

Global Link

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WELCOME TO NEW AND RETURNING MEMBERS

Benjamin J. Abbott
Bryan S. Carroll
Melissa B. Morrison

THANK YOU TO THESE GENEROUS DONORS

Barbara Gordon
Pamela D. Pelletreau
Michelle Urbancic

MAKE A NOTE

The password to the members-only section of the AAFSW website will change on January 15, 2010. All members in good standing will receive an email with the new password on that date. If you do not receive the new password for some reason, contact office@aafsw.org after January 15. Thank you.

Global Link is provided to the U.S. Foreign Service community as a service of the Associates of the American Foreign Service Worldwide. Your membership fees support this newsletter along with other AAFSW services. Please visit us at www.aafsw.org to learn more—and join today!

AAFSW
4001 North Ninth Street
Suite 214
Arlington, VA 22203
Tel: 703-820-5420
Fax: 703-820-5421
office@aafsw.org
www.aafsw.org

Holiday Essentials

I never expected to carry out an underwater rescue mission on Christmas day. But when you combine a family who loves the idea of swimming in December, a few poolside decorations, and a Bahamian wind, the results can be unpredictable. Our tiny Christmas tree fell almost in slow motion, drifting to the bottom of the pool in a spray of miniature ornaments. Earlier I had declared the water “way too cold.” As the only certified lifeguard present, however, I dived in for the save. No CPR was needed, although you could definitely describe my actions as artificial resuscitation, given the tree’s lack of real needles and bark.

Whether the holiday season is white with snow or sand, one factor never changes for our family: we use the same two artificial Christmas trees.



I'm dreaming of a white (capped) Christmas. (Bijilo Beach, The Gambia)

My first holiday season as a Foreign Service spouse was spent in the Dominican Republic. At that time, the only trees for sale featured bare branches spray-painted white and stuck into large metal cans of cement: more “must mock” than “must have.” We eventually found an 18-inch artificial tree at a local pharmacy -- the same tree that years later took an unexpected dip in the pool. Sold with miniature red and green tartan-wrapped presents, gold-touched pine cones, and balls covered in scarlet satin thread, the tree flaunted the traditional look we craved. We installed it on a draped table: instant Christmas.

Continued on page 3.



From the President's Desk

I hope you are all enjoying the holiday season wherever you are: on assignment overseas, on an

unaccompanied tour; or home with relatives.

The Foreign Service gives us so many unique holiday memories. While we might miss the snow and mistletoe, there is something to be said for spending the holidays in a different culture! The experience gives Foreign Service families an opportunity to develop their own traditions. That benefit of course must be balanced with missing out on being home with extended family and the nostalgia (and commercialism) associated with the season.

In my own family, we have incorporated Peruvian, German and English traditions into our holiday. We opted not to include Santa on roller skates and fireworks as was common in Caracas, or gifts from the Magi on January 6th, as was common in Spain.

And memories! We will never forget one Christmas Eve in Lima, Peru, as we were getting ready to head to church. The doorbell rang and what a surprise! It was the delivery of a gift from a Peruvian friend. Not Pisco, not "artesanía," but a live turkey replete with feathers and of course "gobble, gobble" sound effects! The turkey was quickly dispatched to the backyard, the dog locked in the house and we went off to church seeking guidance. All was resolved in the end, and no, I did not feed the turkey the traditional Pisco before butchering and cleaning it. Nor did I butcher and clean it! In retrospect, perhaps that close encounter with the source of the food is why our two Foreign Service daughters no longer eat meat!

The beginning of this new decade is also the beginning of AAFSW's 50th year. We have had preliminary discussions about how we will mark this passage. One concern is the future - where do we go from here? AAFSW is often criticized for resting on past laurels and we have to look to the future while acknowledging our history. The Foreign Service is growing rapidly and we need to meet the needs of today's Generation X and Y families without sacrificing the needs of our Baby Boomer Foreign Service families and retirees.

To get a better understanding of what you are thinking, we will conduct a survey using Livelines, our moderated email discussion list, to get your input for AAFSW's future. You can subscribe to Livelines through links on our website, www.aafsw.org.

We will also schedule a Forum during the course of the year and devote our May 18 program in the Benjamin Franklin Room to celebrating AAFSW's achievements and changes through the past 5 decades. We welcome your input.

Please share your ideas and concerns as well as any Foreign Service memories with us by emailing office@aafsw.org.

Happy New Year!



Volunteers Needed

The BookRoom is open for business again and volunteers are always needed for cashiering, pricing, and shelving. Please contact Robin Jones at 202-223-5796 if you are currently in the Washington, D.C. area and have two or more hours per week to help AAFSW.

Become a Fan of AAFSW

For various technical reasons, AAFSW's Facebook Group has been closed and converted to a Page. We'll be using this Page to post occasional news and announcements about AAFSW events and activities.

If you are a Facebook user, please "fan" us by clicking the link on the front page of www.aafsw.org, or by simply searching for "AAFSW" on Facebook. Thanks!



facebook

Holiday Essentials from page 1.

We resolved to buy a normal-sized artificial tree at the next opportunity and purchased one two years later. The same tree has traveled with us ever since, never missing a Christmas. (That alone demonstrates something of the miracle of Christmas, given the vagaries of international shipping companies.) The tree – still in its original, now slightly mouse-eaten box -- represents one of the few unchanging aspects of an itinerant, constantly varying life.

Early on we decided to get one or two ornaments each year to reflect meaningful people, places and experiences. In our youthful ignorance, we imagined that our memories would hang, shining, in rows on the tree. We didn't know that memories overlap and blur, outlines fading and colors changing. Sometimes as we unpack the boxes, we wonder, "Where did we buy this squirrel made of seeds?" or "Which student gave us that painted wooden angel?" The ornaments together create a weaving of a colorful life more than a reliquary for individual threads.

Our holiday activities have varied as much as the ornaments we carry from place to place. We have spent Christmas Day riding scooters around the neighborhood (chasing off stray dogs), playing

croquet, barbecuing with friends, swimming, and walking on the beach. We gather around our traditional Christmas tree, then dive into whatever life offers – sometimes literally!

This principle works for expatriate life in general: decide on essentials to maintain, while staying flexible and enjoying local traditions when it comes to the non-essentials. Your must-haves surely vary from ours. You may swear never to use an artificial tree and take pride in finding something – anything – alive to decorate, be it a palm branch or long piece of seaweed. We will admire your ingenuity and offer you a molasses cookie made from Grandma's recipe.

People of any religion can benefit from the words of the Moravians of times past:

In essentials, unity

In non-essentials, liberty

In all things, charity (love).

Enjoy both your traditional essentials and your new experiences this holiday season!

Jan Fischer Bachman is a former newsletter editor and website manager for AAFSW. After enjoying holidays in Mexico City, Santo Domingo, Nassau, and Banjul, she looks forward to a typical U.S. Christmas this year – except for the cold weather part!

Fun and Food with the Foreign Born Spouses

AAFSW's Foreign Born Spouses Group enjoyed a holiday luncheon at the home of AAFSW Program Coordinator Sheila Switzer on November 30, 2009. Twenty-one women from around the world shared songs, conversation and delicious international food.

For more information about the Foreign Born Spouses Group, please visit <http://aafsw.org/aafsw/fbspouses.htm> or email fbspouses@aafsw.org.







Christmas in the Foreign Service Community

Thanks for the photos, and Happy Holidays to all of you—wherever in the world you may be—from AAFSW!

Clockwise, from top left:

Guitar-playing Santa in a the Los Olivos neighborhood of Guayaquil, Ecuador from Patricia Linderman.

Christmas market in Aachen, Germany from Bonnie Carlson.

Barefoot shopping mall Santa Claus in Chennai, India, from Patty McDonnell Russell.

Ice palace sculpture in Bruges, Belgium from Francesca Kelly.



Singing the Winter Blues

Seasonal Affective Disorder

If you notice periods of depression that seem to accompany seasonal changes during the year, you may suffer from seasonal affective disorder (SAD). This condition is characterized by recurrent episodes of depression – usually in late fall and winter – alternating with periods of normal or high mood the rest of the year.

Most people with SAD are women whose illness typically begins in their twenties, although men also report SAD of similar severity and have increasingly sought treatment. SAD can also occur in children and adolescents, in which case the syndrome is first suspected by parents and teachers. Many people with SAD report at least one close relative with a psychiatric condition, most frequently a severe depressive disorder (55 percent) or alcohol abuse (34 percent).

What are the patterns of SAD?

Symptoms of winter SAD usually begin in October or November and subside in March or April. Some patients begin to slump as early as August, while others remain well until January. Regardless of the time of onset, most patients don't feel fully back to normal until early May. Depressions are usually mild to moderate, but they can be severe. Very few patients with SAD have required hospitalization, and even fewer have been treated with electroconvulsive therapy.

The usual characteristics of recurrent winter depression include oversleeping, daytime fatigue, carbohydrate craving and weight gain, although a patient does not necessarily show these symptoms. Additionally, there are the usual features of depression, especially decreased sexual interest, lethargy, hopelessness, suicidal thoughts, lack of interest in normal activities, and social withdrawal.

Light therapy, described below, is now considered the first-line treatment intervention, and if properly dosed can produce relief within days. Antidepressants may also help, and if necessary can be used in conjunction with light.

In about 1/10th of cases, annual relapse occurs in the summer rather than winter, possibly in response to high heat and humidity. During that period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss, and agitation or anxiety. Patients with such "reverse SAD" often find relief with summer trips to cooler climates in the north. Generally, normal air conditioning

is not sufficient to relieve this depression, and an antidepressant may be needed.

In still fewer cases, a patient may experience both winter and summer depressions, while feeling fine each fall and spring, around the equinoxes.

The most common characteristic of people with winter SAD is their reaction to changes in environmental light. Patients living at different latitudes note that their winter depressions are longer and more profound the farther north they live. Patients with SAD also report that their depression worsens or reappears whenever the weather is overcast at any time of the year, or if their indoor lighting is decreased.

SAD is often misdiagnosed as hypothyroidism, hypoglycemia, infectious mononucleosis, and other viral infections.

How is winter SAD treated with light?

Bright white fluorescent light has been shown to reverse the winter depressive symptoms of SAD. Early studies used expensive "full-spectrum" bulbs, but these are not especially advantageous. Bulbs with color temperatures between 3000 and 6500 degrees Kelvin all have been shown to be effective. The lower color temperatures produce "softer" white light with less visual glare, while the higher color temperatures produce a "colder" skylight hue. The lamps are encased in a box with a diffusing lens, which also filters out ultraviolet radiation. The box sits on a tabletop, preferably on a stand that raises it to eye level and above. Such an arrangement further reduces glare sensations at high intensity, and preferentially illuminates the lower half of the retina, which is rich in photoreceptors that are thought to mediate the antidepressant response. Studies show between 50% and 80% of users showing essentially complete remission of symptoms, although the treatment needs to continue throughout the difficult season in order to maintain this benefit.

There are three major dosing dimensions of light therapy, and optimum effect requires that the dose be individualized, just as for medications.

* Light intensity. The treatment uses an artificial equivalent of early morning full daylight (2500 to 10,000 lux), higher than projected by normal home light fixtures (50 to 300 lux). A light box should be capable of delivering 10,000 lux at eye level, which allows downward adjustments if necessary.

* Light duration. Daily sessions of 20 to 60 minutes may be needed. Since light intensity and duration interact, longer sessions will be needed at

lower intensities. At 10,000 lux – the current standard – 30-minute sessions are most typical.

* Time of Day of exposure. The antidepressant effect, many investigators think, is mediated by light's action on the internal circadian rhythm clock. Most patients with winter depression benefit by resetting this clock earlier, which is achieved specifically with morning light exposure. Since different people have different clock phases (early types, neutral types, late types), the optimum time of light exposure can differ greatly. The Center for Environmental Therapeutics, a professional nonprofit agency, offers an on-line questionnaire on its website, www.cet.org, which can be used to calculate a recommended treatment time individually, which is then adjusted depending on response. Long sleepers may need to wake up earlier for best effect, while short sleepers can maintain their habitual sleep-wake schedule.

Side effects of light therapy are uncommon. Some patients complain of irritability, eyestrain, headaches, or nausea. Those who have histories of hypomania in spring or summer are at risk for switching states under light therapy, in which case light dose needs to be reduced. There is no evidence for long-term adverse effects, however, and disturbances experienced during the first few exposures often disappear spontaneously. As an important precaution, patients with Bipolar I

disorder – who are at risk for switching into full-blown manic episodes – need to be on a mood-stabilizing drug while using light therapy.

What should I do if I think I have SAD?

If your symptoms are mild – that is, if they don't interfere too much with your daily living, you may want to try light therapy as described above or experiment with adjusting the light in your surroundings with bright lamps and scheduling more time outdoors in winter.

If your depressive symptoms are severe enough to significantly affect your daily living, consult a mental health professional qualified to treat SAD. He or she can help you find the most appropriate treatment for you. To help you decide whether a clinical consultation is necessary, you can use the feedback on the Personalized Inventory for Depression and SAD at www.cet.org.

Reviewed by Michael Terman, Ph.D., Director, Winter Depression Program, New York State Psychiatric Institute at Columbia University Medical Center. New York City (February, 2004).

From the National Alliance on Mental Illness, <http://www.nami.org>, (800) 950-NAMI; info@nami.org.



Christmas Market in Old Town Square, Prague, Czech Republic from Kelly Bemby Midura.

OFFICERS

Honorary President
Lisa Carty

President
Faye Barnes
president@aafsw.org

Presidents Emeritae
Judy Felt
Terri L. Williams
Mette Beecroft
emerita@aafsw.org

1st Vice-President
Elaine Neumann
Tel: 703-920-5773
vicepresident1@aafsw.org

2nd Vice-President
Lisa Wilkinson
vicepresident2@aafsw.org

Board Secretary
Barbara Ratigan
Tel: 703-536-2015
secretary@aafsw.org

Treasurer
Lucy Whitley
Tel: 703-536-2183
treasurer@aafsw.org

Assistant Treasurer
Anna Dworken
treasurer2@aafsw.org

Membership
Debbi Miller
Tel: 703-470-6160
membership@aafsw.org

Programs
Sheila Switzer
Tel: 703-569-8867
programs@aafsw.org

Public Relations
Lesley Dorman
Tel: 202-484-3497
publicrelations@aafsw.org

Forum
Judy Felt
Tel: 703-370-1414

Art&BookFair
Mette Beecroft
Tel: 301-320-7698
Fax: 301-320-0963
BookFair@aafsw.org

ADMINISTRATION & SERVICES

AAFSW Office
Margaret Teich
4001 North Ninth Street
Suite 214
Arlington, VA, 22203
Tel: 703-820-5420
Fax: 703-820-5421
office@aafsw.org

**Creative Director
(Newsletter and Website)**
Kelly Bemby Midura
Tel: 703-860-6723
kelly@aafsw.org

Housing Desk
Employee
Services Center
Main State, Room 1252
Tel: 202-647-3573
Tel: 202-647-3086
housing@aafsw.org

Lesley Dorman
Tel: 202-484-3497

Book Room
Main State
Room B-816
Robin Jones
Tel: 202-223-5796
bookroom@aafsw.org

Livelines Moderator
Bert Curtis
livelines@aafsw.org

Facebook Moderator
Jen Dinoia
facebook@aafsw.org

COMMITTEE CHAIRS

AFSA Liaison
Patty Ryan
Tel: 202-966-7696
Fax: 202-362-1716
Ann La Porta
Tel: 202-248-4246
afsarep@aafsw.org

Archivist
TBA

Art Corner
Dianne Bodeen
Marian Rondon
artcorner@aafsw.org

CLO Association
TBA

Foreign-Born Spouses
Huda Karaman
703-821-2178
Troella Tyznik
703-780-5234
fbspouses@aafsw.org

French Group
Christel McDonald
Tel: 703-525-9755
frenchgroup@aafsw.org

Legislative Liaison
Chris Zarr
Tel: 301-229-7218
congressrep@aafsw.org

Oral History
Jewell Fenzi
Tel: 202-387-4024
oralhistory@aafsw.org

Playgroup Coordinator
Brynn Gelband
playgroup@aafsw.org
Post Representatives
Vacant

Scholarships
Carolyn Connell
Tel: 703-241-2422
scholarship@aafsw.org

Senior Living
Marguerite Anderson
Tel: 301-652-5433
seniorliving@aafsw.org

SOSA
Cathy Salvaterra
Tel: 703-538-1133
sosa@aafsw.org

State Liaison
Mette Beecroft
Tel: 301-320-7698
Fax: 301-320-0963
staterep@aafsw.org

Women in Transition
Nancy Longmyer
Tel: 703-532-4694
divorce@aafsw.org

AAFSW
4001 North Ninth St.
Suite 214
Arlington, VA
22203



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