# Final Version of ACHP 2016 Schedule

## Keynote Speeches

<table>
<thead>
<tr>
<th>Keynote</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keynote 1</td>
<td>Mental Health Promotion “Act-Belong-Commit: Lifestyle Medicine for Keeping Mentally Healthy”</td>
</tr>
<tr>
<td>Keynote 2</td>
<td>Health Intervention “How and for Whom? Integrating Theory, Research, and Practice in Developing Effective Health Psychology Interventions”</td>
</tr>
<tr>
<td>Keynote 3</td>
<td>Culture Inclusive Application of Health Psychology - Asian Perspectives</td>
</tr>
<tr>
<td>Keynote 4</td>
<td>Cross-Cultural Health Psychological Perspective of Eating Behaviors: Developing Cross-cultural Dietary Education for Sojourners</td>
</tr>
<tr>
<td>Keynote 5</td>
<td>The Epidemiology, Pathophysiology, and Management of Psychosocial Risk Factors in Cardiac Practice: The Emerging Field of Behavioral Cardiology</td>
</tr>
<tr>
<td>Keynote 6</td>
<td>Collectivistic Independence: Just an Oxymoron or the New Reality for Flourishing in East Asia?</td>
</tr>
</tbody>
</table>

## Symposia

<table>
<thead>
<tr>
<th>Symposia</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Symposium</td>
<td>The Next Move for Health Psychology: What Theory Can Drive Our Power into Practice?</td>
</tr>
<tr>
<td>Symposium 1</td>
<td>Health Condition of Older Adults in Asia: Current Status and Challenges of China, Korea, and Japan</td>
</tr>
<tr>
<td>Symposium 2</td>
<td>Positive Psychology Intervention and Public Health</td>
</tr>
<tr>
<td>Symposium 3</td>
<td>Diversity Development and Prospects of Health Psychology in Taiwan</td>
</tr>
<tr>
<td>Symposium 4</td>
<td>Health Behavior Change Approach in Asia</td>
</tr>
<tr>
<td>Symposium 5</td>
<td>Theory and Practice of Health Psychology in Korea</td>
</tr>
<tr>
<td>Symposium 6</td>
<td>Natural Disaster and Health Psychology</td>
</tr>
<tr>
<td>Symposium 7</td>
<td>Problems on Addiction in Asia</td>
</tr>
<tr>
<td>Symposium 8</td>
<td>Health and Well-Being</td>
</tr>
<tr>
<td>Symposium 9</td>
<td>A Diverse Set of Lenses on the Study of Health Psychology in Asia</td>
</tr>
<tr>
<td>General Symposium</td>
<td>Connection among People Nurture a Child’s Development and Growth: The Relation between Child Development and Social Capital</td>
</tr>
<tr>
<td>Oral Presentation</td>
<td>The Forefront of Health Psychology</td>
</tr>
</tbody>
</table>

## Congress Theme:

**Health Research & Practice from Asia**
### Workshops

| Workshop 1:                      | Top 5 Mistakes that Japanese Academic Authors Tend to Make while Writing a Research Paper | 23 |
| Workshop 2:                      | Lifestyle Medicine: Psychological Perspective in Practice | 23 |
| Workshop 3:                      | Adapting and Adopting the “Act·Belong·Commit” Mental Health Promotion Campaign in Asia | 24 |
| Workshop 4:                      | Developing and Testing Psychological Interventions for Adults Diagnosed with Cancer | 24 |

### Poster Presentations

| A: Disease & Patients | 25 |
| B: Elderly Healthcare | 25 |
| C: Youth Healthcare | 26 |
| D: Women’s Healthcare | 27 |
| E: Addiction / Dependence | 27 |
| F: Psychotherapies & Intervention | 28 |
| G: Maltreatment | 28 |
| H: Developmental Disorders & Learning Disabilities | 29 |
| I: Health Education & Educational Programs | 29 |
| J: Stress & Mental Health | 29 |
| K: Identity & Personality | 30 |
| L: Methods | 30 |
| M: Sports | 30 |
| N: Eating Behavior | 31 |
| O: Disaster | 31 |
| P: Suicide & Suicidal Behavior | 31 |
| Q: Music for Health | 31 |
| R: Health in the Workplace | 31 |
| S: Culture | 32 |
| T: Well-Being & Satisfaction | 32 |
| U: Emotion | 32 |

### Social Activities

| Social Activities | 33 |
### Schedule at a Glance

#### DAY1 (23, July, 2016)

<table>
<thead>
<tr>
<th>Time</th>
<th>RM</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00-10:20</td>
<td>501</td>
<td>Opening Ceremony</td>
</tr>
<tr>
<td>10:25-11:10</td>
<td>501</td>
<td>KN1: Donovan</td>
</tr>
<tr>
<td>11:15-12:10</td>
<td>501</td>
<td>KN2: Stanton</td>
</tr>
<tr>
<td>13:20-14:50</td>
<td>502</td>
<td>SY1: Health Condition of Older Adults in Asia: Current Status and Challenges of China, Korea, and Japan</td>
</tr>
<tr>
<td>15:00-15:40</td>
<td>503</td>
<td>SS : The Next Move for Health Psychology: What Theory can Drive our Power into Practice? (Part I)</td>
</tr>
<tr>
<td>15:45-17:20</td>
<td>503</td>
<td>SS: (Part II)</td>
</tr>
<tr>
<td>17:30-19:00</td>
<td>503</td>
<td>SY4: Health Behavior Change Approach in Asia</td>
</tr>
<tr>
<td>19:00-20:30</td>
<td>503</td>
<td>(Poster)</td>
</tr>
<tr>
<td>10:30-12:20</td>
<td>503</td>
<td>Poster Presentation</td>
</tr>
<tr>
<td>12:20-13:15</td>
<td>503</td>
<td>(Poster)</td>
</tr>
<tr>
<td>13:15-16:00</td>
<td>503</td>
<td>(Poster &amp; Preparation for Reception)</td>
</tr>
<tr>
<td>16:00-19:00</td>
<td>503</td>
<td>Reception</td>
</tr>
<tr>
<td>15:50-17:20</td>
<td>501</td>
<td>WS1: Editage</td>
</tr>
<tr>
<td>17:30-19:00</td>
<td>501</td>
<td>WS2: Dacey</td>
</tr>
<tr>
<td>10:00-14:35</td>
<td>502</td>
<td>Tea Ceremony</td>
</tr>
<tr>
<td>10:00-11:35</td>
<td>503</td>
<td>Exhibition</td>
</tr>
<tr>
<td>10:00-14:35</td>
<td>503</td>
<td>Exhibition</td>
</tr>
<tr>
<td>10:00-19:00</td>
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<td>Congress Office</td>
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<tr>
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<td>Congress Office</td>
</tr>
</tbody>
</table>

#### DAY2 (24, July, 2016)

<table>
<thead>
<tr>
<th>Time</th>
<th>RM</th>
<th>Session</th>
</tr>
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<tbody>
<tr>
<td>9:00-9:45</td>
<td>501</td>
<td>KN4: Tanaka</td>
</tr>
<tr>
<td>10:00-10:45</td>
<td>501</td>
<td>KN5: Weng</td>
</tr>
<tr>
<td>11:00-11:45</td>
<td>501</td>
<td>KN6: Choi</td>
</tr>
<tr>
<td>13:05-14:35</td>
<td>501</td>
<td>SY9: A Diverse Set of Lenses on the Study of Health Psychology in Asia</td>
</tr>
<tr>
<td>13:00-14:35</td>
<td>502</td>
<td>SY7: Problems on Addiction in Asia</td>
</tr>
<tr>
<td>14:35-15:15</td>
<td>502</td>
<td>SY8: Health and Well-Being</td>
</tr>
<tr>
<td>15:15-17:05</td>
<td>502</td>
<td>SY6: Natural Disaster and Health Psychology</td>
</tr>
<tr>
<td>9:00-10:35</td>
<td>503</td>
<td>GS: Connection among People Nurture a Child’s Development and Growth: The Relation between Child Development and Social Capital</td>
</tr>
<tr>
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</tr>
<tr>
<td>10:00-14:35</td>
<td>501</td>
<td>Tea Ceremony</td>
</tr>
<tr>
<td>10:00-11:35</td>
<td>503</td>
<td>Exhibition</td>
</tr>
<tr>
<td>10:00-14:35</td>
<td>503</td>
<td>Exhibition</td>
</tr>
<tr>
<td>10:00-19:00</td>
<td>503</td>
<td>Congress Office</td>
</tr>
<tr>
<td>10:00-19:00</td>
<td>503</td>
<td>Congress Office</td>
</tr>
</tbody>
</table>
Keynote Speeches

Keynote 1: Mental Health Promotion “Act-Belong-Commit: Lifestyle Medicine for Keeping Mentally Healthy”

Lecturer: Robert Donovan (University of Western Australia, Australia)
Chair: Kaori Araki (Sonoda Women’s University, Japan)

Abstract: “Act-Belong-Commit” is the world’s first comprehensive, evidence-based, population-wide mental health promotion campaign. The campaign makes extensive use of ‘social franchising’ via local governments, government organisations and NGOs, local community organisations, schools and worksites, and is supported by downloadable resources for individuals and professionals, and mass and targeted media activities, including paid advertising and sponsorship.

Keynote 2: Health Intervention “How and for Whom? Integrating Theory, Research, and Practice in Developing Effective Health Psychology Interventions”

Lecturer: Annette L. Stanton (University of California, Los Angeles, USA)
Chair: Satoko Kimpara (Miyazaki International College, Japan)

Abstract: Chronic diseases, such as cancer and cardiovascular disease, account for the majority of deaths worldwide. These prolonged diseases and associated medical treatments can disrupt the lives of individuals and those around them in profound ways. In response, researchers have conducted hundreds of longitudinal studies to illuminate factors that promote or detract from psychological and physical adjustment in individuals living with a diagnosis of chronic disease. Furthermore, a wealth of randomized, controlled trials and associated meta-analyses demonstrate the overall efficacy of psychosocial interventions for improving the lives of adults experiencing chronic disease. However, there is too little cross-talk among theorists, researchers who conduct observational investigations, and clinical trialists. How can health psychology approaches be honed to make them more efficient and effective? Founded in the relevant literatures, including Dr. Stanton’s research, the primary goals of this presentation are to: (1) promote consideration of how theories and investigations of risk and protective factors for adjustment to chronic disease and randomized, controlled intervention trials can reciprocally inform each other; (2) highlight promising, evidence-based mechanisms for the efficacy of recent randomized, controlled trials; and (3) pose recommendations for directions in theory, research, and practice.
Keynote 3: **Culture Inclusive Application of Health Psychology - Asian Perspectives**

**Lecturer:** **Buxin Han** (Chinese Academy of Sciences, China)

**Chair:** **Akira Tsuda** (Kurume University, Japan)

**Abstract:** Moral facet has been included in WHO definition on health, in addition to biological, psychological, and social components since 1989. However, spiritual component in human health has been ignored in either health practice and/or research. Religious belief has been proved to improve mental health by empirical studies. Asian culture has spiritual tradition of health promotion practice in daily life. Taichi chuan, meditation, and calligraphy, among many others, are three typical practices beloved and exercised by many Asian people. It has been a common scene from elderly playing in Street Park everyday to monk meditating all the time in a small temple cell located in desolate region. Studies on the health promotion effect of these three were reviewed in relation to the integration of physical, mental, and spiritual health, after a brief introduction on the key concepts (e.g., Yin and Yang, harmony, meridian, five elements theory, and unity of heaven and man) and the philosophy behind.

Keynote 4: **Cross-Cultural Health Psychological Perspective of Eating Behaviors: Developing Cross-cultural Dietary Education for Sojourners**

**Lecturer:** **Tomoko Tanaka** (Okayama University, Japan)

**Chair:** **Koji Tanaka** (Hiroshima Bunka Gakuen University, Japan)

**Abstract:** With the increasing fluidity of cross-cultural contact accompanying the recent progress of internationalization, the ability to maintain health after relocation to a different cultural context is now recognized as a significant skill. However, the eating habits of long-term visitors to foreign cultures are susceptible to considerable confusion in some developed countries. Although Japanese food has a global reputation as a healthy national cuisine, its impact on international students living in Japan is unclear. Where food cultures differ, eating habits serve not only as a means of nourishment but also as a potential means of affirming and maintaining one’s native cultural identity as well as a frame for cross-cultural exchange. I attempt to consider cross-cultural dietary education as one mode of cross-cultural health psychology-based health education.
Keynote 5: The Epidemiology, Pathophysiology, and Management of Psychosocial Risk Factors in Cardiac Practice: The Emerging Field of Behavioral Cardiology.

Lecturer: Chia-Ying Weng (National Chung-Cheng University, Taiwan)

Chair: Yoshiyuki Tanaka (Kyoto Tachibana University, Japan)

Abstract: Cardiovascular disease has always been the leading cause of death in Taiwan, and its impact on health and health care costs is extremely large. Traditional physiological risk factors only partially explain the occurrence of cardiovascular disease and its prognosis, and psychosocial risk factors have recently received more attention. Empirical studies have shown that hostility, depression, anxiety, and type D personality have an impact on cardiovascular mortality. These psychosocial risk factors can directly affect the pathology of the cardiovascular system through the autonomic nervous system, blood pressure, blood sugar, blood lipids, and immune and endothelial functions. Additionally, these psychosocial risk factors have an indirect effect through unhealthy habits, such as smoking and drinking. The American Heart Association and the American Association of Cardiovascular and Pulmonary Rehabilitation have included psychosocial rehabilitation as a core element of cardiac rehabilitation. Modification of these psychosocial factors not only reduces psychological and emotional distress and improves healthy behaviors, but also improves endothelial and autonomic nervous system functions. The psychosocial aspects of the multi-faceted and multi-disciplinary collaboration model have been identified and gradually implemented. In this lecture, an integrated understanding of how psychosocial risk factors influence the current and future practice of cardiology will be presented.

Keynote 6: Collectivistic Independence: Just an Oxymoron or the New Reality for Flourishing in East Asia?

Lecturer: Hoon-Seok Choi (Sungkyunkwan University, Korea)

Chair: Kyoko Noguchi (Bunka Gakuen University, Japan)

Abstract: How to promote conditions for human flourishing is an unavoidable question in contemporary psychology. Reflecting the awareness that culture affects virtually every aspect of individual life, attempts have been made to illuminate the link between culture (i.e., individualism-collectivism) and individual well-being. An emerging conclusion from this research is that, in an extreme form, neither individualism nor collectivism is desirable. Building on a combinatorial model of individualism-collectivism (Choi, 2015), we propose that collectivistic values and independent self-representation jointly promote the functioning of individuals in the social world, thereby having a positive impact on their mental and physical health. We present our analyses of the World Values Survey (Wave 6, 2010-2014) that tested our predictions in clusters of individualistic vs. collectivistic countries. We also present data from an organizational survey involving Korean employees and specify the underlying psychological mechanisms of the proposed combinatorial effect.
Symposia

Guideline for Symposia Presenters
- Symposia presenters should arrive at the presentation venue the break time before the session and save your PowerPoint file to the computer provided in the venue.
- Congress computers will run on Windows with Microsoft PowerPoint installed.
- Mac users are requested to test beforehand that the slides run on the Windows version of PowerPoint.

Special Symposium: **The Next Move for Health Psychology: What Theory can Drive our Power into Practice?**

Abstract: After the rise of Health Psychology, in three decades, we have learned most theories and models of health psychology from the colleagues in Div.38, APA and EHP.S. The Congress theme, "Health Research and Practice from Asia" expresses our hope that the Asian Society of Health Psychology will develop further, and to be an Asian hub foothold in the field of Health Psychology. In this special symposium, Dr. E. Greenglass, Dr. S. Hobfoll, Dr. R. Schwarzer, and Dr. K. Takenaka will present their expertise including Stress coping, Resilience, Social support, Self-efficacy, Social marketing, then will discuss on related issues of application and practice. Can we give good examples of these?

Organizer & Chair: **Kyo-Heon Kim** (Chungnam National University, Korea) & **Kyoko Noguchi** (Bunka Gakuen University, Japan)

**Presenter:** **Stevan Hobfoll** (Rush University Medical Center, USA)
**Presenter:** **Esther Greenglass** (York University, Canada)
**Presenter:** **Ralf Schwarzer** (Freie Universitat-Berlin, Germany)
**Presenter:** **Koji Takenaka** (Waseda University, Japan)
Symposium 1: **Health Condition of Older Adults in Asia: Current Status and Challenges of China, Korea, and Japan**

Organizer & Chair: **Hisao Osada** (J. F. Oberlin University, Japan)

Presenter: **Gongxiang Chen & Jing Feng** (University of Jinan, China)

"Investigation and Analysis on the Physical Condition of the Elderly in China"

**Abstract:** As the first populations Great Power, China is particularly concerned about the problem of the development of the elderly. The following conclusions are based on the study of Chinese old people's development.

1. **Aging population in China**

   In 2012, the population of Chinese aged 65 years and older has reached 127 million and is still increased at a rate of 8 million per year. Experts estimate that Chinese aging population will reach 1/3 of the total population by 2050. The characteristics of Chinese aging is large aging population base, fast growth, obvious trend of empty nest and disability, the influence of the aging regional differences and the family structure on pension.

2. **Chinese old persons' pensions**

   Most of the elderly have their own pension because of Chinese old-age insurance system. But according to the survey, 89.2% of the respondents and their spouses regard the retirement pensions as the main source of income, while only 5.2% of the elderly rely on children. In addition, the pension exist gap in different regions. Studies have indicated that Shenzhen’s pension ranks first, Beijing is in second place and Chengdu is the lowest relative level. However, the 2010 survey also showed that it is difficult to rely solely on the retirement pension. Although China has achieved full coverage of the pension system, but only 24% of old people can only rely on the pension to live. And 40% of old people have to rely on family members’ support. Among them, only 4.6% of the rural elderly can rely on pension to live and 41.2% of the elderly in rural areas need to rely on their own labor income. Many rural elderly will lose the source of income and have to rely on their children’s support once they cannot take care of themselves. The proportion reached 47.7%. Obviously, the elderly pension situation in China is uneven. The pension income gap is large. And the pension’s ability of supporting the elderly is still very limited.

3. **Health studies of Chinese old people**

   By reviewing the literature in the field of psychological research in the past ten years, it can be divided into nine areas in the study of the elderly health, namely theoretical exploration, influencing factors, psychological characteristics, foreign system introduction, traditional filial piety research, population and areas, interventions, scale development and review of research status. In the study of physiological health, osteoporosis, memory function and cognitive impairment were main areas of research. The majority themes in mental health studies are depression, loneliness, happiness and so on. New studies have turned to health perception and death anxiety and its mechanisms from basic research. In addition, the relationship between family life and anxiety, suicide, self-efficacy and self-esteem is the focus of attention.

4. **Health industry of Chinese old men**

   Office of the National Committee on Aging in September 2014 issued the "Chinese Aging Industry Development Report (2014)". Experts predict that from 2014 to 2050, the consumption potential of China’s elderly population will grow from 4 trillion yuan to 106 trillion yuan, and the proportion of GDP will grow from 8% to 33%. The financial industry and the real estate industry about the elderly will be two growth high lights. In addition, aging industry in China has formed the situation that the financial industry about old people, the aging supplies industry, the aging service industry and the real estate industry of the elderly are integrated. And the financial industry about old people is the core sector. Obviously, China is aging rapidly and will have the world’s largest market for the
aging population, because the elderly population will provide a huge potential for consumption.

Through the investigations and researches on living state of the elderly in China, we can find out the existing problems and the potential of the future development. Caring for the quality of life will be the center of the study of geriatric psychology.

**Presenter:** **Gahyun Youn** (Chonnam National University, Korea)

"Aging Phenomenon and Health Problems in Korea"

**Abstract:** In Korea, the older population has rapidly increasing since the late 20th century with the lengthening of lifespan and decrease in birth rates. According to the Korean Statistical Information Service, the population of adults who were 65 years and older was less than 3% in 1960 but increased to over 13% in 2015. The Korean population is aging at an unprecedented rate during the past three decades. If this trend continues, over 40% of the population will be in the 65-and-over age bracket by 2060. Population aging speed in Korea will be the fastest in the world. That is, it will take Korea about 27 years to change the proportion of the population aged 65 years or over from 7% to 21%, while it took Japan 37 years and will take China 34 years.

The life expectancy for Korean people has been continuously extending. It was 61.9 years (58.7 years for men & 65.6 years women) in 1970, 71.3 years (67.3 years for men & 75.5 years for women) in 1990, 80.8 years (77.2 years for men & 84.1 years for women) in 2010, & 82.4 years (79.0 years for men & 85.5 years for women) in 2014. It is expected that the life expectancy for Korean people would be the 5th longest in the world by 2050 while that for Japanese people would be the first.

The increase in the aging population and extension of the life expectancy presents several public health challenges that we need to prepare for. One of them is that HALE (healthy or health-adjusted) life expectancy is not extending much whereas the life expectancy for Korean people has been extending. For instance, the HALE in 1998 was only 64.3 years while the life expectancy was 74.4 years. It meant that Korean older adults were not healthy for almost 10 years before they died. To make things worse, the HALE in 2014 was 67.9 years for men and 67.7 years for women when men’s life expectancy was 79.0 years and women’s one 85.5 years. The duration gap between life expectancy and HALE seems to get longer and longer, resulting in undermining quality of life and independence. And the gap was much bigger for women than for men.

In general, health care expenditures for older people increase with age primarily because mortality rates increase with age and health care expenditures increase with closeness to death. Owing to the longer duration gap, the fiscal situation of health care is getting worse and worse. The proportions of health care expenditures for the population aged 65 years and over were only 4.7% in 1985, but increased up to 12.2% in 1995, 24.3% in 2005, 31.6% in 2010, and 34.5% in 2013 which was almost 3 times more than those for the younger and middle-aged population.

A wide array of physical health problems lead to mental health problems such as depression, and contribute to cognitive impairment. Older people seek not only a longer life, but also a better quality of life. But most of the contemporary Korean older adults did not care about their health in later life since they were young. The main reason might be that both their SES and educational levels were very low when they were young. It is just as well that many of Korean older adults began to choose their lifestyles for better health. The “9988234 (or just 9988)” has been the slogan for the Korean older adults who wish both good health and longevity.

**Presenter:** **Yasuyuki Gondo** (Osaka University, Japan)

"Well-Being in the Oldest Old and Centenarian"

**Abstract:** Modern societies are facing phenomena of steady increase in life expectancy, accompanied by the rapid growth of the oldest-old population (Oeppen & Vaupel, 2002). Understanding characteristics of those
population is important to predict situation of the future super aging society and prepare for it. Centenarians have been a symbol of longevity which many lay persons are wishing to be. However, reaching 100 years' birthday is not a dream anymore but a reality now. Essential contribution of aging psychology to the aging society is findings that older people showed higher well-being regardless of multiple losses (ex. Scheibe & Carstensen, 2010). The purposes of this presentation is to introduce empirical data of well-being in the oldest old and centenarians in relation to psychological developmental theory. Date from Tokyo centenarian study, Itabashi oldest old study and recently lunched longitudinal study named SONIC (Septuagenarians, Octogenarians and Nonagenarians Investigation with Centenarians) will be introduced.

Symposium 2: Positive Psychology Intervention and Public Health

Abstract: Positive psychology was a scientific movement in psychology, which suggested much more research should be conducted on the positive aspects of emotions, traits, experiences, and institutes in psychology. This movement has broaden the focus of clinical and health psychology beyond suffering and stress to happiness and success. And recently positive psychology interventions (PPIs) have been applied to the many topics based on the various research findings of positive psychology during the past decade. Although PPIs have shown to be effective for some phenomenon, such as depression according to the recent reviews, it seems to be depend on the fitness of their cultural context. The aim of the present symposium was to present the current trends of PPI in three Asian countries, and to discuss the convergence and differences about the effectiveness of PPI in Asian culture.

Organizer & Chair: Satoshi Shimai (Kansai University of Welfare Sciences, Japan)
Presenter: Samuel M. Y. Ho (City University of Hong Kong)

“Strength-Focused Assessment and Intervention in Healthcare Settings”

Abstract: Existing instruments for measuring strengths may be too lengthy for patients with health problems. This presentation will first present three independent studies to build a 12-item Brief Strengths Scale-12 (BSS-12) to assess three strengths: Temperance Strength, Intellectual Strength, and Interpersonal Strength (Ho et al., 2016). The BSS-12 is useful to assess strengths in healthcare settings for service planning and the evaluation of intervention effectiveness. A 4-session brief strength-focused mutual support group in reducing stress and enhancing psychological well-being of the caretakers of children with cerebral palsy will be presented next (Fung et al., 2011). Caretakers of cerebral palsy children were helped to identify their own strengths as well as to identify and cultivate the strengths of their children. It was shown that participants exhibited a significantly lower level of parental stress and higher hope level post-intervention. Issues and future direction of research will be discussed.

Presenter: Shih-Ming Shih (Koo Foundation Sun Yat-Sen Cancer Center, Taiwan) & Chiu-Tuen Hsu (Dalin Tzu Chi Hospital, Taiwan)

“Mindfulness Application on Volunteers at Emergency Unit at a Buddhist Hospital: A Pilot Study on Well-Being, Sleep and Self-Compassion”

Abstract: Serving at emergency unit, volunteers have to face patients’ severe injury and urgent requests as well as families’ complaints, which might cause their distress and affect their well-being. Long term exposure in this environment might result in their burnout and compassion fatigue. Mindfulness–based interventions are applied in reducing the stress of health care professionals in Western countries but have not been used in volunteers working in medical settings in Taiwan. This study investigated the effects of 8-week mindfulness-based stress reduction course on volunteers who have served at emergency unit at a Buddhist hospital. Eighteen volunteers
(11 female, 7 male with average age of 56) were recruited and finished an 8-week training. The results indicated that mindfulness training could improve volunteers’ sleep quality, including cognitive and physical arousal before sleep, increase well-being and decrease self-critic. The issue of incorporating compassion training to this population will be discussed in this presentation.

**Presenter:** **Masahiro Kodama, Kenji Hatori** (Saitama Gakuen University, Japan), **Ikuo Ishimura** (Tokyo Seiaku University, Japan), & **Kenichi Asano** (Chiba University, Japan)

“Can Positive Psychological Interventions be Good for Clinical Subjects? Promises and Problems in the Practice”

**Abstract:** Many decades have passed since the concept of positive psychology was constructed, and many findings indicate that positive aspects of human life have an influence on the good health of mind and body. Pop positive psychological books have been mainly published in the industrial areas of Japan. However, few empirical studies have been conducted; therefore, insufficient data is available to discuss specific methods and reports or to practice positive psychological interventions in Japan. One of the major difficulties in positive psychological interventions is resistance. Therefore, we would like to present resistances to positive psychological interventions that we, the researchers, actually practiced. The first research, prepared by Dr. Ishimura and Dr. Hatori, shows the practice of human strength intervention for university students and discusses the features of resistance arising from the “fear to be happier.” The second research, by Dr. Asano and Dr. Kodama, is a presentation on the practice of compassion mind training (CMT) for patients with chronic mental illnesses. The CMT aims to reduce symptoms of these illnesses by developing compassionate minds. We intend to present clinical examples that exhibited resistance in developing compassionate minds and hope to discuss the features of positive psychological interventions with you.

**Discussant:** **Jenny Lukito Setiawan** (University of Ciputra, Indonesia)

**Symposium 3: Diversity Development and Prospects of Health Psychology in Taiwan**

**Organizer & Chair:** **Yin-Chang Wu** (National Taiwan University, Taiwan)

**Presenter:** **Yaw-Sheng Lin** (National Taiwan University, Taiwan)

“A Reflective Brief Report on the Research and Service of Psycho-Oncology in Taiwan”

**Presenter:** **Hsiu-Jung Chen** (National Taiwan Normal University, Taiwan), **Yih-Ru Cheng** (National Taiwan University Hospital, Taiwan), & **Bee-Horng Lue** (National Taiwan University College of Medicine, Taiwan)

“Health Psychology Research and Application in Family Medicine: Taiwan Experience”

**Presenter:** **I-Mei Lin** (Kaohsiung Medical University, Taiwan)

“Psychological interventions in patients with cardiovascular diseases”

**Presenter:** **Peng-Chih Wang** (Fu-Jen Catholic University, Taiwan)

“Families Dealing with Dementia: Insights from Taiwan”

**Presenter:** **Ashley W. T. Wang & Wen-Yau Hsu** (National Cheng-chi University)

**Discussant:** **Chia-Ying Weng** (National Chung-Cheng University)

**Symposium 4: Health Behavior Change Approach in Asia**

**Abstract:** The purpose of this symposium is to discuss the health behavior change intervention based on Asian culture and lifestyle. Most of behavior change theories and models have been developed in Western
cultures. Asian health psychologists have learned these and applied to the real world in each country. However, we need Asian-style behavior change intervention based on each cultural lifestyle, as well as applying such theories, models and techniques, to acquire more efficacy in addition to. In this symposium, three speakers in different Asian countries will present their behavior change topics and then discuss about the consideration of cultural and lifestyle differences with the Western discussant and audiences.

Organizer & Chair: Koji Takenaka (Waseda University, Japan)
Presenter: Ying-Hua Lee (Hsinchu Municipal Min Fu Elementary School, Taiwan)
“Behavior Change of Active-Free Play for Children”

Presenter: Hugjilt Bao (Inner Mongolia Normal University, China)
“Lifestyle and Behavior Change in Inner Mongolian Youth”

Presenter: Takashi Shimazaki (Waseda University, Japan)

Abstract: Japan is a relatively healthier country in the world. Its healthy life expectancy and life expectancy were ranked the highest in the world. However, the aging population is rapidly increasing in Japan. Establishing health awareness and healthy behavior are serious concerns in Japan. In addition, extensive effort has been dedicated to conducting basic research in the field of health psychology. In contrast, relatively less attention is paid to evidence-based practices of health promotion in the Japanese community. Reporting health promotion cases based on health psychology is one of the most significant factors required to promote practice research not only in Japan but also throughout Asia.

Our research team has undertaken a community-wide health behavior change campaign named as “Small Change Campaign” (SCC) that focuses on small lifestyle changes toward physical health through increased health awareness, physical activity, and healthy eating habits. This campaign uses multimedia health promotion materials (i.e., leaflets, posters, newsletters, websites, and other community health resources) for healthy decision making among community residents toward their overall health and well-being.

This presentation covers the following: (a) current situation on health promotion in Japan, (b) overview of SCC and theoretical background of health psychology, (c) assessment of campaign outcomes, including psychological and behavioral readiness to change, and (d) introduction to the problems encountered during health promotion practice in a community setting and opinions regarding this.

Discussant: Marie Dacey (Massachusetts College of Pharmacy and Health Sciences University, USA)

Symposium 5: Theory and Practice of Health Psychology in Korea

Organizer & Chair: Kyo-Heon Kim (Chungnam National University, Korea)
Presenter: Kyo-Heon Kim (Chungnam National University, Korea)
“Organismic Perspective on Health”

Abstract: Health can be defined in many ways and from many perspectives. Traditional Eastern thoughts, especially Buddhism has wholistic and organismic world-view. World can’t be exist without mental formation and be manifested by yeon-gi(緣起), the whole universe is a causally conditioned existence, depending and complimenting on each other. Organismic world-hypothesis is one of the Pepper (1954)’s 4 world-hypotheses, which emphasize networks and patterns. von Bertalanffy(1968) proposed the system theory as a organismic world-hypothesis. A system consists of many levels of sub-systems. Sub-systems interact with each other
intricately and manifest emergent properties of the supra-system which is a kind of order or system. Therefore, order or system comes from harmonious interactions between sub, supra, and horizontal levels of systems. Health can be defined the systemic order (Kim, 2008). Buddhistic traditional practice, such as sati (mindfulness), metta(lovings-kindness), karuna(compassion) meditation can be useful to achieve organismic/wholistic order or health. I am going to apply this perspective to explain gambling addiction case in Korea.

**Presenter: Kyum Koo Chon** (Emotion Plus Academy, Korea)

"Stress Management and Anger Management in Korea"

**Abstract:** The purpose of this presentation is twofold. First, as a theoretical background, a control theory approach to stress and anger management is provided. For example, stress is conceptualized as malfunction of any of four basic components of a control system; detector, motivator, actuator, and controller. More specifically, stress management is a function of four components such as desired state (DS) at the motivator, actual state (AS) at the detector, controllability (C) at the actuator, and selection (S) at the controller: \( SM = f [(DS \neq AS)/C \cdot S] \). In a similar but simpler fashion, anger management is a function of three components such as imperative standard (DSIS) at the motivator, AS at the detector, and S at the controller: \( AM = f [(DSIS \neq AS)] \cdot S \). Second, the practice of stress and anger management in Korea is delineated. In brief, stress management was hardly noticeable in the past; recently, however, stress management is burgeoning at every sector in Korea. With respect to anger management, it was rare and is still less needed compared to stress management in Korea. It is noteworthy however that, in part due to a long tradition of Hwabyung (i.e., anger syndrome) in Korea, anger management may be exponentially needed in the near future.

**Presenter: Sungkun Cho** (Chungnam National University, Korea)

"Current Status of Psychological Intervention for Chronic Pain in Korea"

**Abstract:** The prevalence of chronic pain has been continuing to grow due to the increase in the aging population in Korea. Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. Such subjective attributes of pain provide an important clue to psychological intervention for chronic pain. A psychological approach for chronic pain is widely used in developed countries. However, current pain management in Korea primarily involves biological approaches and psychological approaches are relatively under-recognized. Thus, the purpose of this presentation is to examine the current status of psychological interventions for chronic pain in Korea and to suggest future directions.

**Symposium 6: Natural Disaster and Health Psychology**

**Organizer:** Fumio Yamada (Kansai University of Welfare Sciences, Japan)

**Chair:** Fumio Yamada (Kansai University of Welfare Sciences, Japan) & Yoshiki Tominaga (Hyogo University of Teacher Education, Japan)

**Presenter:** Tetsuo Noda (Hyogo University of Teacher Education, Japan)

"Psychological issues in The Great Hanshin-Awaji Earthquake and the Great East Japan Earthquake"

**Abstract:** On Tuesday January 17, 1995, 5:46AM, The Great Hanshin-Awaji Earthquake that claimed the lives of 6,434 people and injured about 44,000 people, hit the western Japan city of Kobe and neighboring areas, measuring 6.8 on the moment magnitude scale. Although in those days, disaster mental health had not been interested in because Japanese had not experienced a war and such a big disaster after World War II. Japanese
came to realize that survivors were wounded not only body but also mind, post-traumatic stress disorder (PTSD) was came into the limelight. Supporters provided psychological care for victims for five years until temporary housing units were eliminated.

The Great East Japan Earthquake was a magnitude 9.0 (Mw) undersea megathrust earthquake off the coast of Japan that occurred at 14:46 on Friday 11 March 2011 and the tsunami caused the Fukushima Daiichi Nuclear Power Plant accident.

At the present time, about 19,400 deaths, 6,200 injured, and 2,600 people missing across twenty prefectures, as well as 155,000 people living away from their home in either temporary housing or due to permanent relocation are confirmed. In the areas affected by the earthquake, reconstruction is in progress and especially the reconstruction of Fukushima will take longer time compared to Miyagi and Iwate because the high level of radiation. Even now many evacuees has been left to be in state of confusion and supporters have to manage their psychological problems, example for depression, PTSD, alcoholics and so on.

Presenter: Kazuki Saito (Japanese Red Cross Akita College of Nursing, Japan)

“Psychosocial support in natural disaster by the Japanese Red Cross Society: Experiences of the Niigata Chuetsu Earthquake in 2004 and the Great East Japan Earthquake in 2011.”

Abstract: In the aftermath of the Great Hanshin-Awaji Earthquake in 1995, the Japanese Red Cross Society (JRCS) decided to implement psychosocial support (PS) in disaster situations, and started to train PS personnel. The JRCS training program is based on the Psychosocial Support Program (PSSP) 1) of the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Agency of Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings. More than 80% of the PS trainers are nurses.2) JRCS’s psychosocial support is not only for disaster survivors but also aid workers. Psychological First Aid (PFA) is the main content of the PSSP.

The Niigata Chuetsu Earthquake, which occurred at 17:56 on October 23, 2004, recorded an intensity of 7 out of 7 on the Japanese scale. It is the second time in recorded history, after the Great Hanshin-Awaji Earthquake that a recording of that intensity was observed. One of the distinguishing features of this earthquake was that magnitude 6 aftershocks were experienced one after another, and therefore survivors feared staying in their houses. Many of them stayed in their cars, and some of them died from the effects of so-called “economy class syndrome.” According to the Fire and Disaster Management Agency’s (2009) final report, 68 people were killed, 4805 people were injured, 122,684 houses were damaged to some degree by the earthquake. 3231 people were ordered to evacuate and 61,664 people were given an evacuation advisory.

JRCS dispatched PS trainers and PS nurses to support the survivors. It was JRCS’ first experience conducting psychosocial support with a PS staff from all over Japan. JRCS set up a PS center in Odiya-city. Pairs of PS staffers traveled to assigned locations and addressed the PS needs of survivors. As a first step, blood-pressure measurements were very useful because physical care is often more acceptable than psychosocial support to survivors. Asking survivors about coping with stress was effective to empower them. Psychosocially supporting neighborhood association chairmen and district leaders was very important because they were both helpers and victims. Setting up a PS center next to the medical clinic tent was effective because psychological and physical problems are two sides of the same coin. Some people came to the center to talk with us after their physical treatment.

The Great East Japan Earthquake occurred at 14:46 on March 11, 2011. It registered a magnitude of 9, and recorded an intensity of 7 out of 7 on the Japanese scale. The earthquake caused a huge tsunami caused tremendous damage to a large area in the east of Japan. According to a Fire and Disaster Management Agency
report, dated March 1, 2016, 19,428 people were killed in the disaster, 2592 people are still missing and 6220 people were injured. 121,809 houses completely collapsed, 278,496 houses were seriously damaged, and 744,190 houses were partially damaged. A lot of people were forced to live in evacuation sites, and to this day many people continue to live in temporary housing.

At the time of the Great East Japan Earthquake, we were on the way to Narita International Airport, going to New Zealand to support the families of the victims of the Christchurch Earthquake, which occurred on February 22nd, 2011. However, the airport was closed because of the earthquake, so we returned to the JRCS head office in Tokyo. We were dispatched to the Ishinomaki Red Cross Hospital on March 13th. It was the only hospital that could continue medical treatment in the Ishinomaki region, and therefore injured survivors flocked to the hospital. We set up a PS center in the hospital to make a base for PS staffers from all over Japan. The staff of the hospital were not only helpers but also survivors, the PS staffers from outside of the hospital were very helpful. Every morning and every evening meeting with the staff of the hospital, the PS staff offered some advice for maintaining their mental health. We opened a “refresh room” for the hospital staff. The room was a drawing room next to the president’s office. In the “refresh room,” the PS staff served hot tea, coffee and sweets. The hospital staff could take a footbath and received massages on a comfortable sofa. Stress checklists were put on the inside of doors in restrooms for quick reference.

In April, I was appointed as the coordinator of the PS center at Iwate prefecture’s chapter of JRCS. The PS coordinator’s work was to attend the meeting of the on-site disaster headquarters and to report back to the PS staff. As the Great East Japan Earthquake caused severe damage, JRCS needed more human resources for PS. JRCS contracted with the Japanese Society of Certified Clinical Psychologists. Many clinical psychologists from outside of JRCS worked as volunteers.

The Red Cross mark is a strong point of JRCS’ PS team. Everybody knows the mark and it can give survivors a sense of security. It is very important to give survivors a sense of safety and security first. It is also a strong point that JRCS’ PS team includes many nurses. It is very important to care for survivors physically in order to reduce their stress. PS of JRCS, as humanitarian support, will make a good relationship with the Disaster Psychiatric Assistance Team (DPAT).

1) The Psychological support program of IFRC was made in 2003 and it was revised as the Psychosocial support program (PSSP) in 2009.
2) JRCS has 92 hospitals in all over Japan.

Presenter: **Kanae Narui & Sakiko Ono** (NPO Heartful Family Care Society, Japan)

“Child-Parent Play and Parent Meeting for Evacuee Families and Local People in Fukushima”

**Abstract:** The Great East Japan Earthquake of 11 March 2011 caused the No1. Atomic Reactor accident, which forced 160 thousand people of Fukushima Prefecture to evacuate in the throes of radiation contamination. The parents struggled to protect their children, who endured stressful indoor life deprived of outdoor activities. We provided an aid program to childrearing evacuees named “Parent-Child Play and Parent Meeting” sponsored by the Foundation Japan Committee for UNICEF. The program was created by collaboration of public health nurse, clinical psychologists and daycare nursery teachers and was aimed to outreach the low-rate radiation contamination areas. It consists of three parts: a parent-child interactive play led by nursery teachers, a peer conversation time for mothers led by clinical psychologists and third, a whole assembly led by public health nurse. The past 5 years of the activity will be reviewed and reflected.

The program started in June 2011 and it is still running. Through March this year, 765 sessions had been held in 26 municipalities. 18,725 children and parents had participated in the program. Children were 0 to 3 years of
age at the time of participation. The combination of introductory interactive play, followed by a space of honest talks for mothers and assembly at the end, blended well to enhance a sense of fun and belonging which facilitated an improve parent-infant/child relationships.

As the predicaments of the evacuee families in Fukushima would linger on, our future aim would focus more on cultivating a stronger sense of initiative in the inflicted next generations.

**Presenter:** Takumi Miyamoto (Education and Research Center for Disaster Reduction, University of Hyogo, Japan)

“Toward a survivor-centered support in disaster relief volunteering: A case study from the 2016 Kumamoto earthquake”

**Abstract:** When a huge disaster occurs, it become common that a disaster relief volunteer center (DRVC) is founded in Japan. A DRVC is opened usually by local social welfare council, shakaifukushi-kyogikai, and accept individual volunteers, NGO or NPO coming from all over japan and foreign counties and coordinate them according to “needs” from survivors. Recently, however, some issues around the DRVC were raised, although the well-established ones have been contributed efficient disaster relief. Some of those issues result from too much organized system of the center.

The present study discuss the current situation of a Japanese DRVC by looking through cases from the 2016 Kumamoto earthquake. The author have conducted a fieldwork mainly in Nishihara village just after the earthquake. I assisted to found a Nishihara disaster relief volunteer center and joined in the operation. The center was worked collaboratively with some survivors like community leaders, local social welfare workers etc. The center tried to keep close relationship with survivors and communicated a lot with them and adjusted its function according to survivors' needs. The present study illustrates the cases of a survivor-centered management of Nishihara DRVC and discuss future ideal models of DRVC and better volunteering for survivor. When disaster strikes, all survivor, much or less, are psychologically wounded. Therefore, it is important that we consider better voluntary support which may has potential for survivors’ psychological stability and recovery.

Before the 1995 great Hanshin-Awaji earthquake, there had not been “officially” “pre-established” volunteer center. When the devastating earthquake stroke Kobe, more than one million volunteers spontaneously gathered and helped survivors depending on the facing situation. They supported in various ways under the circumstance that administrative function were paralyzed. After the earthquake, some people considered more effective volunteering by coordinating volunteers. When the 1998 north Kanto flood happened, DRVCs were opened first mainly by local social welfare council and it demonstrated DRVC could dispatched more volunteers to more survivors who needed help. After the flood disaster, it was getting common that a DRVC was opened mainly by a local social welfare council. Manual of volunteer center’ management was written and distributed. Some people began to train with the manual before disaster. Therefore, it became that DRVC was founded immediately after the disaster.

Some problems, however, arisen. For example, the basic function of DRVC is matching volunteer with needs from survivors. So, volunteer center cannot dispatch volunteer until they receive requests from survivors in the case where the center staff persist in the system and doesn't attempt to adjust it. It has been seen that a lot of volunteers continue to wait at the volunteer center until they receive the request, with a catch phrase “Waiting is volunteering, too”, even if there were many survivors who needs help. For some survivors, they may not be familiar with “volunteer”. Some people may not realize what volunteer is and some people may not know what and how they can ask volunteer. However, some volunteer center had a difficulty to adjust their activity to meet with these missing voices because they were likely to concentrate how to operate the current system and not to pay attention to the survivor’s state and reconsider all over the system. In this way, there have been a lot of discussion around
DRVC until Kumamoto earthquake happened. Kumamoto earthquake occurred on 14th and 16th of April. The second one happened just 27 hours after the first one and surprisingly it was bigger than first one. Over one thousand aftershocks stroke over Kumamoto and Oita prefecture during two weeks and frequent aftershocks forced people to continue evacuation including in-a-car evacuation because survivor were afraid to stay in a building. The author had conducted fieldwork since the morning of 16th of April and participated in volunteer activities in Nishihara village and joined in founding and management of Nishihara disaster volunteer center which was mainly opened by Nishihara social welfare council with outside volunteer organizations. I decided to support Nishihara because they had not received much support from outside although Nishihara had huge earthquake registering 7 on the Japanese seismic scale and had severe damages.

In management of the volunteer center, we established three “satellite” of the center near to or inside the affected community in order to keep close relationship with survivor. These satellites were even operated in cooperated with survivors like community leader or local social welfare worked who knew the situation of each survivor well. The system of “satellite” enabled us to collect a lot of survivor’s voices and change or adjust volunteer activities. For example, the center conducted “agricultural volunteer” which had not been accepted by DRVC before because it related “profit” activity. May was a season to plant sweet potato in the affected area but many survivors could not do it because they were short of workers due to the earthquake. The Nishihara volunteer center regard “agricultural volunteer” lead to survivors’ life reconstruction and decided to support them. Agricultural volunteer helped survivors not only to plant but also sustain their mind which they would continue their agriculture in Nishihara.

The case of Nishihara DRVC gives us several hints to change the current situation of DRVC. It seems that the point is how much volunteer and survivor collaboratively manage the system. It makes us to go back to the origin of volunteer, that is, “survivor-centered”, and reconsider better ways of disaster relief volunteer.

**Discussant: Yoshiki Tominaga** (Hyogo University of Teacher Education, Japan)

“The three-stage model of psychological support for children after disasters in Asia.”

Abstract: This model has been borne and refined by supporting experience of Kobe earthquake (1995), the typhoon No. 23(2004), the Indian Ocean Tsunami (2004), and the Sichuan big earthquake (2008). A prefecture education of board after the Great East Japan Earthquake has adopted this model. The first stage of this model is to educate children about general stress management skills using 5-items stress checklist. Coping skills for irritability and sleep disturbance were lectured and practiced in their classrooms by the school counselor and the classroom teacher. The second stage is developed to provide psychoeducation on trauma as well as coping skills to manage trauma-related responses using trauma checklist (Ptsr-ed19, Ptsr-ed31:Tominaga,2014). The 3rd stage is expressing and sharing disaster experience by composition. Because this expression work is very dangerous, this activity has been done by these careful procedures. The origin of the stress check list on the second stage is Yamada and Hattori (1995).

**Discussant: Fumio Yamada** (Kansai University of Welfare Sciences, Japan)

“Factors which make "altruism" grow: Our finding from the Great Hanshin - Awaji Earthquake in 1995”

Abstract: We found that children’s stress reaction consist of anxiety, depression, and distruction from an investigation in the Great Hanshin -Awaji Earthquake in 1995. We found also that the positive emotion named ‘altruism’ became strong after the earthquake. We established to estimate children’s stress reactions and altruism by giving stress management education 2-months after the earthquake.
Symposium 7: **Problems on Addiction in Asia**

**Organizer & Chair:** *Fumio Yamada* (Kansai University of Welfare Sciences, Japan)

**Presenter:** *Moritoshi Kido* (Osaka University of Commerce, Japan)

"The Actual Situation of Gambling Disorder in Japan and Needs for Preventive Education."

**Abstract:** In recent years, Japanese government is planning to attract casinos to have a positive effect on the economy. On the other hand, there are negative effects like “gambling disorder”. The risk of “gambling disorder” has been recognized and the research about treatment of “gambling disorder” is increasing in Japan. But the prevention of “gambling disorder” is not placed importance like other addictive behaviors (e.g. drug addiction, alcohol addiction). In this situation, this presentation is aimed to provide the information of present situation of gambling disorder and industry in Japan. And provide more information about preventive measures inside and outside of Japan to consider future direction to cope with the negative effect.

**Presenter:** *Naoyuki Hironaka* (Department of Pharmacology, LSI Medience Corporation, Japan)

"Drug Addiction in Japan: Aspects of illegal drug abuse"

**Abstract:** The three major chemical substances constitute the drug abuse problems in modern Japanese history. These are organic solvents, methamphetamine, and designer drugs. The inhalation of organic solvents became popular among young people in the late 1960s when hippie movement and anti-establishment movement enticed young people to an unusual day-dream. The effect of these movements have been receding due to education. As for methamphetamine, we have witnessed three major booms after World War II. The first one was the direct aftereffect of the war. The second one was a reflection of stress by the rapid economic growth. The third one came in late 1990s along with the long-lasting economic recession and improved information technologies providing drives and means for young people to reach out to the dealers using the Internet and cellular phones. And the third boom has not ceased even today. Finally, the recent rapid growth of abuse of designer drugs is probably the most serious problem in Japan. There are two kinds of designer drugs. One is cathomines. They are similar to methamphetamine. The other is synthesized cannabinoids. They are similar to marijuana but have strong neurotoxicity. In Japan, legal control and education work well in preventing drug abuse problems. But if young people lose hope for the future, we will confront more serious situation as to drug abuse. The role of health professionals and psychologists would be more important.

**Presenter:** *Tetsuo Noda* (Hyogo University of Teacher Education, Japan)

"Alcohol Addiction"

**Abstract:** The three major chemical substances constitute the drug abuse problems in modern Japanese history. These are organic solvents, methamphetamine, and designer drugs. The inhalation of organic solvents became popular among young people in the late 1960s when hippie movement and anti-establishment movement enticed young people to an unusual day-dream. The effect of these movements have been receding due to education. As for methamphetamine, we have witnessed three major booms after World War II. The first one was the direct aftereffect of the war. The second one was a reflection of stress by the rapid economic growth. The third one came in late 1990s along with the long-lasting economic recession and improved information technologies providing drives and means for young people to reach out to the dealers using the Internet and cellular phones. And the third boom has not ceased even today. Finally, the recent rapid growth of abuse of designer drugs is probably the most serious problem in Japan. There are two kinds of designer drugs. One is cathomines. They are similar to methamphetamine. The other is synthesized cannabinoids. They are similar to marijuana but have strong neurotoxicity. In Japan, legal control and education work well in preventing drug abuse problems. But if
young people lose hope for the future, we will confront more serious situation as to drug abuse. The role of health professionals and psychologists would be more important.

**Presenter:** Toshihiko Tsutsumi (Osaka University of Human Sciences Japan)

“Family Addiction in Developmental Disorders”

**Abstract:** Although developmental disorders in children seem to be far cry from alcoholism/addiction, there is a similarity in the effects of a family. Since parents do not want to see their child distressed, they help the child in the short term but end up hurting the child and themselves in the long term due to possibly codependency. Thus, codependents are addicted, not to a destructive substance, but to a destructive pattern of relating to other people. This presentation will discuss about an impact of codependent tendencies, forming through emotional over-involveinent, in families with their children who have developmental disorders, on children's social behaviors and difficulties.

**Discussant:** Fumio Yamada (Kansai University of Welfare Sciences, Japan)

“From the stand point of prevention: How can I prevent addiction”

**Abstract:** We wish all speakers to show us how to prevent addiction behavior. From the stand point of view concerning to nicotine addiction, prevention is effective for non-smokers including young aged and women. Health education to school students is very popular in Japan.

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**Symposium 8: Health and Well-Being**

**Organizer:** Akira Tsuda (Kurume University, Japan)

**Chair:** Satoko Kimpara (Miyazaki International College, Japan) & Yus Nugraha (Universitas Padjadjaran, Indonesia)

**Presenter:** Jenny Setiawan (Universitas Ciputra, Indonesia)

“Happiness among Sojourners Students: The Role of Extraversion Tendency, Emotional Support, Informational Support, and Resilience Efficacy”

**Abstract:** Leaving hometown, moving to a new place, and living far from parents to pursue further study can be stressful experience for students. Sojourner students face new experience in new environment which can lead to homesickness and unhappiness. This study was aimed at examining the relationships among extraversion tendency, emotional support, informational support, resilience efficacy and happiness. The subjects of this study included 169 sojourner undergraduates in a university in an urban area in Indonesia. They were in the first semester and did not stay with parents. Extraversion tendency was measured by the short form of EPQ (Francis et al., 2006). Emotional support, information support, resilience of efficacy, and happiness were measured using scales developed by Park and Kim (2008). Data was analyzed using Path Analyses. Results showed that extraversion tendency, emotional support, and resilience efficacy had direct effects on happiness.

Among these, extraversion tendency performed the strongest effect on happiness, both directly and indirectly via emotional support and resilience efficacy. Extraversion tendency showed effect on support received, both emotional and information support. However, informational support had no effect on happiness.

**Presenter:** Keiko Ihaya (Kyushu University, Japan)

“Cognitive Approach of Resilience”

**Abstract:** Psychological resilience refers to the human capacity to cope with distressing events such as abuse, disaster, and other stressful or traumatic circumstances. To date, psychological resilience has been investigated mainly in fields of personality, clinical, and developmental psychology by means of observations and questionnaires. Although the researchers in the other fields (e.g., neuroscience, industrial psychology, and
cognitive psychology) have also started addressing psychological resilience, the lack of a common framework in these fields hinders collaborative works among diverse research fields. Here, we propose a new cognitive model of psychological resilience with focusing on the internal mechanism to explain the recovery of damaged affective states. Furthermore, based on our cognitive model we point out some empirical research questions. We also put forward a possibility that researchers in diverse fields can jointly investigate psychological resilience on the basis our cognitive model.

**Presenter:** Alpana Vaydia (Symbiosis College, India)

“Positive Outlook, Social Support, Self-Efficacy and Happiness among College Students”

**Abstract:** The purpose of the present study is to investigate the relationship between positive outlook, social support, self-efficacy and happiness among college students. The sample consisted of students from various colleges of Pune city. Data were collected from a total of 1600 students out of which 668 were males and 932 were females. They were administered positive outlook scale, social support scale and happiness scale. The Positive outlook was measured with the help of Positivity Scale by (Caprara et al, 2012). Social support was measured with the help of Social Support Scale (Parental emotional support, Parental informational support, Friend's emotional support, Friends' informational support) developed by Kim & Park (1999). Self-efficacy was measured with the help of Self Efficacy scale by Kim, Park & Kim, (2006). It measures dimensions namely, resiliency efficacy, attractiveness and relational efficacy. Happiness was measured with the help of Happiness Scale developed by Kim, Park & Kim, (2006). Data were analyzed with the help of SPSS 20.00. Pearson’s product moment correlation was used to test the correlational hypotheses. The results go along with the hypotheses formulated and previous studies. Obtained results showed that the correlation between positive outlook and social support was positive ($r= 0.31$). Correlation between self-efficacy and positive outlook was positive ($r= .48$). Correlation between social support and happiness was positive ($r= .50$). Correlation between positive outlook and happiness was positive ($r= .48$). Correlation between social support and happiness was positive ($r= .50$). ‘t’ test was used to find out the gender differences on the variables of the study. Regression analyses was carried out to find the relative contribution of positive outlook, social support and self-efficacy to happiness. Results were discussed with the help of theoretical foundation and earlier studies.

**Presenter:** Rosnah Ismail (Universiti Malaysia Sabah, Malaysia)

“Exploration of Concept and Development of Socioemotional Instrument Framework on Health and Psychological Well-Being for Person with Learning Disabilities in Malaysia”

**Abstract:** Mental health and psychological well-being are important elements in human development. Person with learning disabilities experience low life satisfaction, stress, high psychological problems, unhappy, and low self-esteem. Aim of study is to explore the concept of psychological well-being specifically on socioemotional aspect of mental health and to develop instrument framework on health and psychological well-being of person with learning disabilities. Research done in Two Phases- Qualitative method, Exploration of meanings, ideas and concept of health and psychological well-being; and Development of instrument framework. 112 participants comprised of parent, teachers, children with learning disabilities. FGD and In-depth interview was carried out. Results revealed significant dimensions of health and psychological well-being of person with learning disabilities, which is emotion of stress and negative social interaction associated with poorer mental health and adjustment experience. Results are discussed with references to importance of culture in understanding Malaysian learning disabilities persons’ health and psychological well-being.

**Presenter:** Annamaria Di Fabio (University of Florence, Italy)

“Emotional Intelligence and Positive Hedonic and Eudaimonic Well-Being Outcomes”
Abstract: The importance of prevention for the promotion of health and well-being is a central tenet of the American Psychological Association (APA) best practice guidelines (APA, 2014; Hage et al., 2007). In a positive psychology perspective (Di Fabio, Kenny, & Claudius, in press; Kenny, Di Fabio, & Minor, 2014) and a preventive framework (Hage et al., 2007; Kenny & Hage, 2009), emotional intelligence is a promising health promotion factor that can be increased through specific training (Di Fabio & Kenny, 2011). Emotional intelligence offers an internal resource that can enhance the capacity of young people to avoid risks and participate productively in society (Kenny, 2007; Kenny et al., 2014). This study in a preventive and positive psychology perspective examined the relation of different models of emotional intelligence (both trait emotional models and ability based model) with positive hedonic and eudaimonic well-being outcomes. One hundred thirty two Italian high school students were administered the Advanced Progressive Matrices (APM, Raven, 1962) in the Italian version by Di Fabio and Clarotti (2007), the Big Five Questionnaire (BFQ, Caprara, Barbaranelli, & Borgogni, 1993), the Mayer Salovey Caruso Emotional Intelligence Test (MSCEIT, Mayer, Salovey, & Caruso, 2002) in the Italian version by D'Amico and Curci (2010), the Bar-On Emotional Intelligence Inventory (Bar-On EQ-I, bar-On, 1997) in the Italian version by Franco and Tappatà (2009), the Trait Emotional Intelligence Questionnaire (TEIQue, Petrides & Furnham, 2004) in the Italian version by Di Fabio (2013), the Satisfaction With Life Scale (SWLS, Diener, Emmons, Larsen, & Griffin, 1985) in the Italian version by Di Fabio and Busoni (2009), the Positive and Negative Affect Schedule (PANAS, Watson, Clark, & Tellegen, 1988) in the Italian version by Terraciano, McCrae and Costa (2003), the Meaningful Life Measure (MLM, Morgan & Farsides, 2009) in the Italian version by Di Fabio (2014). Results of hierarchical regression analyses found that trait emotional intelligence according to the Petrides and Furham (2001) model and trait emotional intelligence according to Bar-On (1997) model explained a percentage of incremental variance beyond fluid intelligence and personality traits in relation to life satisfaction, positive effects, negative effects and meaning in life. Ability-based emotional intelligence was not a significant predictor, however. These results underline the relationship of trait emotional intelligence with hedonic and eudaimonic well-being outcomes, offering new research and intervention opportunities.

Discussant: Donald H. Saklofske (University of Western Ontario, Canada)

Symposium 9: A Diverse Set of Lenses on the Study of Health Psychology in Asia

Organizer: Committee for International Relations, the Japanese Association of Health Psychology

Chair: Kaori Araki (Sonoda Women's University, Japan) & Airi Naoi (Kindai University, Japan)

Presenter: Yoh Murayama (Tokyo Metropolitan Institute of Gerontology, Japan)

“The Effect of Intergenerational Programs on the Mental Health of Older Adults”

Abstract: The aim of this study was to clarify the effect of an intergenerational program on elderly persons' symptoms of depressive mood and in improving their sense of coherence, which is an element for successful coping with stressors. We evaluated an intervention research project REPRINTS, in which volunteers >65 years old read picture books to children in a school setting. The intervention group (REPRINTS) was recruited through intensive weekly training seminars for 3 months. The no-contact control group members were also recreated to participate in health checks and surveys for data collection purposes. Eventually, 26 participants in the intervention group and 54 in the control group were included for data analysis. In a two-way repeated-measure ANOVA showed that sense of meaningfulness significantly increased for members of the intervention group at all terms, with no changes in the control group over time. Multiple mediation analysis revealed that participation in the intergenerational program was associated with a sense of manageability which was also significantly related to
depressive mood. Therefore, Intergenerational programs could serve as key health promoters among elderly people by decreasing the risk of social isolation and loneliness due to the greater sense of meaningfulness.

**Presenter: Elizabeth Borck** (Asian Americans for Community Involvement, USA)

"The Mechanics of the Adolescent Drug Abuse Prevention and Treatment Program"

**Abstract:** Santa Clara County in Northern California is multicultural. Youth face stressors from their support system, environments, internalized ideations and behaviors, leading them to utilize substances and engage in delinquent behaviors. The Adolescent Drug and Alcohol Prevention and Treatment (ADAPT) program has successfully and effectively treated outpatient clients with substance use disorders, measured by the American Society of Addiction Medicine-People Place Criteria-2 Revised (ASAM-PPC 2R). Systematic referral begins the integrated approach to include physicians and behavioral health practitioners in treatment. This approach helps those in the program succeed through a Harm Reduction Model including Motivational Interviewing and culturally and developmentally adapted Cognitive Behavioral Therapy in the scope of the biopsychosocial model. Youth learn the neurobiology of addiction, substance use as an unhealthy means of coping and as a community health risk factor. Post program completion thirty day follow ups yield inconsistent outcome data. Treatment effectiveness and lessons learned will be discussed.

**Presenter: Megawati Batubara** (Universitas Padjadjaran, Indonesia)

"Occupational Commitment Effect on Work Engagement"

**Abstract:** This study aimed to analyze the occupational commitment of Tridharma Perguruan Tinggi (TPT) influence toward work engagement. Occupational commitment analyzed through its 3 (three) components, namely, affective, continuance and normative occupational commitment (OC), assessed based on the implementing of TPT, which are educational and teaching, research and community service, to work engagement. This study was an ex post facto approach and using a non-experimental causality research method. The participants were 37 lecturers of the SBM-ITB. The data captured through an occupational commitment and work engagement questionnaires. Data analysis method used a simple regression analysis and assisted by SPSS program. The result showed that from 9 (nine) of the hypothesis being tested, 8 (eight) hypothesis of components OC significantly affect work engagement. There are affective OC (39.2 %) and normative OC (30.7 %) in education and teaching (A-Dikjar and N-Dikjar); OC (38.4 %), affective OC (25 %) and normative OC (18.5 %) in research (C-Lit, A-Lit and N-Lit); affective OC (36.3 %), normative OC (29.1 %) and continuance OC (25.3 %) in community service (A-Ppm, N-Ppm and C-Ppm). Meanwhile, 1 (one) hypothesis, which is continuance OC (8.5 %) in education and teaching (C-Dikjar) not proved significantly impact to work engagement. Lecturer’s OC within both of affective OC, continuance OC and normative OC are the activator force in self-lecturer that makes they always want to grow and provide the best to the job. Lecturer with OC, feel that they must continue to develop themselves, actively reading journal and latest book, actively researching and seeking new discoveries for the advancement of knowledge and willing to participate in professional associations in the field of science, so it can provide benefits to society. OC makes lecturer could perform in all the work with feel peace in they life. This is because OC is the source of the formation of positive emotions (Personal Resource). OC facilitate lecturer to be able to feel that their needs have been fulfullness. Fulfullness will give positive emotions and positive conditions on the job. Lecturer will feel affectively motivated, called Work Engagement. Lecturer who has a high level of work engagement has a strong dedication. Lecturer feels gain meaningful experience of work, feel excited and challenged in completing the task, as well as inspire and to feel proud of his profession. Dedication put tasks in the most important job position. Dimensions Vigor and Absorption that accompanying, made a lecturer could set the energy to work effectively, has a mental endurance during work and perseverance when solve a problem. Vigor gives lecturer
better physical health both physical and mental that can be associated to provide the best performance. Dedication and passion make lecturer feel easily drown in their work and feel that time goes so fast (Absorption). Lecturers could allocate their energy to focused on their work and ignore the distract environment. Reference to the result of this research which is occupational commitment influence work engagement, it can be concluded that work engagement could be one of the indicators of psychological well-being.

Discussant: Yoshiyuki Tanaka (Kyoto Tachibana University, Japan)
General Symposium: Connection among People Nurture a Child’s Development and Growth: The Relation between Child Development and Social Capital

Abstract: Recently, it comes to be said that a better psychosocial support is required for the development of a healthy mind of children. Making up a social network system to support the development and growth of children’s mind has also been proposed in Japan. To make psychosocial support system more effectively, from the perspective of social capital. “Social capital” is a concept that represents the trust relationship and ties of people in society and regions. According to the definition of Robert David Putnam, it is a characteristic of social like “trust”, “Code”, “Network”, that can increase the efficiency of the society by the active in cooperative behavior of people. It is a new concept along with a physical capital and human capital that can increase the efficiency of the society. Connections among people have an important meaning as a premise of social capital. This time, I asked three PhDs to provide their topics. The first topic provider is Educational psychologist, AOYAMA PhD., she will talk about “The Cultural Difference between Japanese Children and Children in Other Countries in Terms of Coping Strategies and Attribution after being Bullied/Cyberbullied.” The second topic provider is a family violence researcher, TANAKA PhD., she will talk about “Prevention of Child Maltreatment in the Early Yeats: What is the Evidence?” The last topic provider is Medical Doctor and Psychiatrist Professor NIWA PhD., he will talk about “The Current State of Development of the Child’s Mind at the Fukushima since Earthquake-Nuclear Accident from the Care of Mind from Immediately after the Earthquake as a Psychiatrist.” From three topics provided, I would like to consider in comprehensive manner for valid social capital for better development and growth of the individual children.

Organizer: Chiaki Oshiya (Chiba University, Japan)
Chair: Ikuko Aoyama (Shizuoka University, Japan)
Presenter: Ikuko Aoyama (Shizuoka University, Japan)
  “The Cultural Difference between Japanese Children and Children in Other Countries in Terms of Coping Strategies and Attribution after being Bullied/Cyberbullied”

Presenter: Masako Tanaka (Memster University, Canada)
  “Prevention of Child Maltreatment in the Early Yeats: What is the Evidence?”

Presenter: Shinichi Niwa (Aizu Medical Centre in Fukushima Medical University, Japan)
  “The Current State of Development of the Child’s Mind at the Fukushima since Earthquake-Nuclear Accident from the Care of Mind from Immediately after the Earthquake as a Psychiatrist”

Discussants: Satoshi Okabayashi (Bunka Gakuen University, Japan) & Chiaki Oshiya (Chiba University, Japan)
Oral Presentation: The Forefront of Health Psychology

Chair: Martin S Hagger (Curtin University, Australia)
Presenter: Martin S Hagger (Curtin University, Australia), Derwin K. C. Chan (University of Hong Kong, Hong Kong), Cleo Protogerou (University of Cape Town, South Africa), & Nikos L. D. Chatzisarantis (Curtin University, Australia)

"Using Meta-Analytic Path Analysis to Test the Nomological Validity and Processes of Social Cognitive Theories in Health Behavior Research"

Abstract: Introduction. Conducting path analyses of meta-analytic effects among constructs from social cognitive theories is important to test nomological validity, account for mediation effects, and evaluate unique effects of theory constructs independent of past behavior. We illustrate our points by conducting new analyses of two meta-analyses of a popular theory applied to health behaviors, the theory of planned behavior (TPB).

Methods. We conducted new meta-analytic path analyses of the TPB for alcohol and dietary behaviors using data from the primary studies from two previous meta-analyses and augmenting them to include past behavior.

Results. Our analysis supported nomological validity of the TPB, confirmed the pivotal mediating role of intentions, demonstrated the attenuating effect of past behavior, and provided estimates of the unique TPB effects independent of past behavior.

Conclusion. We recommend researchers adopt path-analytic meta-analysis when synthesizing evidence of social cognitive theories like the TPB in health contexts.

Presenter: Neena Kohli (University of Allahabad, India)

"Yoga and Meditation: Culturally Appropriate Interventions to Manage Cervical Cancer"

Abstract: INTRODUCTION: Cervical cancer is the commonest malignancy found among female in India and growing awareness of the many psychosocial problems associated with the disease and its treatment has led to the development of a myriad of supportive interventions for patients and their families.

METHODS: The sample consisted of 20 stage III cervical cancer patients undergoing treatment at a local hospital in Allahabad, India. These women had a rural background, low socio-economic status, were illiterate and their age ranged from 35 to 50 years. Baseline scores for subjective wellbeing were obtained before and after the intervention package. Informed consent was obtained.

RESULTS: Findings showed an increase in the subjective wellbeing scores for patients who volunteered for either Yoga or Meditation (N=10) as compared to the control group (N=10).

CONCLUSION: Though the sample is small and findings are not empirically established, still Yoga and Meditation have immense potential and should be encouraged.
Workshops

Workshop 1: Top 5 Mistakes that Japanese Academic Authors Tend to Make while Writing a Research Paper

MC: Ai Kano (Marketing, Editage by Cactus Communications Pvt., Ltd., Japan)
Lecturer: Mriganka Awati (Senior Trainer, Editage Insights, Japan)
Translator: Makoto Yuasa (Director, Cactus Communications K.K., Japan)

Abstract: Mriganka Awati and author of the book “100 Common Mistakes in Research Manuscript Preparation: Practical Advice from an English Editing Company,” explains the top 5 mistakes that Japanese researchers make while writing a paper.

Editage is a global pioneer in editing services that has served more than 15,000 non–English-speaking authors worldwide. Earlier this year, Editage published a book based on an analysis of 100 edited papers originally written by Japanese authors. The book lists 100 common errors Japanese authors make when they prepare for a publication, each categorized under a broad range of error types, and most assigned a frequency and gravity level to help readers understand the impact of these errors.

In this workshop, Mriganka will discuss common but often ignored or ill-understood rules and guidelines that are useful in scientific writing. She will provide perspective on why authors tend to make some of the errors they make and how they can avoid them so that their paper is published in clear and presentable English.

(This workshop will be conducted in English)

A brief overview of what the workshop will cover:
1. Mistakes in grammar: How incorrect use of articles and pronouns can confuse (and sometimes amuse) your readers
2. Lack of clarity and logic: Why readers will misunderstand or not understand your sentences
3. Mistakes in word choice: What makes you use words that you think are right but your readers don’t get
4. Mistakes in style: Why you are tempted to use complex writing styles when simple English will do
5. Mistakes in using scientific and technical conventions: Why you should stick to standard rules rather than arbitrary ones you follow

Workshop 2: Lifestyle Medicine: Psychological Perspective in Practice

Lecturer: Marie Dacey (Massachusetts College of Pharmacy and Health Sciences University, USA)
Chair: Airi Naoi (Kindai University, Japan)

Abstract: A healthy lifestyle, especially maintaining a healthy weight, exercising regularly, following a healthy diet, and never smoking, is strongly associated with a lower risk of developing chronic diseases. Lifestyle medicine is a rapidly evolving field in healthcare that recognizes this association between lifestyle and risk reduction. Primary care physicians, health psychologists and other providers on the interprofessional healthcare team are increasingly incorporating lifestyle medicine into their clinical work. Providers who practice lifestyle medicine learn recommended healthy lifestyle behaviors, and they utilize behavior change principles in patient counseling in order to foster patients’ adoption and maintenance of healthy lifestyles.

In this workshop, participants will practice basic skills that are utilized by lifestyle medicine providers. These practices stem from psychological theories and research in behavior change, especially the transtheoretical model, self-determination theory, and motivational interviewing. Participants will role play provider/patient interactions, in which providers will apply these models to advance patients’ healthy lifestyle behaviors.
Workshop 3: *Adapting and Adopting the “Act-Belong-Commit” Mental Health Promotion Campaign in Asia*

**Lecturer:** Robert Donovan (University of Western Australia, Australia)

**Chair:** Kaori Araki (Sonoda Women’s University, Japan)

**Abstract:** This workshop will first present the research and thinking that led to the development and implementation of the ‘Act-Belong-Commit’ campaign in Western Australia. We will then show how people’s and organizations’ responses to the campaign, along with ongoing research resulted in expansion of the campaign into various groups and settings. We will then look at how the campaign has been adapted for a nationwide campaign in Denmark (and elsewhere internationally), and then explore in depth how the campaign might be adapted for adoption in the workshop participants’ organizations or countries.

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Workshop 4: *Developing and Testing Psychological Interventions for Adults Diagnosed with Cancer*

**Lecturer:** Annette Stanton (University of California, Los Angeles, USA)

**Chair:** Kaori Hatanaka (Doshisha Women’s College of Liberal Arts, Japan)

**Abstract:** More than 300 interventions for adults diagnosed with cancer have been tested for efficacy on psychological and other outcomes. This workshop will include: 1) a summary of current evidence-based approaches; 2) discussion of limitations in the current body of research; 3) generation of ideas for the development of future interventions; and 4) discussion of steps involved in testing an intervention for efficacy, including designing interventions for widespread dissemination. Lessons learned by the workshop leader through her experiences with developing and conducting randomized, controlled trials of psychosocial interventions will be addressed.
**Poster Presentations**

The presentation formats are poster only presentations by either individuals or co-authors. The size of a poster should be no more than 200 cm (height) x 90 cm (width).

Posters are expected to be set up between 10:30am on the first day and 14:30 on the second day. Presenters are responsible for setting up posters and any leaflets they wish to display and for removing them. Poster boards mounted on stands will be provided. Presenters are required to be with their poster during scheduled sessions (Day1: 12:20-13:15pm for odd numbers, Day2: 12:05-13:00 for even numbers).

### A: Disease & Patients

**A-01** Predictors of Cancer Rehabilitation: Role of Meta-Cognitive Awareness, Illness Beliefs, Affective Orientation, and Locus of Control  
(Yogesh K Arya, Ravindra Singh, Hari S Shukla, Mallika Tewari, & Tushar Singh)

**A-02** Impact of Spiritual Orientations, Illness Beliefs, and Perceived Locus of Control in the Quality of Life of Head and Neck Cancer Patients  
(Tushar Singh, Ravindra Singh, Shukla S Hari, Mallika Tewari, & Yogesh K Arya)

**A-03** Quality of Life of Head and Neck Cancer Patient: Role of Treatment Duration, Locus of Control and Social Support  
(Ravindra Singh, Hari Shankar Shukla, Mallika Tewari, Yogesh Kumar Arya, & Tushar Singh)

**A-04** Sleep Quality and Depressive Symptoms after Prostate Cancer: The Mechanistic Role of Cortisol  
(Michael A Hoyt & Michael A Hoyt)

**A-05** Trajectories of Posttraumatic Growth and Depression in the First Year after a Breast Cancer Surgery  
(Ashley WT Wang, Wen-Yeu Hsu, Cheng-Shyong Chang, Shou-Tung Chen, & Dar-Ren Chen)

**A-06** Psychological Effects of Animal-Assisted Activity on Patients with Heart Disease and Their Family Members  
(Akiko Kimata & Masato Watanuki)

**A-07** To Determine Type D Personality Components Quota on Coronary Heart Disease Severity  
(Mohammadreza Seirafi & Hassan Ahadi)

**A-08** Unhealthy Behaviors, Lipids and Coronary Heart Disease Severity: A Structural Equation Modeling Approach  
(Mohammadreza Seirafi, Hassan Ahadi, & Moshgan Aghamohammadi)

**A-09** Recommendable Activities for Post-Stroke Patients  
(Kayo Konuma, Takashi Shimazaki, & Koji Takenaka)

**A-10** Awareness of Physical and Psychosocial Factors to Low Back Pain and Coping Behavior in Care Workers  
(Keiko Takeda & Naoki Takagi)

**A-11** Dyadic Effects of Stigma and Discrimination on Distress in Chinese Patients with HIV and Their Spouses  
(Nancy Xiaoxian Yu, Cecilia L. W. Chan, & Jianxin Zhang)

**A-12** The Issue of Medical Practice for Supporting Local Community: Focus on Cases of Support Difficulties  
(Mari Fukuda)

**A-13** The Relationship between Needs of Patients’ Families in ICU and Backgrounds of Patients and Families  
(Yukiko Sawamura)

**A-14** Research on the Attitude towards Advance Care Planning of the Community People  
(Jeng-Mei Hsu, Pei-Yu Tsai, Sin-Bao Huang, & Ya-Chi Hsieh)

### B: Elderly Healthcare

**B-01** Enhancing Subjective and Psychological Well-Being of the Korean Female Elderly Living Alone  
(Kyung Hyun Suh)

**B-02** Relationships between the Frailty Level and Environmental Factors of Community-Dwelling Japanese Older Adults  
(Koichi Nagaki, Ryoei Kishita, Michiko Higuchi, Hiroko Okumura, & Mariko Nakahata)

**B-03** The Role of Self-Compassion for Well-Being among Chinese Older Adults  
(Jiawun Wang & Zhixian Zhu)

**B-04** The Trend of Research Concerns of the Care of Housebound Senior Who Live Alone  
(Sanae Naruse & Eiichi Ueno)
B-05 Older Spousal Caregiver’s Experience with Terminal Cancer Patients  
(Yimin Chen)

B-06 A Study Examining Aging Stress and Coping Styles  
(Reiko Nakajima)

B-07 Perceived Autonomy Support, Self-Determined Motivation, and Intentions of Facemask Wearing in Hong Kong Older Adults: A Cross-Sectional Investigation of the Integrated Model  
(Chun-Qing Zhang, Pak-Kwong Chung, Derwin Chan, Martin Hagger, Liu Jing Dong, & Si Gangyan)

B-08 The Effect of Intergenerational Programs on the Mental Health of Elderly Adults  
(Maruyama Yoh, Yasunaga Masashi, Nonaka Kumiko, Nishi Mariko, & Fujiwara Yoshinori)

C: Youth Healthcare

C-01 Relationship between Adult Attachment Style Related to the Other Person and Mental Health among Japanese University Students  
(Takashi Nishita, Yujiro Kawata, & Masataka Hirosawa)

C-02 Relationship between Academic Performance and Mental Health in Japanese University Students: A Two-Year Longitudinal Survey  
(Ryo Horita, Akihiro Nishio, Tadahiro Sado, Yuki Isomura, Eri Sasaki, & Mayumi Yamamoto)

C-03 The Influence of Time Beliefs on Physical and Mental Health among Japanese Early Adolescents  
(Ryo Ishii, Masaki Kera, & Ryuichi Tamai)

C-04 Positive Outlook, Social Support, Self-Efficacy and Happiness among College Students  
(Alpama A. Vaidya)

C-05 Attitudes toward Marriage and Parenthood among Japanese High School and University Students  
(Tadahiro Sado, Akihiro Nishio, Ryo Horita, Hiroaki Yoshikawa, Yumi Adachi, Kencyo Matsuura, Masayo Takada, Fumi Hayashi, & Mayumi Yamamoto)

C-06 Relationship between High School 1st Grade Students’ Future Goal and Taking Action  
(Saimi Suganuma)

C-07 Mental Health of Youths in Relation to Family Environment  
(Ravi Pratap Pandey & Purnima Awasthi)

C-08 Influence of Self Control on Problem Drinking: Moderating Effect of Support of Family  
(Goo-Churl Jeong & Min-Jung Lee)

C-09 Associations of Gender, Grade Level, Playfulness, and Active Free Play among School-Age Children  
(Ying-Hua Lee & Koji Takenaka)

C-10 Research Trends of Trends in Research on Individual Differences Affect Aggressive Behavior in for Adolescents  
(Masumi Osao, Shunsuke Nonaka, Noriko Morita, & Hironori Shimada)

C-11 Factors Affecting Adaptation to College Life: Proposals from the Students  
(Mari Shiosaki)

C-12 Effectiveness of College-Level Course on Reducing Impulsivity: Comparing the Effects of Exercise Class and Self-Management Class  
(Seung Ah Lee, Kyong-Mee Chung, & Yoon Myung Kim)

C-13 Parental Overprotection and Adolescents’ Self-Control  
(Gui Wha Seo, Seung Ah Lee, & Kyong-Mee Chung)

C-14 Factors Determining Compensatory Health Beliefs of University Students in Japan  
(Masaki Watanabe & Sayuri Komiya)

C-15 Differential Relationship of Sleep Disturbances and Daytime Dysfunction to the Finger Arterial Endothelial Function and Arterial Elasticity in Healthy Japanese Youth  
(Gohichi Tanaka, Kengo Mihara, Hisayoshi Okamura, Masami Horiguchi, & Akira Toda)

C-16 Influence of Relative Age Effect on Liking of Physical Education among Japanese Elementary School Students  
(Yu Maruyama, Yujiro Kawata, Morio Suganami, & Masataka Hirosawa)

C-17 Duration, Quality, or Timing of Sleep, Which is the Better Predictor of Daytime Function among Elementary School Children?  
(Shintaro Hara, Ryuichiro Yamamoto, Miki Maruyama, & Reiko Hojo)

C-18 Relationship between the Liking for Physical Education and Physical Activity, and Frequency of Physical Activity outside School among Japanese Elementary School Students  
(Hiroki Nakaie, Yujiro Kawata, Morio Suganami, & Masataka Hirosawa)

C-19 Factors Inhibiting Tendencies to be Bystanders of Bullying in Japanese Elementary School Children  
(Erino Kume & Koji Tanaka)
C-20 Effects of a Sleep and Stress Intervention Program on Mental Health of Junior High School Students
(Maki Furutani, Yuhei Adachi, You Akihara, Yoshiaki Fujimoto, Junpei Itaba, Azumi Maeda, Rika Okai, & Kousei Ishimaru)

C-21 Social Responsibility Goals Influence Feelings Regarding Adaptation to School in Junior High Students
(Hitoshi Takahashi, Atsuko Morikawa, & Yumiko Suzuki)

C-22 Relation of Depression and Well-Being to Self-Complexity in Japanese High School Students
(Junko Kawahito)

C-23 Cognitive Appraisal and Organizational Commitment Predict Problem-Solving Coping for Stressors Related to Club Activities in High School
(Ayano Saito, Shunta Maeda, Takahiro Yokoyama, Anri Kawagoe, & Hironori Shimada)

D: Women’s Healthcare

D-01 The Relationship between Cognitive Emotion Regulation and Anxiety among the Third Trimester of Pregnant Women
(Endah Puspita Sari & Katrim Alifa Putrikita)

D-02 Health and Work Psychology Affecting Women Workers in the Philippines
(Jinky Leilanie D Lu)

D-03 The Mediating Role of Work Attitudes in the Association of Sexual Harassment and Organizational Tolerance for Sexual Harassment with Women’s Mental Health: A Meta-Analytic Path-Analysis
(Victor E Sojo, Robert E Wood, & Anna E Genat)

D-04 Factors Affecting Feeling of Health for Women in Their Thirties
(Yuko Nakanishi, Akari Kamimura, & Masataka Hirosawa)

E: Addiction / Dependence

E-01 Psycho-Sociocultural Model for Gambling Behavior Change in South Korea
(Kyo-Heon Kim & Soo-hee Im)

E-02 The Effect of Family Abuse, Emotional Regulation Ability, and whether a Family Member Has a Gambling Problem on Gambling Severity
(Hyun-Ji Shin, Young-Imm Choi, & Kyo-Heon Kim)

E-03 The Influence of Family Cohesion, Loneliness, and Peripersonal Gambling on Gambling Severity
(Eun Saem Ahn, Young Imm Choi, Hyun Ji Shin, & Kyo Heon Kim)

E-04 The Effects of Irrational Gambling Belief and Psychosocial Stress on Severity of Problem Gambling
(Sujeong Lee, Youngim Choi, Hyunji Shin, & Kyoheon Kim)

E-05 Influence of Perceived Stress and Sensation Seeking on Internet and Smartphone Addiction
(Min Guk Cho & Goo-Churl Jeong)

E-06 Sex Differences in Reasons for Drinking by Alcoholics through an Analysis of Records and Notes of Their Experiences
(Junko Ohno & Rie Ishikawa)

E-07 To Assess the Awareness and Attitudes toward Smoking-Free Campus Policies among College Freshman Students and Faculties in Southern Taiwan
(Chih-Ling Huang & Shu-Chuan Yan)

E-08 Relationships between Body Image and Cyber Sex Addiction: Focused on the Moderating Effect of Gender
(Se-Hee Kim & Goo-Churl Jeong)

E-09 The Effect of Parental Internet Addiction Tendency on Emotional and Behavioral Difficulties in Preschoolers: Verification of Sleep Problems in Parents and Children as Mediators
(Ryuichiro Yamamoto, Shintaro Hara, Fumie Horiuchi, & Yasunori Oka)

E-10 Outcome Measures of Psychological Interventions for Addiction
(Yuka Asami, Yuki Tanaka, Miho Ishii, Kazutaka Nomura, & Hironori Shimada)

E-11 The Mechanics of the Adolescent Drug Abuse Prevention and Treatment (ADAPT) Program
(Jorge Wong, Yukiko Hatanaka, Elizabeth Borch, & Patricia McCormick)

E-12 Exploring the Risk and Protective Factors Influencing Gambling Problems: Focused Well-Being and Cognitive Factors
(Jinho Lee, Young-Imm Choi, Hyun-Ji Shin, & Kyo-Heon Kim)
### F: Psychotherapies & Intervention

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>F-01</td>
<td>The Effect of Supervisee’s Developmental Levels, Supervision Expectation and Perceived Supervision Style on Supervision Satisfaction</td>
<td>Jounghee Kim &amp; Gwiyeoroo Ahn</td>
</tr>
<tr>
<td>F-02</td>
<td>Efficacy of Supervision Training of Systematic Treatment Selection (STS) Eight Evidence-Based Principles</td>
<td>Satoshi Kimpara, Larry E. Beutler, &amp; Mickey Stein</td>
</tr>
<tr>
<td>F-03</td>
<td>The Effectiveness of Pre-Dialysis Education Programme at a Tertiary Teaching Hospital</td>
<td>Azreen Syazril Adnan, Nesrin Binti Ahmed Hassan, Abdul Hanan Bin Abdullah, Mohd Baharudin, &amp; Fauziah Binti Jummaat</td>
</tr>
<tr>
<td>F-04</td>
<td>Effects of Negative Emotion-Based Motivation on Negative Emotion from the Viewpoint of Metacognitive Therapy</td>
<td>Mizuna Sugiyama &amp; Shoji Imai</td>
</tr>
<tr>
<td>F-05</td>
<td>Effects of Detached Mindfulness Training on Anger Related Psychological Problem</td>
<td>Shoji Imai</td>
</tr>
<tr>
<td>F-06</td>
<td>Effects of Perfectionism and Detached Mindfulness on Mental Health</td>
<td>Mami Iyoda, Yuki Kojima, Mizuna Sugiyama, &amp; Shoji Imai</td>
</tr>
<tr>
<td>F-07</td>
<td>Relationship between Mindfulness and Subjective Well-Being</td>
<td>Kyuichi Miyazaki, Kaori Takahashi, Kodai Matsuno, &amp; Kaneo Nedate</td>
</tr>
<tr>
<td>F-08</td>
<td>Relationship between Mindfulness and Insomnia</td>
<td>Kodai Matsuno, Mikiko Abe, Kyuichi Miyazaki, &amp; Kaneo Nedate</td>
</tr>
<tr>
<td>F-09</td>
<td>The Effect of Mindfulness Training on Attentional Functions: A Meta-Analysis</td>
<td>Hiroyoshi Ogishima, Yuto Masuda, Shunta Maeda, &amp; Hironori Shimada</td>
</tr>
<tr>
<td>F-10</td>
<td>What is the Difference between Mindfulness and Autogenic Training?: Analyzing literature by data mining</td>
<td>Nobuaki Maegawa &amp; Eiichi Ueno</td>
</tr>
<tr>
<td>F-11</td>
<td>Yoga, Meditation and Spirituality as Interventions Leading to Greater Happiness and Better Quality of Life</td>
<td>Neena Kohli</td>
</tr>
<tr>
<td>F-12</td>
<td>Group Acceptance and Commitment Therapy for Patients with Chronic Pain in Korea: A Randomized Controlled Trial</td>
<td>Jiwan Park, Kyunghee Yu, KangHee Cho, JaeWon Beom, &amp; Sungkun Cho</td>
</tr>
<tr>
<td>F-13</td>
<td>The Use of Drawing Therapy for Terminally Ill Patients</td>
<td>Wan-Tiao Hung, Li-Hsin Kuo, &amp; Shih-Fen Chang</td>
</tr>
<tr>
<td>F-14</td>
<td>The Relation between Brain Function and Psychological States Changed by Attention Training Technique</td>
<td>Kaori Usui, Issaku Kawashima, Toru Takahashi, Tomosumi Haitani, Fukiko Sugiyama, &amp; Hiroaki Kumano</td>
</tr>
<tr>
<td>F-15</td>
<td>Review on the Effects of Behavioral Interventions during Memory Reconsolidation</td>
<td>Yusuke Nitta, Toru Takahashi, Tomosumi Haitani, Issaku Kawashima, Kaori Usui, &amp; Hiroaki Kumano</td>
</tr>
<tr>
<td>F-16</td>
<td>Development of Aromacollage Therapy and Psychological, Social, and Physical Effects</td>
<td>Meiko Fukushima</td>
</tr>
<tr>
<td>F-17</td>
<td>Effects of Essential Oil Fragrances on Impression Formation</td>
<td>Kaori Kikuchi &amp; Meiko Fukushima</td>
</tr>
<tr>
<td>F-18</td>
<td>Does Touching Image Increase the Approach Acceptance of Death?</td>
<td>Ryutaro Higuchi</td>
</tr>
</tbody>
</table>

### G: Maltreatment

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>G-01</td>
<td>Effects of Childhood Abuse on Psychosomatic Tendencies and QOL among Atopic Dermatitis Patients-1: Alexithymia is a Moderator</td>
<td>Kazuya Matsuo, Yoshikazu Fukui, Eiichiro Ueda, Yukiko Yamashita, &amp; Kiyo fumi Yamanishi</td>
</tr>
<tr>
<td>G-02</td>
<td>Effects of Childhood Abuse on Psychosomatic Tendencies and QOL among Atopic Dermatitis Patients-2: Dissociation is a Mediator</td>
<td>Yoshikazu Fukui, Eiichiro Ueda, Kazuya Matsuo, Yukiko Yamashita, &amp; Kiyo fumi Yamanishi</td>
</tr>
<tr>
<td>G-03</td>
<td>Associations of Conflict and Affect in At-Risk Youths in Malaysia</td>
<td>Nor Bayah Abdul Kadir</td>
</tr>
<tr>
<td>G-04</td>
<td>The Learning Needs and Educational Effectiveness of Nursery Teachers and the Staff on Child Maltreatment Prevention</td>
<td>Reiko Ueda, Tomoko Matsumoto, &amp; Kumi Kasai</td>
</tr>
<tr>
<td>G-05</td>
<td>The Examination of Abused Experience for University Students</td>
<td>Akira Togawa &amp; Meiko Fukushima</td>
</tr>
</tbody>
</table>
**H: Developmental Disorders & Learning Disabilities**

H-01 Relationship between Developmental Disorder and Sensory Integration: Focus on Attention Control Function  
(Yuki Kojima, Mami Iyo, Misuna Sugiyama, & Shoji Imai)

H-02 Effects of Food Exposure to Increase Vegetable Consumption among Preschoolers with Autism Spectrum Disorder (ASD)  
(Soo Youn Kim & Kyong-Mee Chung)

H-03 Contextual Effect of Facial Expression in Emotion Recognition of ASD Children  
(Yumin Seo & Kyong-Mee Chung)

H-04 The Effectiveness of EEG-Neurofeedback on Dyslexic Children: A Case Study  
(Walton Wider, Kai Yee Hon, Jasmine Adela Mutang, Bee Seek Chua, Rosnah Ismail, Ferlis Bahari, & Laila Wati Madlan)

H-05 Differences in Perception on Function of Problem Behaviors across 3 Groups of Caregivers  
(Jae Hyun Seol & Sae Yeon Seong)

---

**I: Health Education & Educational Programs**

I-01 Possibility of Applying Role Lettering to Career and Health Education in University  
(Sase Ryuichi)

I-02 Mental Rotation Training Contribute to the Stability of Mental Health: Review for Creating Mental Rotation Training Program  
(Chiaki Oshiyama, Satoshi Okabayashi, Yuta Hayashi, & Eiji Shimizu)

I-03 Nutritional Psychoeducation Specialized for the Prevention of Malnutrition in Japanese Elderly  
(Junko Karashima & Hisao Osada)

I-04 The Influence of Condom-Avoiding Excuses on Condom Use among Japanese Young Adults  
(Mitsuhiro Amasaki & Chihiro Kemuriyama)

I-05 Politics and Psychology of Road Safety in Metro Manila  
(Sophia Francesca Lu)

I-06 The Effects of Emotional Competence and the Need for School Counselors Give to Help Seeking Preference: To Compare High School and University Students’ Models  
(Wataru Ishida, Sayaka Shiba, & Akie Shindo)

I-07 Developing an Educational Program for Mind and Body Self-Regulation Skills Using the Two-Dimensional Mood Scale  
(Kazuki Inagaki, Isamu Mitabe, & Yosuke Sakairi)

I-08 Exploratory Study of a Psychoeducational Program Designed to Intervene Various Problems Caused by Adornments among Young Japanese  
(Tomohiro Susuki & Mikako Yazawa)

I-09 Medical Safety Awareness in Patients during the Outpatient Visit: Exploring the Possibility of Medical Safety Education for Patients  
(Emiko Yamamoto, Tomoko Tanaka, & Yoshimi Hyodo)

---

**J: Stress & Mental Health**

J-01 Does Ambiguity Tolerance Play a Role as Buffer for Anxiety?  
(Takanari Tomono)

J-02 The Present Conditions and Problem about Professionalism and the Stress on the Nurse in the World  
(Jumpei Matsuura & Eiichi Ueno)

J-03 Effects of Play Experience on Stress Responses: Focused on Play Time and Playfulness  
(Masahiro Kinoshita & Shigeyuki Mori)

J-04 Comparison of Foot Bath and Hot Compress for Foot Skin Temperature and Cutaneous Sensation  
(Tomoko Sakahibara & Hiroko Shimizu)

J-05 Effects of Explicit/Implicit Internal Working Models of Attachment on Somatic Symptoms: Using Implicit Association Test  
(Shinichi Oura, Kasuya Matuo, & Yoshikazu Fukui)

J-06 An Examination of Assessment and Intervention Methods for Stress Management Education Based on the Individual Cognitive Behavior Differences of Children and Adolescents  
(Noriko Morita, Shunsuke Nonaka, Masumi Osao, & Hironori Shimada)

J-07 Do Optimists Estimate the Uncontrollability of Tasks?: The Effects of Optimism and Order on Task Solving Time  
(Noriko Aizawa & Mika Omori)
K: Identity & Personality

K-01 Relationship between the Preferences for Types of Message Framing and Psychological Traits (Naohiko Kawamura & Hiroaki Uechi)

K-02 Study of Determinant Factors of Mentally Healthy Personality of Indonesians Live in Ambon, the Capital City of Maluku Province, Indonesia (Tutty Sodjakusumah, Elmira Sumintardja, Rismiyati Koesma, & Marisa Moeliono)

K-03 Depersonalization for Uncertainty Reduction: Comparison of Two Uncertainty and Two Groups (Yuto Terashima & Jiro Takai)

K-04 Chinese Undergraduates’ Narrative Characteristic and Its Connection with the Development of Self-Identity (Yongling Chen & Lihong Li)

K-05 Self-Rumination Predicts Negative Subjective Evaluation of the Self but Negative Objective Evaluation from Others (Miho Nakajima & Yoshihiko Tanno)

K-06 The Association between Self-Reflection and Depressive Symptoms via Problem-Solving Confidence (Masaki Mori & Yoshihiko Tanno)

K-07 Influence of Trait Anxiety and Trait Anger on Depression: Mediating Effect of Unconditional Acceptance (Sung-Jin Chung & Hyun Choi)

L: Methods

L-01 The Cognitive Strategies for Interpersonal Stress Questionnaire: Development and Validation (Bunmi Koh, Jandi Kim, Jung-Ho Kim, Mirhae Kim, Tae Young Kang, & Cheung Hee Cha)

L-02 Measurement of Cognitive Attentional Syndrome in Menstrual Symptoms and Effects of Detached Mindfulness Based on Attentional Control Function (Omura Asumi, Mizuna Sugiyama, & Shoji Imai)

L-03 Development of a 6-item Screening Tool to Evaluate Distress among Pediatric Cancer Survivors (Soo Jin Yoon, Myung-Ah Rhee, Kyong-Mee Chung, Jung Woo Han, Sun Hee Kim, & Chuhl Joo Lyu)

L-04 The Discrepancies between Explicit and Implicit Normative Consciousness: The Perspective of Relational Liquidity (Yoriko Uehara & Tsutomu Fujii)

L-05 Exploratory Study of Relationship between Narrative Quality and Health (Yu Hsuan Wang & En Chang Wu)

L-06 "Name-Liking" as an Implicit Measure of Global Self-Esteem: Relationship between Name-Liking and Implicit Association Test among Japanese People (Tsutomu Fujii & Yoriko Uehara)

M: Sports

M-01 The Flow Experiences and Features among University Basketball Players (Asako Honda)

M-02 The Differences of the Affect Mechanism of Social Skills with Regard to Burnout: Comparison by Personal Burnout Level (Rei Amemiya, Yuki Ueno, & Yasuo Shimizu)

M-03 Relationship between Athlete Burnout and Satisfaction in Sport among Japanese Soccer Players (Akari Kamimura, Yujiro Kawata, Kai Yamada, Minako Suzuki, & Masataka Hiroswa)

M-04 Relationship between Psychological Condition and Meals during Events in Alpine Skiers (Kasusa Oki, Yasuyuki Yamada, & Masataka Hiroswa)

M-05 The Relationship between Stress Coping Strategies and Stress-Related Growth of Japanese Athletes (Chihiro Kemuriyama & Mitsuhiro Amazaki)

M-06 Effects of Anxiety and Stage Fright Tendencies on Degree of Raw Exertion on Swimmers (Satomi Tsuchiya, Takayo Inoue, & Syunsuke Koseki)

M-07 Causes of “Yips” among Japanese Baseball Players: A Qualitative Analysis Approach (Yohei Kaneko, Yujiro Kawata, Yuki Aida, Morio Suganami, & Masataka Hiroswa)

M-08 Grasping the Symptoms of “Yips” among Japanese Baseball Players: A Qualitative Analysis Approach (Yuki Aida, Yujiro Kawata, Yohei Kaneko, & Masataka Hiroswa)
<table>
<thead>
<tr>
<th>N: Eating Behavior</th>
<th>O-02 Association between Drinking Habit and Food Intake in General Population of Okinawa</th>
</tr>
</thead>
<tbody>
<tr>
<td>N-01 Eating Risk Behaviors among Parents and Children from Northeastern of Mexico</td>
<td>(Pumika Aniya, Atsushi Sakima, Hidemi Todoriki, Keiko Kohama, Kokoro Shirai, Koichiro Okumura, Minoru Takakura, Noboru Kinjo, Yoshito Kamiya, &amp; Yusuke Ohya)</td>
</tr>
<tr>
<td>(Barbara A Perez &amp; Javier Alvarez)</td>
<td></td>
</tr>
</tbody>
</table>

| O-01 Effects of Group Cognitive-Behavioral Therapy on Aggressive Behaviors of High School Students Affected by the Great East Japan Earthquake | (Shunsuke Koseki, Mami Koseki, Haruka Ono, Miki Tachibana, Yusuke Sokabe, Tetsuhiro Ohtani, & Daisuke Ito) |
| O-02 The Characteristic on the Pas Paper Concerns of Mental Health Caused When a Disaster Strikes | (Eiichi Ueno, Nobuaki Maegawa, Jumpei Matsuura, & Sanae Naruse) |

<table>
<thead>
<tr>
<th>P: Suicide &amp; Suicidal Behavior</th>
<th>Q-01 The Relationship between Music Performance Anxiety and Psychological Performance Ability in Japanese College Music Majors</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-01 Patterns of Suicide: Role of Cultural and Social Factors</td>
<td>(Sunil K Verma, Swati A Sachdeva, &amp; Tushar Singh)</td>
</tr>
<tr>
<td>P-02 Self-Esteem, Resilience, and Suicidal Behavior in Adolescents in Denpasar</td>
<td>(Tience Debora Valentina &amp; Lorenzy Oshel)</td>
</tr>
<tr>
<td>P-03 The Relationship between Self-Harm Tendency and Haptic Sensitivity</td>
<td>(Sayuri Honmoto, Aya Orikoshi, &amp; Genji Sugamura)</td>
</tr>
</tbody>
</table>

| Q-01 The Relationship between Music Performance Anxiety and Psychological Performance Ability in Japanese College Music Majors | (Kurara Bannai, Shintaro Endo, & Kazuo Oishi) |
| Q-02 Relations of Use of Music to Attitudes towards Life, Negative Affect, and Internet Game Addiction of Male Adolescents | (Jeong Yan Park) |

| Q-02 Relations of Use of Music to Attitudes towards Life, Negative Affect, and Internet Game Addiction of Male Adolescents | (Jeong Yan Park) |

| Q-03 The Effects of Music Group Work on Peoples’ Moods: Effectiveness as a Mental Health Program | (Toshiko Kojima & Hajime Yamaguchi) |

<table>
<thead>
<tr>
<th>R: Health in the Workplace</th>
<th>R-04 Modification of Lifestyle Behaviors Relates to the Improvement of Japanese Workers’ Mental Health: Results from the Longitudinal Study Using Mental-Rosai II Web-Based Stress Check Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>R-01 Self-Care and Return to Work in Cancer Patients Receiving Outpatient Chemotherapy</td>
<td>(Sakurako Ito, Haruyoshi Yamamoto, &amp; Akira Tsuda)</td>
</tr>
<tr>
<td>R-02 Workforce Diversity in Indian Companies</td>
<td>(Ajay Vaidya &amp; Alpana Vaidya)</td>
</tr>
<tr>
<td>R-03 Investigation of Factors Affecting Burnout of Special Education Teachers: Focusing on Children and Adolescents with Problem Behaviors</td>
<td>(Yon-Soo Kim, Min-Kyoung Kim, &amp; Kyong-Mee Chung)</td>
</tr>
<tr>
<td>R-04 Modification of Lifestyle Behaviors Relates to the Improvement of Japanese Workers’ Mental Health: Results from the Longitudinal Study Using Mental-Rosai II Web-Based Stress Check Program</td>
<td>(Sakurako Ito, Haruyoshi Yamamoto, &amp; Akira Tsuda)</td>
</tr>
<tr>
<td>R-05 Occupation Stress, Job Satisfaction and Mental Health among Teachers of Affiliated and Constituent Colleges</td>
<td>(Sujeet Kumar Dubey)</td>
</tr>
</tbody>
</table>
S: Culture
S-01 The Relationship between Zainichi Koreans’ Mental Health and Switching in Relation to Japanese or Fellow Korean Conversants
(Jung Hui Lee & Tomoko Tanaka)

S-02 Comparison of Japanese and Foreign Care Workers’ Impressions of Care Work in Japan with the Aim of Improving Cross-Cultural Care at a Japanese Care Site
(Kaori Hatanaka, Emiko Yamamoto, & Tomoko Tanaka)

S-03 The Effect of Interpersonal Interactions during Stay Abroad on Behavioral Characteristics and Flexibility in Returnee Students
(Miho Ishii, Yukie Yagi, Natsumi Inomata, Kazutaka Nomura, & Hironori Shimada)

S-04 A Study of Subjective Well-Being and Health-Related Behavior among International Students in Japan
(Yumi Komatsu)

S-05 The Effects of Social Skills and Cultural Identity on Overseas Japanese Students’ Culture Shock Symptoms
(Aoi Hosokawa, Natsumi Inomata, Miho Ishii, Kazutaka Nomura, & Hironori Shimada)

S-06 Religious Coping among Refugees in Zimbabwe
(Risk Matiya)

S-07 Constructions of Masculinity and Health Behaviour among Chinese and Western Men in Hong Kong
(Tina L Rochelle)

T: Well-Being & Satisfaction
T-01 Association between Psychological Well-Being and Subjective Valence Rating of Images
(Damee Choi, Natsumi Minote, Takahiro Sekiya, & Shigeki Watanuki)

T-02 Mediating Effect of Gratitude Disposition on the Relation between Religiosity and Well-Being
(Sinseop Kim & Young Sook Chun)

T-03 Subjective Well-Being of Fukushima Evacuees Living in Public Housing at the Shinonome Residence in Tokyo
(Osamu Matsumura)

T-04 The Relationship between the Program of Students’ Major on the Fashion Show and Individual/Overall Satisfaction Degree in Their Show
(Shujiro Sugita)

U: Emotion
U-01 Blood Pressure and Implicit Processing of Emotions in Different Sense Modalities
(Meenakshi Shukla, Dharmendra Jain, & Rakesh Pandey)

U-02 Contextual Effect of Facial Expression in Emotion Recognition
(Yumin Seo & Kyong Mee Chung)

U-03 Face Adaptation and Aftereffects: the Effect of Race and Emotion
(Hyangkyeong Oh, Kwak Euihyun, Seo Yumin, Hudac Caitlin, Ma Ruquin, Guilland Casey, Santosh Megha, Webb Jane Sara, & Chung Kyungmee)
Social Activities

23rd, July, 2016
10:00 – 10:20 Opening Ceremony @ Room 501

MC: Tomoko Tanaka (Okayama University, Japan)
Speech: Kyoko Noguchi (Bunka Gakuen University, Japan), President of the 6th ACHP
Kyo-Heon Kim (Chungnam National University, Korea), President of the Asian Association of Health

19:00 – 20:30 Reception @ Room 503

MC: Kaori Hatanaka (Doshisha Women’s College of Liberal Arts, Japan)
Karate Performance (Japanese Traditional Martial Arts): Waseda University Karate Team
Kumite Performance: Suehiro, Imao, Tsukamoto, & Sawairi
Kata Performance: Ohki & Ishikawa
Fantastic Table Magic: Monsieur Sakuma (Magician)
Hiroshi Tanaka (Ogori Rotary Club / Tanaka Sanjiro Co., Ltd. CEO)
Nobuo Terao (Daikoh Co., Ltd.)

24th, July, 2016
10:00 – 14:35 Japanese Tea Ceremony @ Room 512
Instructor: Akiko Iwata 1st Degree Instructor of the Urasenke Chado Tradition
(Lecturer: Gakushuin Women’s College / Takarazuka University, Japan)

Takarazuka University Tea Ceremony Club

14:40 – 15:00 Closing Ceremony @ Room 501

MC: Sakurako Ito (Yokohama Rosai Hospital, Japan)
Presentation Award: International Committee, the Japanese Association of Health Psychology
Presenter: Koji Tanaka (Hiroshima Bunka Gakuen University, Japan), Vice President of the 6th ACHP

23rd–24th, July, 2016
Throughout the Days
Exhibition @ Room 513

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