

# Analyze This!

The Official Newsletter of the  
San Gabriel Valley Psychological Association



AN OFFICIAL CHAPTER OF THE CALIFORNIA PSYCHOLOGICAL ASSOCIATION

May/June 2015

## CPA's Outstanding Newsletter for 2015!

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### Upcoming Lunch Meetings

**Date:** Friday, May 8, 2015

**Topic:** Erotic Responses in the Analyst and their Use in the Analysis

**Speaker:** Donald Marcus, MD

**Date:** Friday, June 12, 2015

**Topic:** Integrative Psychotherapy

**Speaker:** Diann Wingert, LCSW

**PLEASE RSVP NO LATER THAN THE FIRST MONDAY OF THE MONTH TO YOUR INTERNET EVITE,  
OR TO THE SGVPA MAIL BAG [INFO@SGVPA.ORG](mailto:INFO@SGVPA.ORG).**

#### CE credits available for Psychologists, LCSWs and MFTs

Monthly luncheons are held on the second Friday of the month at the Women's City Club,  
160 N. Oakland Avenue, Pasadena, from 12:00 to 1:45 p.m.

##### Members Costs:

Luncheon, Service, and Parking Privileges...\$22

CE credits...\$20

Audit...\$10

##### Non-Member Costs

Luncheon, Service, and Parking Privileges...\$27

CE credits...\$25

Audit...\$15

### PRESIDENT'S MESSAGE



**D**ear Colleagues:  
“Separate and together, we must always be; So many reminders of this truth, all of the time.”

Personal growth demands finding a way to bear our own burdens, and collective growth demands joining in a collective effort. Recently, I read Beatrix Potter’s “The Tale of the Flopsy Bunnies” to my young son. In the story, a group of bunnies grow sleepy after gorging on lettuce leaves. They fall asleep, and in their coma-like state—so full of greens that they can not

contain anymore—they are unaware of danger approaching in the form of Mr. McGregor, the farmer. He thus pounces on them, scoops them all up into a sack, and carries them away! And it is only due to the resourcefulness of a little mouse who has stayed alert and kept watch that they are finally able to escape. The mouse bravely risks his own life to nibble a hole in the sack, and rescue them, pulling them out one by one through the hole.

Even though I was reading this as entertainment for my son and I, as a way to come together after a long day apart, I found the story invited deeper reflection. I thought of how “full” therapists become from taking in, listening to, and virtually inhabiting the experiences of those they treat. I thought of how I often find myself drifting into a dream-like reverie in the course of trying to digest

*(continued on p. 2)*

all that I've heard. I reflected on how difficult it is to stay alert to potential dangers in the larger world that may threaten me or my "group." And then I thought of how it does seem that my group—psychologists—is actually facing danger. I found myself hoping that at least some of us will be watching, and will act to protect me/us.

We must be *separate*, because each of us has to live out and bear his or her own life. Each of us have to weigh what resources of time and energy are necessary to survive and thrive. At the same time, we must also be together because we cannot truly thrive if we don't acknowledge that there really are *group* needs that must be attended to. I'm thinking here of the many issues confronting our field, such as health care reform, scope of practice challenges, complicated legislation, problems involving oversight by bodies such as the Board of Psychology and California lawmakers, student loan repayment and insurance reimbursement stressors, the shrinking number of internships and viable employment opportunities for new colleagues, and the issues of APA's alleged involvement in torture tactics. Indeed, there are many "dangers" to stay alert to, poised and ready to take action.

SGVPA strives to be both a place to facilitate the "fullness" of our *individual* professional lives, as well as encouraging that *group* engagement that is so vital. Please feel invited to participate—both in giving and receiving. Please see our website ([sgvpa.org](http://sgvpa.org)), as well as CPA's ([cpapsych.com](http://cpapsych.com)) for more information.

Warmly,

Ellen Miller Kwon, PsyD  
President

*Disclaimer: The opinions and views expressed in this publication do not necessarily reflect those of the San Gabriel Valley Psychological Association.*

## SGVPA Events Calendar

5/8/15 Monthly CE Luncheon —  
Erotic Responses in the Analyst and Their Use  
Dr. Donald Marcus, MD



5/15/15 Monthly Board Meeting —  
12:00 Noon  
Women's City Club



5/15 Early Career Mixer — TBA



6/1/15 Deadline for Submissions To —  
*Analyze This!* Editor Dr. Suzanne Lake



6/12/15 Monthly CE Luncheon —  
Integrative Psychotherapy  
Diann Wingert, LCSW

6/15/15 New Member Event — Location TBA

6/19/15 Monthly Board Meeting —  
12:00 Noon  
Women's City Club

# My Journey with Psychiatrists and Organized Psychiatry

## Part II of a Series

By Keith Valone, PhD, PsyD, MSCP



In Part I of this series, I described my extensive positive experience collaborating with psychiatrists in a variety of clinical settings during my 32 years in practice. These personal relationships with psychiatrists have been enjoyable, collegial, and mutually respectful. However, I noted in Part I that my experience with *organized psychiatry* has not been so positive. I summarized the unequivocally antagonistic, obstructionist, and hostile stance that organized psychiatry has taken toward our profession over the arc of my career. I reviewed two iconic struggles from the 1980s that are representative of organized psychiatry's relentless efforts, yet repeated inability, to undermine the independent profession of psychology: psychiatry's legal campaign to eliminate psychologists' right to independent hospital practice, and psychiatrists' attempts to bar psychologists from obtaining formal psychoanalytic training.

Our current battle with psychiatry is over prescriptive authority. In fact, psychologists have been safely and effectively prescribing medication to patients for over 20 years in the United States. This is not a new issue. Psychologists prescribe in the United States Armed Forces, in Louisiana, New Mexico, and Guam, and have recently obtained prescriptive authority in Illinois. Prescriptive authority for psychologists *will* come to all 50 states. It is a matter of when, not if. There are many public policy reasons for this fact, which I will not go into here, inasmuch as there are many well-written articles published on this topic elsewhere. Unfortunately, organized psychiatry yet again is hostile, obstructionist, and antagonistic at every turn in their dealings with organized psychology.

I could give many other examples of less dramatic instances of the consistent pattern of unfriendly stances which organized psychiatry has taken toward our profession in legislative and policy arenas. Unfortunately, I cannot think of one instance in 32 years of practice where organized psychiatry has worked closely and collaboratively with organized psychology to respect the right of our profession to provide the highest quality of mental health care to the public, as they do in their alliance with dentistry, for example.

In closing, I will comment briefly on qualifications

for training in prescriptive authority—in particular the suggestion by some in our organization that a professional should be required to attend medical school, and complete a residency in psychiatry, in order to prescribe psychotropic medications. The reality is that the State of California currently grants prescriptive authority to many professionals that did not attend medical school—such as podiatrists, optometrists, dentists, clinical nurse practitioners, and physician assistants. Some of these professionals have unrestricted prescriptive authority, meaning that they can write a full formulary of medications, just as any physician can. Moreover, if I recall correctly, the majority of psychotropic medication prescriptions are written by internists, family practice physicians, nurse practitioners, physician assistants, and OB-GYNs, *not* psychiatrists. None of these professionals completed a residency in psychiatry. Those who truly believe that an MD and residency in psychiatry are a requirement to prescribe psychotropics should be far more alarmed about threats to public safety from those who are already prescribing this class of medications than psychologists, who do not yet have prescriptive authority. Yet, I hear no hue and cry, nor activist legislation proposed, to try to restrict prescriptive authority from these professionals. Why not?

Since the extent and quality of training by psychologists for prescriptive authority clearly qualifies them to prescribe, as evidenced by 20 years of public safety by prescribing psychologists, there must be another agenda by organized psychiatry in its vigorous efforts to block psychology from obtaining prescriptive authority. As we like to say in our profession, the best predictor of future behavior is past behavior. If this adage applies here, the best efforts of organized psychiatry to block our efforts to preserve our scope of practice as prescribing psychologists will fail—just as efforts to prevent us from hospital and psychoanalytic practice failed. Perhaps at some point in the future, organized psychiatry will realize that a fundamental change in stance toward our profession is in order. Much as I enjoy my relationships with individual psychiatrists, I wish as a member of our discipline I could say that I enjoy our collective relationship with organized psychiatry. By cooperating and collaborating with us, together we could join forces to address the many challenges to our mutual professions in today's political climate.

*Dr. Keith Valone can be reached at KValone@theearroyos.org.*

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# Taking Time for Art Appreciation

## Spring CARE Event at the Norton Simon Museum

By Brett Veltman, PsyD  
CARE Chair



**O**n Friday, March 27th, members gathered for lunch in the garden cafe, and a stroll through Pasadena's wonderful Norton Simon Museum. The museum's amazing collection includes masterpieces by Rembrandt, Van Gogh, Degas, Manet, Warhol and many other masters in its beautiful galleries. The event, organized by our CARE Committee, offered not only the opportunity to take respite for an afternoon in the beauties of fine art, but also to meet up with other SGVPA members and get to know them better—personally and professionally.

For those of you who are new to SGVPA, or are unfamiliar with CARE, it is a component of the California Psychological Association which stands for Colleague Awareness Resources and Education. CARE's mission includes encouraging psychology professionals to recognize the importance and need for leisure and self-care, as well as creatively building relationships with other professionals. Taking a break to have lunch and enjoy timeless works of art at a local museum with colleagues and friends is just one way to do that!

If you weren't able to attend this event, do make the time to check out the Norton Simon Museum on your own some time. It's a great local resource that is well worth the (short) trip, and provides an excellent opportunity to care for yourself through art and relaxation. Also, I hope you'll be on the lookout for future CARE events, and take the time to focus on self-care and building relationships with your SGVPA friends and colleagues. Everyone is welcome!

*Dr. Brett Veltman can be reached at [drbrettveltman@gmail.com](mailto:drbrettveltman@gmail.com).*



*Clockwise from back row, art appreciators Brett Veltman, Dustin Plattner, Manny Burgess, Daniel Linscott, Noel Cooper, Susan Keene, Suzanne Lake, and Ellen Miller Kwon.*

# Cultural Empathy

## A Filipino Psychologist Works with the Native American Community

By Amee Velasco, PsyD



**W**hen I sit across from my clients, I know that I'm experiencing only a portion of their worlds. Imagine how much more complex that dynamic is when the client and I come from completely different backgrounds.

After having worked with underserved populations since I was a psychology student in college, I now find myself working in a substance abuse and mental health program at United American Indian Involvement (UAI), a community organization that serves urban American Indians and Alaska Natives (AI/AN) in Los Angeles county. Like many people in the US, I hadn't had much interaction with the AI/AN community. Since I'm not Native American, how then do I relate to my Native American clients? Pretty much like any clinician would work with someone coming in for therapy: using compassion, respect, a sincere curiosity to get to know the person, cultural sensitivity and empathy. What is empathy? Our textbooks and lectures define it as the ability to put ourselves in another person's shoes. But what is often neglected is elaborating on the idea of practicing empathy through a *cultural* lens.

There are several parallels between the Filipino American and the AI/AN communities. (In case my picture and the title hasn't already given me away—I am a Filipina American!) What's less obvious is the journey I've taken in working through cultural identity issues. Filipinos are one of the most westernized groups from among all Asian cultures. As a result of a long history of colonization by Spain, and then the United States, the majority of us Filipinos are Christian/Catholic and speak English. Among Filipino Americans, it is commonplace to run into someone who doesn't even know how to speak Tagalog, which is the national language. Until recently, generations of Filipino Americans barely knew the history of the Philippines—inasmuch as it has been ingrained over generations that the best way to survive is to blend in with the dominant culture. As a result, Filipino Americans have been referred to as the “invisible minority;” we are minorities within the Asian community, where most groups are more clearly defined. Only in recent years have Filipino American young people begun to delve more deeply into Filipino culture, and to embrace ancient

traditions. Some examples of this include schools offering Filipino history classes; increased interest in learning to play indigenous instruments; and the widespread use of Filipino tribal tattoos—an ancient practice in danger of extinction. All this is in response to generations of being disconnected from our roots so that psychically, many of us feel extremely split-off.

Like Filipino Americans, Native Americans are no strangers to the effects of colonization and genocide. Their culture has been subjected to appropriation, and reduced to mythology and mysticism within mainstream societies and their native land (North America). When I tell people where I work, a common reaction is, “Wow! I didn’t know there were still Native Americans around!” Not surprisingly, some of my clients express resentment or regret that their parents didn’t help them learn about and embrace their native side, even though they may identify with the dominant culture or another minority (many of them are bi-or multiracial). Others did grow up surrounded by their Native heritage, but became more distant from it as they later assimilated into the dominant society.

We use traditional healing methods at UAI, the premise being that it helps community members (re)connect with their cultural heritage and the traditional medicine their tribes have used in the past. Some of the more common traditional practices that have been introduced to the urban AI/AN community are burning sage, participating in sweat lodge ceremonies, consulting with spiritual elders and traditional healers, and attending or participating in pow wows.

So how does a clinician work with the AI/AN community, when neither one of the dyad knows much about the background culture? Although I do not belong to the AI/AN community, I *can* recognize that disconnect in my clients who have never known, or have grown distant from, their culture. I know the feeling of loss, and of not being grounded or centered in a solid sense of cultural identity. Similarly, I can identify with members of AI/AN community who desire to reclaim their heritage, to integrate it into their evolving identities, as though it’s been a missing puzzle piece. So even if we have specifically different backgrounds, we have very similar experiences as well—and finding that connection helps to bridge what might otherwise divide us.

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# Dreaming in the 21<sup>st</sup> Century: Dream Neglect — What is Lost?

## Part II of a Series

By Larry Brooks, PhD  
Program & Continuing Education Chair



We spend an average of one third of our lives sleeping, and about 25% of this time in REM sleep, dreaming. Only between 5 and 10% of our dreams are remembered; and when remembered, these are often in fragments and quickly forgotten. Or if not forgotten, they are frequently neglected. When forgotten, a random stimulus can trigger recall, suggesting that dreams, though forgotten, are yet preserved in the brain.

It is puzzling why so few dreams are remembered, given the centrality of dreaming to sleep. Neuroscience can explain the mechanics of forgetting, and some of the benefits of dreaming, but not its psychological or cultural significance. The hippocampus, which monitors the activity of the cortex and is involved with memory consolidation, is less responsive to inputs during sleep, allowing dreams to slip away. Through REM deprivation studies, researchers have also concluded that REM dreaming is important for emotional regulation.

If there is a benefit to dreaming which does not necessitate recall, is there any significance of neglecting our dreams? Is there unrecognized loss by the individual and the culture as a result of dream neglect? Is it possible that our neglect of the night's royal offerings can occur without any significant consequence? Is this absence symptomatic?

Author James Hillman asks, "What does the psyche want that it doesn't know to ask?" What are we failing to recognize? The psychological significance of dreaming and dream forgetting and neglect reflect the dynamic and contentious relationship between our conscious and unconscious modes of functioning. Individual and collective dream neglect syndrome is consistent with a waking consciousness that doesn't recognize the vital relationship between what occurs at night and the psychological events of the day, nor the immense, potential benefit to tending to our dreams. The ego's eyes are blinded to the night. This phenomenon of neglect represents a profound alienation from the unconscious that is left to wildly roam unrecognized and unintended through the day.

I contend that the cost of this neglect is subtle yet profound, though mostly speculative. There is no diagnostic entity called "dream neglect syndrome." The symptoms may go unrecognized, or are attributed to other causes.

How might we understand this disjunction? In *Dreaming Culture: Meanings, Models and Power in Us American Dreams*, Jeannette Marie Mageo points out that Tahitian culture doesn't have a specific word for sadness. She goes on to describe the experience of a Tahitian man who is disturbed when his wife and child leave for another island. Because he has no category for this feeling, he concludes he is ill.

Could this example of mis-representation of phenomena help us to understand the impact of dream neglect? Freud's statement, "What is not remembered is acted out," suggests that the nether world of unremembered dreams seeds waking behavior that actually reenacts psychological scenarios unbeknownst to the person. Gordon Lawrence, who developed the technique of "social dreaming," believes that dreams reflect social as well as personal meanings. They hold a collective cultural meaning, and present a social unconscious comprised of dissociated social, political, and cultural experience.

What then is the value of remembering dreams? Lawrence states, "Provided we can remember our dreams, we can have confidence that we are in touch with our unconscious, and if we can associate to them, and use amplification, we are on speaking terms with our unconscious. If that is made possible, we can minimize the possibility of being caught up in psychotic-like social processes, because we can speak with our own psychosis." In the course of neglecting dreams, we are not only separated from the personal and social unconscious, but we conflate our personal conflicts with others'. To be "on speaking terms with our unconscious" helps us to be attentive to projective mechanisms that distort our interpersonal perceptions, and create the psychological conditions for interpersonal conflict.

James Hillman's approach to dreams is an attempt to "speak with our own psychosis." He believes that the value of a dream is to help the ego adjust to the unconscious—to all that is messy, terrifying, and repugnant. "The dream-work cooks life events into psychic substance by means of imaginative modes... The dream is an initiation that moves the ego into the world of the *imaginal*." The *imaginal* is a quality of thinking "on speaking terms with the unconscious" that embodies the irrational, and makes dreaming experience psychologically meaningful. We might ask, for example: what would happen to road rage, if people were on speaking terms with their unconscious?

*Dr. Larry Brooks can be reached at drbrooks@drlarrybrooks.com.*

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## Manny's Corner

### Reflections on the Lighter Side of Life

By Manny Burgess, PhD

*"Man is most nearly himself when he achieves the seriousness of a child at play."—Heraclitus*



**A**lthough perhaps not as much fun as finding a new and exciting restaurant, or a hidden gem of a movie, there is still some enjoyment to be had in finding a new phobia. One of my patients keeps her cell phone right next to her on the couch, always about 6-8 inches from her leg, like a little pet, always on and facing her. I've noticed how she will glance at the screen many times during our session, as if terrified she will miss a call or a notification while she's distracted (by her therapy). It's as if she is a firefighter or paramedic on high alert for the next emergency call. But she is neither, which leads me to my recent discovery of a new phobia (at least new to me) which may apply to my patient: *Nomophobia*—the fear of being without a mobile device, or beyond mobile phone contact.

This term was coined during a 2010 study conducted by the United Kingdom Post Office, as an abbreviation for *no-mobile-phone phobia*. The study contends that the condition occurs in almost every industrialized nation. The Post Office commissioned a government research organization to look at anxieties suffered by mobile phone users. The study found that nearly 53 percent of mobile phone users in Britain tend to be anxious when they "lose their mobile phone, run out of battery or credit, or have no network coverage."

Some authors argue that the condition is worse in the United States, where it is estimated that as many as 65 percent of cell phone users sleep with or next to their smart phones. And the percentage is probably even higher among college students. One study found 34 percent who admitted to answering their cell phone during sexual intimacy. Another interesting symptom observed is persons returning home after driving some distance, just to retrieve their forgotten cellphones.

As another symptom of cell obsession, we've all certainly seen the sad and almost-humorous waiting room behavior where everyone is immersed in their personal phone screen—replacing the old-fashioned custom of simply

looking at each other, and perhaps talking. I've recently even noticed my own addictive habit of looking at my emails on my cell, and then needing to look again after 10 seconds, even though nothing could've possibly changed! OMG, I hate to think that I might need a rehabilitation program... SPA (Smart Phone Anonymous)!

Speaking of phobias, take a look at this list and see how many you can match ( answers at the end).

- |                        |       |                        |
|------------------------|-------|------------------------|
| 1. Sciaphobia          | _____ | A. Clowns              |
| 2. Coulrophobia        | _____ | B. Long words          |
| 3. Xenophobia          | _____ | C. Knees               |
| 4. Rhytiphobia         | _____ | D. The great mole rat  |
| 5. Zemmiphobia         | _____ | F. Getting wrinkles    |
| 6. Novercophobia       | _____ | G. Garlic              |
| 7. Liticaphobia        | _____ | H. Your step-mother    |
| 8. Latrophobia         | _____ | I. Shadow              |
| 9. Genuphobia          | _____ | J. Frogs               |
| 10. Ereuthrophobia     | _____ | K. Blushing            |
| 11. Sesquipedalophobia | _____ | L. Crossing streets    |
| 12. Alliumphobia       | _____ | M. Strangers or aliens |
| 13. Dromophobia        | _____ | N. Doctors             |
| 14. Ranidaphobia       | _____ | O. Lawsuits            |

(Answers: 1-I, 2-A, 3-M, 4-F, 5-D, 6-H, 7-O, 8-N, 9-C, 10-K, 11-B, 12-G, 13-L, 14-J)

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# CPA's Annual Leadership and Advocacy Conference

By Amber Blews, MA



Hello! I would like to introduce myself. My name is Amber Blews and I am a 6th year doctoral student in the clinical psychology program at Fuller Graduate School of Psychology. I have been a student member of SGVPA for over four years, and I currently serve as the California Psychological Association Graduate Students (CPAGS) campus representative for Fuller, and on the CPAGS Advocacy Committee. I am writing this article to share my experience of this year's Leadership and Advocacy Conference (LAD), and Lobby Day, conducted by the California Psychological Association, and held this year on March 23-24.

LAD aims to train psychologists and graduate students in the principles and processes of CPA's advocacy program. It also provides an opportunity for participants to actually talk to their legislators—"lobby"—about issues that affect them and their clients. While I have attended Lobby Day several times before, this was my first opportunity to attend the entire LAD Conference. I found the experience informative and exciting as attendees learned first-hand how vital our efforts at advocacy are. In addition to learning about political processes, we were also informed about the changes CPA has been making internally, in an effort to become even stronger and more effective in promoting the policy interests of the 20,000 licensed psychologists in California.

For example, much of the presentation addressed changes in CPA's organizational structure and staff. A significant change, aimed at balancing the 2015 budget,

was eliminating both the Grass Roots and Informational Technology positions. CPA reasoned that grass roots efforts are currently being carried out quite well by local chapters, thus justifying doing away with the paid position in Sacramento. Elimination of the IT position was apparently a simple matter of insufficient funding. In addition, the CPA board eliminated expensive funding for a private lobbyist, in favor of relying solely on their own excellent full-time lobbyist, Amanda Levy. By all accounts, Amanda has done an excellent job at maintaining relationships between CPA and state legislators, which facilitates effective lobbying.

CPA expressed excitement about the introduction of the Local Advocacy Network (LAN) program, which will replace the Governmental Affairs Committee (GAC) in local chapters, with hopes that this change will dramatically improve communication between the CPA Board of Directors and the local associations. I personally was delighted to meet SGVPA's own LAN Representative, Dr. Dustin Plattner. He and I—along with our president, Dr. Ellen Miller Kwon, teamed with other students and psychologists in direct visits to senators and assemblypeople, where we presented and discussed mental health issues in current legislation on Lobby Day.

As ever, I enjoyed participating in these fascinating and meaningful events, because I strongly believe that *wemust* impact policies that involve our profession, our practice, and our patients. I hope that you share that belief, and will also take part in the many and varied opportunities to get involved that SGVPA and CPA will present in the coming year!

*Amber Blews, MA can be reached at [amberblews@fuller.edu](mailto:amberblews@fuller.edu).*



*From left: Kimberly Cobos, Amber Blews, Senator Ed Hernandez, Ellen Miller Kwon, Jennifer Rousch, Michelle Cuevas, Dustin Plattner.*

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# Psychology and Family Law

## Empathy Is Incompatible With Shame and Judgment

By Mark Bear, Esq.



In my last column (Jan/Feb 2015), I wrote about the significance and power of empathy, in particular among judges, politicians, legislators and others who would shape public policy. I would like to share the back story that led to my researching the issue of empathy. It began with my confusion at the hostile reaction of many people—particularly members of online discussion groups—to the Supreme Courts striking down the portion of the Defense of Marriage Act (DOMA) that denied federal benefits to legally married same-sex couples. Many of these discussants were members of the legal profession, mental health professions, and professional mediators. I had hoped that well-educated and well-meaning people would be reasonably empathetic, and I needed to understand how it was possible for an empathetic person to make hateful statements.

I had been thinking about empathy in terms of my work as a mediator, and author Martin Golder's statement that, "in conflict resolution, empathy is a central tool and way of being." I was also intrigued by psychotherapist Brené Brown's position that, "empathy and shame are on opposite ends of a continuum. In fact, [empathy] is the most powerful antidote to shame."

The facts of the case that led to the Supreme Court's decision on DOMA involved a situation in which a person incurred \$363,053 in estate taxes that would not have been incurred, had the federal government recognized her same-sex marriage. The following is one of many critical comments posted in the Mediators and Peacemakers LinkedIn Group, in response to the discussion on DOMA being found unconstitutional:

"Know that there are many, indeed a large majority of Americans, who say government shouldn't legislate morality—until it is they who wish to legislate their personal agenda. Then it's apparently okay! Same with judges these days—most of whom are not fit to wear a judicial robe. Whatever suits the result they want to see *personally* dictates how they rule!".

The mediator who made this statement is shaming members of the homosexual community by inferring they are immoral, and completely ignoring the reasoning behind the Court's decision. His comment here actually led me to

leave that discussion group.

Around the same time, I shared online my article titled, The Same-Sex Marriage "Debate" Is Based Upon Ignorance and Inaccurate Information, in various mediation-related LinkedIn groups, and again received a great many hateful comments. The following is one such comment from a mediator:

"A unique meaning [of the term marriage] has now been taken away from a great many people. Society didn't take into account the convictions of a large group of folks when it eliminated that distinctive description. Now... what is being offered in its place? I wouldn't deny anyone their dignity—even though you deny me mine [i.e., with the striking down of DOMA], and offer nothing to replace it. What we had has been destroyed and deprived of meaning, which was what was intended, no doubt. Envy is a sad and destructive thing... There have been many happy companionships of brother and sister and friends, close friends [without cultural institutions changing]. Life went on. Now there is a triumphant minority riding roughshod over a community cowed into submission by political activism. Anyone who opposes that activism earns accusations of "homophobe," regardless of truth. I'm not lacking empathy, I hope—but am despised by an intolerant part of the LGBT community. This debate, has the disingenuous agenda of minority power, not equality."

The mediator who made this comment was also directing shame at the homosexual community. He claims "not to deny anyone their dignity," but states that by giving the members of the homosexual community *their* dignity, his dignity was taken away. He attempts to shame homosexuals by disregarding their unequal treatment under the law, and reducing it to nothing more than envy of heterosexuals' right to marriage. He also devalues their sexual orientation, by comparing their relationships to platonic companionship. Yet believes he is an empathetic person.

I'm guessing it's possible for someone to be an empathetic person, yet still limited in applying it, and unable to really understand some folks' subjectivity. However, a genuinely empathetic person would convey respect, rather than expressing judgmental and hateful opinions. If they disagree with someone, they would instead express their disagreement in a non-shaming manner. Empathy is essential to conflict resolution and one cannot be a mediator or peacemaker in the true sense of the word, unless one is broadly empathetic.

*Mark Baer, Esq can be contacted at mark@markbaeresq.com.*

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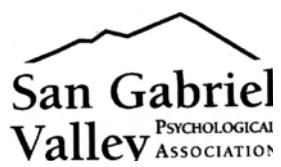
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