help children process these traumatic events? Young children may have trouble understanding the news coverage of recent events and may become frightened if they see violence, hostile interactions between people and the devastation of communities, including the coverage of the recent Texas winter storm and its damage. Similarly, older children and adolescents may be confused or concerned about what they see on the news. It is important that parents limit the amount of news shown to children, especially if they are not capable of understanding it. Parents should avoid having the news on all the time or when children are in the same room as the TV.

I do recommend, however, that parents process with their children the content they see. This is especially necessary for children in middle school and high school. And parents should answer any questions their children have. If parents see a decrease in their child's ability to function or if their child expresses feelings of hopelessness or shows excessive worry, it may be necessary to work with a psychologist with child clinical expertise.

When trying to discuss the pandemic with children, keep in mind that there are many areas to cover. First, it is important to consider your child's age and development. What you communicate to a five-year-old is very different from what you would tell a 10-year-old or a 15-year-old. Second, what aspect of the pandemic does your child want to understand more about? What questions does your child ask? What does your child already know or have trouble understanding about the pandemic? Since there is so much to process about Covid-19 (e.g., how the virus spreads, why schools are closed, getting a vaccine, health disparities, and the economic impact on families), do not feel you have to cover everything all at once. Focus on what your child understands, what they may not understand or have questions about, and discuss in an age-appropriate manner.

It is important to give your child the space they need to process new information or to think about and ask questions about the things they have seen or experienced that are confusing, upsetting, or scary. Parents should model to their children how they – as adults – cope with uncertainty. Parents and adults should talk to child about coping skills and problem-solving skills that they could use.

For additional resources, including the language to use when communicating about important events with children, please see [HERE](#) and [HERE](#).

Another [resource](#) for talking to children about difficult topics.

(To comment on this article, contact [Dr. Domoff](#) or call her at 989-774-6639)

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Perspectives from a Black Psychologist: So, What Else is New?

Byron C. Douglas, Ph.D.

The end of the Civil War led to the passage of the 13th Amendment (Emancipation), the 14th Amendment (Full citizenship rights, along with equal protection under the law), and the 15th Amendment (The right to vote regardless of race, color, or previous servitude).

The years 1867 through 1876 were known as the Reconstruction Era. With the right to vote, the formerly enslaved began to elect public officials who looked like them from the local level on up to the federal level. Sixteen Black men were elected to Congress, 600 Black men served in state legislatures throughout the South, along with hundreds winning election to various local offices.

In spite of threats, intimidation, and political assassinations (two examples are the Hamburg, South Carolina, massacre in 1831 and the Colfax, Louisiana massacre in 1873), Black public officials implemented policies that benefited both Black and White citizens. Though the U. S. military was deployed to protect the rights of the newly liberated, their effectiveness was limited. White southerners could not bear the thought of "inferior" people being in control of local and state government, so local coup d'états took place throughout the region.

Reconstruction came to an end when Republican President Rutherford B. Hayes sold his soul in a compromise with southern Democrats in order to obtain the presidency in 1877. Hayes agreed to withdraw federal troops from the South in exchange for southern electoral votes that would catapult him into the White House. This led to unyielding terroristic attacks on Black communities, along with egregious violations of Black human rights. Black political influence was virtually wiped out until the passage of the 1965 Voting Rights Act.

In spite of the lofty language of the Constitution, the "sacredness" of the "American Way," and America touting itself as a "beacon for democracy," the history of this nation is replete with attempts to make democracy work for a select few while barring others (e.g., African Americans, Native Americans, Hispanic Americans, poor people) from full participation.

Just as during reconstruction, what we saw after the last presidential election was what has happened in the past. Many white "citizens" and white politicians consider any election to be "rigged" if they are unable to significantly suppress the Black vote. They couldn't suppress the Black vote in November, 2020, so a coup was attempted.

What happened on January 6, 2021 was just the most recent example of racist, anti-Semitic, delusional whites attempting to prevent the people who do not resemble them from accessing political power. January 6th was also the culmination of a significant number of white "citizens" believing – and fearing – that their "favored status" in this nation is beginning to wane. Their attempted coup failed, but there will be other attempts. You see, those in power have always worked to "move the goalposts" when people of color figure out and utilize the rules necessary to challenge the system.

On January 6, America's dual "justice" system was on full display as we all

witnessed the deferential treatment given to white insurrectionists as compared to Black protesters (who actually have something to protest about) and everyday Black citizens.

There can be no “peace” or “unity” without holding insurgents criminally responsible for their actions. We should strive for forgiveness, but forgiveness does not mean the removal of consequences.

America is on a collision course with change. There will either be the full implementation of the 14th Amendment with justice, democracy, and economic fairness, or there will be apartheid. How will it end?

I don't know, but what I do know is that people of color and conscious whites “ain't goin' nowhere.” This is because – in honor of the late Robin Harris – “We Bebe's kids! We don't die...we multiply.”

(To comment on this column, contact [James Windell, MA](#))

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Misinformation and Disinformation: Truth or Consequences

Jack P. Haynes, Ph.D.

It is my hope that, by the time this article is published, the COVID-19 vaccine will have become more available. That reality will likely reduce at least some of the firehose of misinformation and disinformation about COVID-19.

This article assumes the importance of accurate transmission of information about a worldwide viral pandemic. The World Health Organization (WHO) describes this point in history as an “infodemic,” a term that refers to the rapid and far-reaching spread of both accurate and inaccurate information. The term parallels a pandemic of information dissemination.

The term “infodemic” was coined in 2003 by the *Washington Post*, but more recently it has been frequently applied to COVID-19 information transmission. The flood of information contributes to a context of uncertainty since there are so many pieces of information appearing and so many opinions that can be offered and so many positions that can be taken.

Let's clarify terms: *Misinformation* is false, inaccurate, or out of context information that is transmitted, independent of intent to deceive. *Disinformation* is a type of misinformation that is deliberately deceptive, typically a falsehood constructed for a purpose. Both misinformation and disinformation share false statements as facts, with varying motivations and purposes.

At its inception, COVID-19 was characterized by some as fake, a hoax. Next in the stream of events was the statement that COVID-19 was just about to go away (after only a handful of deaths), that by April, 2020 the virus would “miraculously” be gone. Next, a proposal that lights shined inside the body and disinfectants washing the lungs may be effective treatments for COVID-19. Numerous scientists that same day informed the public that disinfectants taken

internally are toxic and can be lethal. Hydroxychloroquine was stated to be the cure for COVID-19. One cited report demonstrating this cure was based on only 8 subjects. None of this was endorsed by the scientific community. These statements presented a potpourri of misinformation and disinformation.

Misinformation is a problem since it is untrue, and some people then make decisions based on falsehoods. Disinformation is more insidious in that, as UNESCO points out. Some people are susceptible to and easily persuaded by the emotionality of targeted disinformation through disinformation through fabricated websites, authoritative-appearing identities, fraudulently altered, fabricated, or decontextualized images and videos, and orchestrated campaigns of disinformation.

Regarding disinformation, a representative of News Literacy Project (newslit.org) states "We want people to understand that disinformation is fundamentally exploitative---that it tries to use our religion, our patriotism, and our desire for justice to outrage us and to dupe us into faulty reasoning."

The frequently used term *fake news* appears to fall into the disinformation category. A complainant using the term "fake news" sometimes may be engaging in deception, projecting their own motives as a denigration of others by attributing fakery, distortion, or manipulation. The term "fake news" also sometimes has been used as a way to undermine statements of others that are merely disliked by the complainant.

The term "false news" was used as early as the 1500s. Our *Detroit News* itself used that term in 1866. The term "fake news" appears not to be of recent origin, unless one considers 1890 to be recent; and it has been used increasingly in recent years. The Merriam-Webster, Dictionary organization states that they will not be entering "fake news" into the dictionary since "fake news" is a compound noun, a combination of two distinct words, both well known, and when used in combination yield an easily understood meaning. Merriam-Webster contrasts the term with another compound noun, *dirtbag*, which has acquired a meaning additional to "a bag for putting dirt into."

Although social media have speeded the spread of untruths (both misinformation and disinformation) about COVID-19, the novel aspects of the virus and the rapid worldwide spread of the virus have made more difficult the clear dissemination of evolving scientific and evidence-based data. There also initially has been some lack of coordinated information sharing between government and scientific sources.

My primary sources of information and identification of information about COVID-19 have been the Center for Disease Control (cdc.gov), Johns Hopkins (jhu.edu), Harvard (harvard.edu), Mayo Clinic (mayoclinic.org), coronavirus.gov, UNESCO (unesco.org), the World Health Organization (who.int), and Scientific American (ScientificAmerican.com). These sources also have identified misinformation and disinformation.

Examples of COVID-19 Misinformation

Misinformation sometimes is politely called "myths", meaning more false than intentionally false or constructed to persuade. In uncertain situations such as COVID, many people understandably grasp for information and explanation, though sometimes hope and false connections outrun facts and knowledge. Examples:

Virus Misinformation

- Drinking alcohol protects from the COVID-19 virus.
- COVID-19 is no worse than the annual flu. (The tally for the ten months of COVID-19 in the U.S. is approaching 500,000 deaths, estimated to be about 600,000 deaths by the June. The Center for Disease Control also reports that the last flu season in the U.S., categorized as a moderate season, totaled 22,000 deaths. Anecdotally, as of mid-February, 2021 this writer personally know 5 people who have died of COVID-19.
- The death rate of COVID-19 in the U.S. is approximately 1.5%. The death rate from the flu in the U.S. over recent time approximately 0.06%The death rate from COVID-19 has reached approximately 25 times that of the typical level of annual flu in the U.S.. Statistics for the current flu season indicate an extremely low flu infection occurrence, the very low rate attributed to mask-wearing re COVID-19.
- Rinsing your nose with a saline solution protects against COVID-19 infection.
- Cold weather kills the COVID-19 virus.
- Avoiding exposure to 5G phone networks prevents infection from COVID-19.
- Herd immunity will protect us if the COVID-19 virus is allowed to freely spread in the population.
- Mask wearing is useless regarding COVID-19.

Vaccine Misinformation

- COVID-19 vaccines were developed using fetal tissue.
- COVID-19 vaccines cause infertility or miscarriage.
- More people will die from COVID-19 vaccine side effects than from the virus itself.
- When a person receives the COVID-19 vaccine, they will test positive for COVID-19.
- If one is allergic to eggs, one should not get the COVID-19 vaccine.
- If vaccinated, one no longer needs to wear a mask.

Examples of COVID-19 Disinformation

- The COVID-19 virus was biologically engineered in a Chinese laboratory. This has been extensively researched and not confirmed.
- Mask wearing causes COVID-19.
- A conspiracy theory based YouTube video titled *Plandemic* released in May, 2020 features a lengthy interview with virologist Judy Mikovitz who asserted coverups by medical authorities including Dr. Anthony Fauci. All human life was asserted to be in danger. I understand that the video has been removed from YouTube, deemed containing significant disinformation. Some of the very numerous of allegations in the video:
 - Masks activate the coronavirus
 - The virus is more infectious for mask wearers
 - Thousands of pages of data indicate hydroxychloroquine is effective against COVID-19
 - The pandemic was organized, planned, and engineered by Big Pharma
 - Vaccines will be held back until "everyone is infected"

Some think the stacks of false or unsubstantiated and unsubstantiatable claims/ disinformation were meant to sell the accompanying released book.

- The Chinese Communist Party *Global Times* website in May, 2020 reported that the COVID-19 outbreak began in a Virginia nursing home

linked to a U.S. Army bioresearch lab in Maryland. No link between the entities or other substantiation is known.

- The Russian news outlet *News Front* raised the question of the U.S. developing biological weapons, COVID-19 being an example. This reportedly was embedded in a conspiracy theory. The Lugar Lab in Georgia was identified as the source. There is no reported evidence that lab has ever been involved in COVID-19 work nor reportedly been involved with biological weapons.
- In July, 2020 the Brazil Minister of Health stated that COVID-19 cannot be transmitted if one has no symptoms. This has been scientifically demonstrated to be false (and dangerous).
- Iran has made claims of a Coronavirus Detector. Investigators of this claim indicated that the detector seemed very similar to a dowsing rod, an ancient apparatus used to find underground water, which apparatus historically has long been demonstrated to have no validity and no scientific basis.
- In August, 2020, a medical practitioner in Iran claimed eating salt was superior in preventing COVID-19 to wearing a mask. No actual data is known to substantiate this claim.

Stopping Misinformation and Disinformation Spread

1. UNESCO (United Nations Educational, Scientific, and Cultural Organization) highlights that disinformation thrives in the absence of verifiable, trustworthy information. Misinformation exploits the need for people to make sense of complex issues such as COVID-19 and its results.

- UNESCO offers technical assistance to Member States to develop regulatory policies and frameworks regarding misinformation and disinformation. They have multiple recommendations to governments involving transparency of COVID-19 related information and connectivity to appropriate information distribution sources. They have recommendations for internet companies, including social media companies, regarding transparency and the boosting of credible COVID-19 news content. They give suggestions for debunking misinformation and disinformation, and they encourage increased accountability.

2. The March, 2021 (Vol. 52 No. 2) issue of the *APA Monitor* discussed the pervasiveness of misinformation regarding COVID-19. The article points out that the fundamental problem with misinformation is that people tend to believe it and act on it, even after it has been corrected. Correcting misinformation is difficult.

- The *Monitor* article cites numerous research findings on the topic. Some of the findings include that there are individual differences in susceptibility to misinformation. Individuals who utilize an intuitive reasoning style are more susceptible to misinformation than those who rely primarily on analytical reasoning. Younger people, regardless of political affiliation, are more likely to believe COVID-19 misinformation than older people. Other research indicated that a substantial minority of people in the U.S., Europe, and Mexico believed misinformation about COVID-19.
- The article cites the effectiveness of debunking incorrect information after it has spread, but indicates the superiority of inoculating people against misinformation before they are exposed, specifically “pre-bunking.”

Misinformation and disinformation have long existed – and will continue to exist. The focus is effective societal response, management, and limitation of the damage. With COVID-19, the stakes can involve life and death.

(To comment on this article, email [Jack P. Haynes, PhD](mailto:Jack.P.Haynes@Wayne.edu))

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Can Kids Benefit from Mindfulness Training?

Jim Windell

After reading a blog that Hillary Marusak, Ph.D., an Assistant Professor in the Department of Psychiatry and Behavioral Neurosciences at Wayne State University School of Medicine, wrote in *The Conversation* in January, 2021, I contacted her to ask more questions about mindfulness and meditation with children and teens.

Over the past several years, Dr. Marusak, a [developmental neuroscientist](#), has been interested in studying how mindfulness affects the brain in children and teens. She says that because the brain is still developing mindfulness and meditation “may strengthen brain circuits that control the ability to focus and concentrate and to regulate emotions, which are maturing during this time.” She also adds that “Establishing these habits early in life may also set the stage for good habits later in life.”

Dr. Marusak and her research team wanted to better understand mindfulness in kids. To learn more, they conducted [a study](#) to examine how mindfulness relates to brain connectivity in children and adolescents by scanning the brains of 42 seven- to 17-year-olds using functional magnetic resonance imaging. They also measured the children and teen’s degree of “trait mindfulness,” which measures how naturally mindful they are.

They found that more mindful children are better able to act with awareness and to observe and accept their internal experiences without judging them. Furthermore, they found that more mindful youth reported lower anxiety levels, and that their brains more frequently transitioned between different connectivity states throughout the scan. Dr. Marusak suggests this means that the more mindful children in the study were more able to flexibly shift in and out of different brain states throughout the course of the scan. Also, the more flexible their brains were, the less anxiety they reported. These brain states were associated with different patterns of connectivity between brain networks involved in mind wandering, attention and emotion processing.

In an email exchange with Dr. Marusak, I learned more about the studies she and her colleagues have been doing with young people.

“We have recently completed several studies in partnership with the nonprofit organization, Kids Kicking Cancer,” she told me in an email.

[Kids Kicking Cancer](#) is an organization initially developed to provide martial arts-based therapy to children and teens with cancer as well as other chronic health conditions and to their siblings. The Kids Kicking Cancer programming centers around mindfulness and meditation strategies, and combines these strategies with breathing techniques and physical movement, which have also shown to have benefits.

Dr. Marusak indicated that she really likes the martial arts-based approach

because it “gives children a sense of purpose.” She noted that the children in the program are empowered to teach others and to gain purpose in their lives by “breathing in the light and blowing out the darkness.” She said that many children—not just children with chronic health conditions—often feel like they have little control over their lives. “This program gives them the tools that they can use in any situation to take control over their emotions, and to see themselves as a powerful martial artist rather than a victim of their disease,” she told me.

She and her team have partnered with Kids Kicking Cancer on several research studies. “In our first study, we found that kids with cancer, other chronic health conditions, and their siblings reported a significant reduction in pain and emotional following a single one-hour class. Fifty percent of children reported reduced pain, and 89% reported reduced distress,” she says.

Dr. Marusak’s colleague, Dr. Martin Bluth, always frequently said that if you have a drug that works at this rate then you have a hit. “These are dramatic reductions in pain and emotional distress after one class,” she said. “And they don’t involve a drug – they are simple breathing and meditation strategies that kids can do anywhere.

She also talked about another study in which they looked at brain functioning while children with cancer were actively meditating in the fMRI scanner. All children in this study had completed four Kids Kicking Cancer classes and, therefore, had four hours of formal meditation training. “While they were in the scanner, we asked them to watch negative distressing videos, like a child receiving an injection, and pretend that they were the child in the video,” Dr. Marusak said describing their study. “Then we asked them to watch the videos while using mindfulness-based meditation techniques, such as focusing their attention to their breath, or other non-mindfulness techniques, like distraction (e.g., counting backwards from 10). We found that meditation techniques were better able to reduce activity in the brain’s default mode network (DMN), a set of brain regions involved in mind wandering and depressive rumination.”

This study, she says, suggests that mindfulness and meditation techniques may be an effective form of emotion regulation for children, and may help to modulate activity in the brain’s DMN.

A recent study, from the past school year (2019-2020), they tested whether a school-based martial arts program could reduce stress and anxiety in at-risk elementary school children. According to Dr. Marusak, “This study was disrupted by COVID-19-related school shutdowns in March, 2020, but allowed us a unique opportunity to test whether this program can help children cope with stress associated with the COVID-19 pandemic.”

The results indicate that children who participated in the program (as compared to a control school) reported increased mindfulness and lower stress over the course of the school year. “Most interesting to us,” she said, “was that 77% of children who participated were still using the program’s techniques, like breathing and meditation exercises, up to five months after school shutdowns, and those who used the techniques reported lower anxiety, depression, and COVID-19-related fears.”

Again, this finding suggests to Dr. Marusak that school-based martial arts programs may be effective for improving student well-being and overall school climate, and may help to reduce the widening achievement gap, particularly among children from disadvantaged backgrounds.

A final study she told about was in partnership with her colleague, addiction

researcher Dr. Mark Greenwald. “We found that a virtual reality martial arts-based intervention can reduce pain, anxiety, and drug craving in adults with opioid use disorder,” she said. “The intervention was also able to modulate the Pain Matrix in the brain, a set of brain regions involved in the perception of pain and how pain can feel unpleasant. This is important because a large portion of adults addicted to opioids experience chronic pain, stress, and anxiety, which can exacerbate addiction.”

I asked her if her research has practical application with kids who have ADHD and are highly distractible?

Her response was “Absolutely!” She went on to say that there is evidence that mindfulness can improve self-control, attention, and academic performance, and for treating ADHD. “Overall, mindfulness and meditation techniques seem to improve brain circuits involved in self-regulation, including emotion regulation, and the ability to focus and pay attention,” she said. “You can see how improvements in these different domains would be helpful for a wide variety of things – like behavioral problems, attentional problems, and emotional problems (e.g., stress, anxiety), and for improving academic performance.”

I also wanted to know how parents can get started teaching their kids to do mindfulness exercises.

She said that there are a lot of relatively simple mindfulness exercises that parents and kids can try at home. “I suggest that parents follow along with kids, which allows you to be a good model of a mindful adult. Parents can also reap some of the benefits – including lower stress and anxiety, and greater attentional control.”

Some of the guided meditations for children are available online and that there are mindfulness apps for children. See the end of this article for where to find exercises and tips.

Dr. Marusak pointed out that parents don’t even need to sit down and make it a formal practice. “Mindfulness can be integrated into your daily routine,” she said. For instance, she explained, parents can integrate mindful eating into snack time every day by taking time to slow down to describe the smell, taste, and texture of the food. “You can also ask your child for a ‘weather report’ during the day,” she said. “This gives them an opportunity to describe what emotions they are feeling currently. For example, they could say, ‘I’m sunny’ or ‘I’m dark and cloudy with some raindrop tears coming out.’”

She emphasizes that she would suggest that parents should try different strategies to see what works best for their child. “But it’s important that you try to find something that they find fun and enjoyable.” However, some kids like pairing mindfulness with physical movement. “For kids who seem to be driven by a motor, something like martial arts or yoga that integrates movement may be compelling.”

[Hilary A. Marusak](#), Ph.D., is Assistant Professor of Psychiatry and Behavioral Neurosciences, Wayne State University School of Medicine. She received her Ph.D. in Translational Neuroscience from WSU and completed a postdoctoral fellowship in Dr. Christine Rabinak's Translational Neuropsychopharmacology lab in the WSU Department of Pharmacy Practice.

Dr. Marusak directs the WSU THINK Lab, which focuses on pediatric anxiety, understanding the impact of childhood trauma/adversity on neural development, and using that knowledge to improve interventions that can enhance mental

health in pediatric populations. Her predoctoral training was in pediatric neuroimaging, childhood adversity/trauma, and developmental neuroscience, and her postdoctoral training was focused on the neurobiology of fear, the endocannabinoid system, and anxiety disorders/posttraumatic stress disorder (PTSD).

Here is a [link](#) to one of her studies.

To learn more about exercises for parents and children, see these websites:

1. Parents with [Confidence](#)
2. Annaka Harris also has some wonderful, guided meditations for children, such as Mindful Breathing and Nighttime [Meditations](#)
3. [Apps](#) for kids

(To comment on this article, contact [James Windell, MA](#))

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Notes of a Psychology Watcher

Steven J. Ceresnie, Ph.D.

Random Thoughts and Observations:

Stories for the Newly Old Folks.

Identity Crisis

Two women, old friends who hadn't seen each other in ages, happened to meet on the street. After chatting for a while, one of them said, "This is embarrassing, and I hope you won't think I'm rude, but my memory is spotty these days. I know a hundred things about you, but for some reason I'm blanking on your name."

Her friend paused in thought for a long moment and said, "How soon do you need to know?"

Appeals Court

I was married by a judge. I should have asked for a jury.

-- Groucho Marx

On Psychologists

One behaviorist to another after love making:

"Darling, that was wonderful for you. How was it for me?"

What does a narcissist say when he meets a friend?

"Hello, how am I?"

A psychoanalyst wanted to create a climate of comfort and safety for his new clients.

For example, when he saw a car mechanic, he had him slide under the couch on a creeper.

A man goes to a psychologist for his first appointment.

The man says he is coming to therapy to "find himself."

The psychologist says he charges \$250.00 for the first session.

The man starts to leave and says he will find himself somewhere else.

Book Review: *Chatter. The Voice in Our Head, Why It Matters, and How to Harness It*

Kross, Ethan. *Chatter. The Voice in Our Head, Why It Matters, and How to Harness It*. New York: Crown, 2021.

Ethan Kross is an experimental psychologist and neuroscientist who specializes in emotion regulation. He is Professor of Psychology and Management at the University of Michigan and Director of the Emotion and Self Control Laboratory, where he studies the science of the silent conversations or how we talk to ourselves.

His book is divided into seven chapters and an appendix outlining the specific tools discussed in the book to reduce anxiety and offer hope:

Chapter One: Why We Talk to Ourselves

Chapter Two: When Talking to Ourselves Backfires

Chapter Three: Zooming Out

Chapter Four: When I Became You

Chapter Five: The Power and Peril of Other People

Chapter Six: Outside In

Chapter Seven: Mind Magic

The Tools

Much of the talk we say to ourselves is helpful. We plan for an interview; we think about what we want to say in a presentation; we rehearse our conversation with our mother-in-law before Thanksgiving Day dinner; we talk to ourselves about how to apologize to our spouse for our rude behavior and irritability.

Dr. Kross, and other neuroscientists, have discovered that we are the authors of our life stories; our brain secretes interpretations of the world to help us create a coherent, sensible, explanation for events and our experiences.

Dr. Kross estimates we spend about one-third to one-half of our waking hours talking to ourselves. He says people can think to themselves at a rate that is equal to speaking 4,000 words per-minute out loud.

Sometimes what we say to ourselves backfires. We may catastrophize problems; ruminate through redundant loops of irrational thinking; bombard ourselves with negative thoughts, sabotage our ability to think clearly, and gain access to reams of negative self-talk – called chatter.

This chatter can negatively affect our relationships, our work, and our physical health.

Effective psychological therapy helps us to **acknowledge** our feelings and experiences, helps us **bear** our feelings and experiences without distorting reality, and helps us put our feelings and experiences into **perspective**.

Through peer reviewed research, Kross and his colleagues from all over the world, have identified methods or tools to expand our abilities to acknowledge, bear, and put into perspective our negative self-talk.

These are times that test our mental health. If you are not anxious now, there is “something wrong with you”: the uncertainties of the pandemic – sickness, death, loss; isolation from family and friends; the closing of schools requiring remote learning, a process new to teachers and students, often interfering with a parents’ ability to earn a living and children getting a proper education this year. Economic uncertainty: Will I be able to find another job? Will my business survive? When will I get the vaccine against the Coronavirus? Political polarization. I’m not used to staying home with my spouse and children for twenty-four hours a day. I thought marital relationships are for better or worse, but not for lunch. These are only a few of the burdens and stresses preoccupying millions of citizens.

My lawyer colleagues tell me divorce filings for divorce have increased. Child Protective Services workers report an increase in domestic violence. Psychological disturbances such as depression, anxiety disorders, panic attacks, as well as suicide attempts, threats, and gestures have increased.

Dr. Kross offers an array of techniques aimed at reducing stress and anxiety, and to help the reader put these challenges into perspective. Not all of these tools work for everybody, but Kross anticipates that most people are likely to find some methods that work for them.

Someone said that life is like climbing one mountain after another – the lifetime challenge is to enjoy mountain climbing.

An underlying thesis of Kross’ creative, eloquent work is to change your thinking and stabilize your emotions – promote more rational thinking, self-control, and self-confidence to reduce emotional distress and find ways to enjoy mountain climbing.

Kross reports that when he was a boy, whenever he faced a problem, his father would tell him, “to go inside” to introspect, and a solution will occur to him. This fatherly advice helped him a lot over the years. Yet, when Kross took his first

psychology class, to his chagrin, he learned of the complexities of introspection. He wanted to know how to study the benefits of introspection and self-talk.

In his book, Professor Kross takes us on a tour of tools generated from his lab and colleagues that illuminate research-based methods to use introspection. These tools, such as *distance self-talk*, coach us through problems – talking to ourselves using our own name (not out loud), rather than the pronoun “I” to work through predicaments. Kross has found examples of highly successful people – athletes, activists, and others who spontaneously and effectively use of this seemingly simple technique.

Another tool is called *temporal distancing* or mental time travel. This means taking our minds into the future, telling ourselves that this pandemic will end, we will see our friends and family, we will get back to a more normal life.

Kross describes other tools that many of us use that at first we would associate with reducing anxiety: cleaning our desk, organizing our clothes in the closet, cleaning the pots and pans. He points out that controlling your outside environment helps you take charge of the internal chatter. Another tool that may reduce the backfiring chatter in your mind is the experience of awe – we look up at the stars in the sky and realize we are one of billions of planets – maybe your problems are not so overwhelming after all.

Research studies in Professor Kross’ lab tells us we benefit from emotional support when we share our internal chatter with understanding family or friends. But talking about our feelings may bring us closer to the listening friend, but unless we learn ways to broaden our perspective, to reframe our experiences, this venting of chatter may not help.

No matter how good we get at using the creative, research-based tools in this book, coping with inevitable predicaments, moral dilemmas, atrocities, tragedies, fear, rejection, betrayal and more, maintaining mental stability is an ongoing challenge and process through life.

Is it fair? No. Is it reality? Yes.

Should your mental maladies interfere with your daily life, these psychological tools are some of the building blocks of effective psychotherapy which may help reduce this negative chatter. A person can begin to acknowledge and understand the sources of their emotional distress, enhance their coping strategies, and recognize the breadth of their strengths. With increased knowledge and emotional learning, a person not only puts their life into a more coherent perspective, but they also learn to face life-predicaments with acceptance, flexibility, courage, tolerance, and the ability to take responsibility for actions. Their self-talk will reflect these changes.

Psychotherapy and reducing your chatter will not enable a life of contentment. Contentment is for cows. Getting control of your negative chatter may help you start to enjoy mountain climbing.

In my experience, most psychological self-help books fit under the category of fiction. Dr. Ethan Kross’ book “Chatter” is that rare research-based psychology book that gets filed under nonfiction. Do yourself a favor and read this book. Your mind will thank you.

(To comment on this article, email [Steven J. Ceresnie, PhD](mailto:Steven.J.Ceresnie@PhD))

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Therapeutic Handouts

Mary Seyuin, M.A., LLP

Therapeutic handouts that I have written and used with my clients are provided in *The Michigan Psychologist* for therapists to reproduce and use with their own clients.

ACCEPTANCE

Panic causes tunnel vision. Calm acceptance of danger allows us to more easily assess the situation and see the options.

- Simon Sinek

The philosophy of waiting is sustained by all the oracles of the universe.

- Ralph Waldo Emerson

It is amazing how pervasive worry, wrenching of hands, and riling against what is or what might be is part of our human condition. How much better off we'd be if we took on more calm acceptance, and fully realized things happen in their own time. The only way to get through is to walk through our experiences, whatever they may be, instead of worrying, wrenching, and pacing while pointing out the catastrophic "what ifs."

When we can say "This is the reality, the fact, it is what is going on right now at this moment" is better than being upset, angry, worried out of our minds. Yes, I've tried the latter along with many others. It just doesn't work.

What does work is when I change my mind to lift me out of great anxiety by choosing to breathe, choosing to say self-comforting thoughts like: "Worry will not help me or the situation. Worry will rob me of the moments I can enjoy while I wait and see what is going to occur, like waiting for medical test results or any of a number of things to which worry may attach. With acceptance comes your increased ability to wait. Give time a chance to make a difference when you are faced with something that is out of your control.

I choose to think of things that are pleasant, go do something I like doing, let go of my need to control outcomes when the outcome is not mine to control. The last one is a big one I've worked on for a long time with great benefit.

When I truly let go of outcomes, without trying, I release my fears. Then I feel peaceful, grateful and achieve a particular sense of strength which occurs when I stay in the eye of the storm where it is still and safe.

(To comment on this column, contact [Mary Seyuin, MA](#))

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Valerie L. Shebroe, Ph.D.

I have been practicing telehealth from my home office for almost a year now and have been jotting down tips for clients to help them get the most use out of telehealth. Here is a carefully curated list of my top tips based on my experiences:

10. Wear clothes! This means tops as well as bottoms.
9. Your appointment is not a Happy Hour; don't drink alcohol or use other mind-altering substances.
8. Please go to the bathroom before your appointment.
7. If you must eat, please chew with your mouth closed.
6. Watch the placement of your camera: no hairy nose or ear shots!
5. Introduction of pets are welcome.
4. Try not to stress if your naked toddler runs into the appointment.
3. On the other hand, make sure all adults in your household know that you are in a private appointment and if they must enter the room they should be wearing clothes.
2. No driving and looking at yourself and/or me!
1. Be set up and ready to roll in a private space for your appointment at your scheduled time. Please do not take me on a hike through your living space as I get motion sickness and will not be optimally effective.

And here is a bonus tip: Do not introduce me to family members or others in your household without their permission in advance and make sure that they are wearing clothes (pajamas or a towel don't qualify as clothes; see Number 10 above for further clarification).

Bonus tip #2: Grind your coffee beans in advance of your appointment.

And lastly, turn off all notifications, sounds, tech distractions, etc. Give yourself the full attention you deserve!

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