

Analyze This!



San Gabriel
Valley PSYCHOLOGICAL
ASSOCIATION

www.SGVPA.org

The Official Newsletter of the
San Gabriel Valley Psychological Association

AN OFFICIAL CHAPTER OF THE CALIFORNIA PSYCHOLOGICAL ASSOCIATION

November/December 2015

CPA's Outstanding Newsletter for 2015!

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Upcoming Lunch Meetings



Date: Friday, November 13, 2015

Topic: Clinicians and Suicide Loss

Speaker: Nina Gutin, PhD and Lauren Wecker, PsyD

Date: Friday, December 11, 2015

Topic: Voices of Experience: A Panel Discussion About Building and Sustaining Private Practice (non-CE)

Speakers: Dr. Larry Brooks, Dr. Melissa Johnson, Dr. Wayne Kao, Dr. Stephanie Law, and Dr. Jon Patrick-Pederson.

PLEASE RSVP NO LATER THAN THE FIRST MONDAY OF THE MONTH TO YOUR INTERNET EVITE, OR TO THE SGVPA MAIL BAG 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

Betrayal by Association



Dear Colleagues,

Why belong to an association when it does not represent your ideal self? Or when the association acts in a way that is embarrassing, or even angering to you—why stay? When associations like APA and CPA, or even SGVPA, fail you in some way—why not leave?

Those who pay attention will not wait long to find an example of failure, or even betrayal, by an association. If you would like examples of betrayal, look up the Hoffman Report on the APA, which spells out how our very own American Psychological Association colluded to support torture during the Bush administration, betraying our ethical demand of “do no harm.” And, look up AB 1775. In this case, CPA failed to oppose a bill that, in my estimation, failed to protect our professional relationships with clients—allowing passage of a law that mandates reporting any psychotherapy client who reports viewing of child pornography or sexting of images of persons less than 18 years of age.

Maybe you attended an event of our own association, and someone there was directly unpleasant to you or someone else, or even proposed that your theoretical orientation was seriously flawed. Especially within a community, that can be unexpected, offensive and painful. There are plenty of examples of associations missing the mark when it comes up to ideals. I wonder if you can think of one that personally stings you. Trust me, if you stick around long enough, you will. And it's not because associations are inherently full of failure and cannot live up to promises of providing fruitful community, wise advocacy, and a strong commitment to professional ethics.

Rather, failure and a felt sense of betrayal is an inevitable milestone on the road of relationship between

(continued on p. 2)

any two persons, or any person and any substantial group.

Psychotherapy accounts for this inevitability between persons by concepts such as a “therapeutic failure” or “misattunement.” It is impossible to perfectly anticipate or support all needs, and all perspectives, or to resolve all quandaries—even within ourselves, let alone among people. Issues are complicated, and often there are competing needs and perspectives. Disagreement, offense, and even betrayal “happens.”

Sometimes the answer *is* to leave the relationship—to quit the organization, to speak out in rage, to promote an active opposing view. Yes. That is sometimes the answer... But I would like to propose that in order to move forward, staying involved and finding a way to both make your perspective known and to understand how the betrayal happened is the only way to move the betrayal to something more like growth.

This hits home for me as SGVPA President, and I see the need for more of us to be involved in the complex issues of advocacy, governance, and creating a community of scholarly tolerance, respect, and discussion. The potential of offense is almost prerequisite to authentic contact. Let us move through these disappointments into greater conversation, community, and momentum.

Dr. Doug Haldeman, an advocate for LGBT non-discrimination within psychological practice, spoke recently at a CPA-PAC fundraising event. He observed how important it’s been for his growth to discourse with academics at Regents University—a conservative Christian school that housed “the enemy.” He noted that he found the exchanges deepened his formulations of the social progress he wanted to see. This is a psychologist who helped APA develop its competency principles for working with LGBT clients in psychotherapy, and who helped promote a law in California which now makes conversion therapy with minors illegal. Before the work of change had begun in the psychological associations, he had to tolerate that the current policy was offensive and harmful to the LGBT community. His willingness to belong to associations—even those which in his mind were getting important issues and stances wrong—lead to important changes in the associations. That is the type of stance towards betrayal that presses us all forward.

Respectfully,
Ellen Miller Kwon, PsyD
President

SGVPA Events Calendar

- Friday, 9/11/15 — *Monthly CE Luncheon*
Clinicians and Suicide Loss
Dr. Nina Gutin and Dr. Lauren Wecker
- Friday, 9/18/15— *Monthly Board Meeting* — 12:00 Noon
Women’s City Club
- 11/15 TBA — *SGVPA Student Campus Visits at Fuller and CSPP*
- 11/15 TBA — *Diversity Event*
- Tuesday, 12/1/15 — *Deadline for Submissions to **Analyze This!!***
- Friday, 12/11/15 — *Monthly Luncheon (non-CE)*
Voices of Experience:
A Panel Discussion About Building
and Sustaining Private Practice
Dr. Larry Brooks, Dr. Melissa Johnson, Dr. Wayne Kao,
Dr. Stephanie Law, and Dr. Jon Patrick-Pederson
- Thursday, 12/31/15 — *Future of Psychology Scholarship*
Application Deadline

Advocacy for Psychology: A Breakfast Panel Discussion

By Suzanne Lke, PsyD
Editor

Last month, the San Gabriel Valley, Orange County, and LA County Psychological Associations joined forces to present a discussion of the pressing threats to our scope of practice in this state, and the legislative issues at hand that demand Psychology's attention. Proceeds from the event benefitted CPA's Political Action Committee (PAC). It was presented in the picturesque downtown Los Angeles Figueroa Hotel. Featured speakers were psychologist and activist, Dr. Doug Haldeman; the Executive Director of the LA County Perinatal Mental Health Task Force, Dr. Caron Post; and CPA's Director of Government Affairs, Amanda Levy.

Drs. Haldeman and personal stories describing efforts on the current and how their efforts had and their careers. Amanda are processed through the how CPA lobbies for or psychologists can do to failure.

Folks turned out California—psychologists overriding importance of that govern our practices. We salute the following SGVPA members who supported the PAC with their presence and/or their donations: Drs. Linda Bortell, Bobbi Carlson, Luis Guzman, Alision Johnson, Ellen Miller Kwon, Suzanne Lake, Dustin Plattner, Jennifer Rousch, Brett Veltman, and Colleen Warnesky.

We also thank Arcadia Healthcare and BHC Alhambra for their generous sponsorship.



Left to Right: Dr. Caron Post, Dr. Doug Haldeman, Amanda Levy.

Post offered impressive the impact of their advocacy practice of psychology, shaped their perspectives Levy explained how bills legislature in Sacramento, against them, and what affect their success or

from throughout Southern with an awareness of the activism in shaping the laws

Fond Memories of the 2015 Mixer Mixer

By Daniel Linscott, PsyD
Early Career Professionals Chair

Fun



You might have missed it, but probably didn't. I am proud to say that the 2015 Mixer Mixer was THE most highly attended event for SGVPA ever to be held at Dr. Burgess' house this July! The Early Career Professionals Committee was proud to have sponsored an event with over 25 people in attendance. We are planning for next year's to be even bigger and better. This year there was much creation, libation, and conversation.

Therapists were the majority, but there were many in attendance who were not of our field. They kept it fun, and kept us honest. We had cocktail recipes that few had tried before, and watching so many highly educated people fumbling together to concoct something palatable was its own rewarding spectacle. There was prodigious drink sampling, followed by highly expressive non-verbals and gesticulations, including some eye-bulges or wrinkling of noses. Most of all, there were stories swapped, names learned, connections made, and heart-felt support offered to one another. Which is to say that *networking* occurred; but also community created. It's something that ECP believes in, helping practitioners find their fellows. We want to give a special thanks to Dr. Manny Burgess for his continued demonstrations of support for up'n-comers in the field, and the ECP especially, by opening his home.

As you read this you might be thinking, "[Expletive deleted]! Why didn't I completely rearrange my schedule to go to that!" Well, it just so happens we'll have another one next year, where I sincerely hope to see *you* and imbibe together.

Grand Unification of Object Relations and Self Psychology with Non-Dual Spiritual Teachings in the Writings of A.H. Almaas



By Robert Cornell, LMFT

This article is intended as an introduction to a seminal and brilliant leader in a field known as Integral Practice. Integral Practice is the synthesis of psychological and spiritual knowledge, and clinical practice. Ken Wilbur is a more widely known exponent of Integral Practice, but A. H. Almaas is more relevant to our clinical practice. Similar in its depth to Psychoanalysis, Almaas' work is the basis of a seminary he established that trains teachers in his Ridwan School for 8 years in order to be certified. In his twenty some books to date, and through the development of his Diamond Approach teachings, he has shown in great detail and with a comprehensive scope how spirituality and psychology can be integrated. In fact, he does not even like the word "integration" in this context, because he sees these fields as essentially a unified whole.

In his book, *The Point of Existence: Transformations of Narcissism in Self Realization*, Almaas reviews all of the major exponents of Object Relations and Self Psychology, and unites them with his own deep contemplative insights to show how we might see beyond the realm of our limited human Psyche into the realm of Spirit. In Almaas's view—one that is shared by almost all spiritual schools—what we in psychology call "healthy narcissism" is in fact not healthy but rather one of the basic causes of human suffering.

It is far beyond the scope of this short review article to convey the scope and breadth of Almaas's exposition in this book, so let me give you a taste. Discussing Kohl's "bipolar self," he states, "If, as we posited, ... narcissistic disturbance is a result of investment in the self representation, then merely correcting the representation only deals with the symptoms and not with the fundamental causes. Thus defining the healthy self as an inner tension between ambitions and ideals...is to define narcissistic health by the very element that disturbs it."

As an important proviso of this work and what sets it apart from most psychotherapy, is Almaas's insistence that the work must be "done" using the practice of *non-dual awareness*. Here is another quote: "The most important insight needed for a student to move from the deficient lack of support to the actual state of support is the recognition

that the feelings of helplessness, of not knowing what to do to be oneself, is not an actual deficiency, nor a personal failing. It is rather, the recognition of a fundamental truth about the self, which is that we cannot do anything in order to be... This fundamental insight underlies many advanced spiritual practices, such as those of surrender and 'nondoing' meditation."

The psycho-spiritual work that Almaas describes in this book is this: to allow our felt sense of the narcissistic wound—the emptiness, unworthiness and insignificance—to be held in non-dual awareness. Of course, as human beings we have developed highly sophisticated systems of defense that keep us from becoming aware of our fundamental narcissism. This narcissism is not solely due to our childhood circumstances, but also to the very nature of human egoic consciousness.

In general, this is the basic practice in the Diamond Heart Approach: to become conscious of what Almaas calls the "holes"—the places where we experience a deficiency or psychic wound. It is done through an integration of both cognitive and somatic processes. In attending to the somatic experience of the psychic wound in a method much like Gendlin's Focusing, the practitioner learns to bring an awareness that is compassionate, curious and detached to the painful bodily sensations associated with the wound. Cognitive work is done with a series of inquiries into what cognitive schemas the student has around the wound being investigated.

Overall, Almaas's work differs from psychotherapy in that his focus is on healing the original wound of separation from Being that we human beings have at our very core. He proposes that the most effective route to this healing is through the deep transformative surrender of all the ways that our egos have developed to protect us and that cut us off from Being. In this way he is aligned with all of the great spiritual traditions.

In ending, I would also recommend *The Pearl Beyond Price: Integration of Personality into Being, An Object Relations Approach* as another excellent introduction to Almaas. I hope you will look into the work of this extraordinary man.

Robert Cornell, LMFT, can be reached at robertcornellspirit@gmail.com.

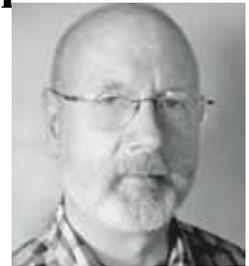
Voices of Experience

An Interview with Dr. Jon-Patrik Pedersen



Daniel Linscott

By Daniel Linscott, PsyD
Early Career Professionals Chair



Jon-Patrik Pedersen

Meeting with Jon-Patrik Pedersen, Phd, was an education in the meanings implicit in aesthetic choices. Entering his waiting room evoked calm and quiet, as opposed to entertainment or amusement. A picture of a tree graced one wall, opposite a side table—laid out not with popular magazines, but beautiful photographic coffee table books. He later explained the value he places on how therapy starts, and how our choices in aesthetics affect our clients.

Dr. Pedersen made himself available for this interview to share his interests, and some of his insights, with early career professionals (and others). He especially warmed to the topic of his review of research exploring the therapeutic use of aesthetics and interior design, and the way they may facilitate the creation of meaning for clients.

Dr. Pedersen believes that therapy starts at whatever the point of first contact, whether that be a website or business card. Clients get a sense for who you are and what you do by the feel and look of your visuals. Dr. Pedersen's business cards, which he makes himself, have simple and straightforward text that states nothing more than his name, title, license number, address, and phone number. The card has no graphic design or iconic image. Rather, it is embossed with a simple but elegant pattern that you feel more than see. There is a faint translucent image of a circular architectural detail—an image that also hangs in his office—and which depicts inner parts of a whole. However, if one weren't attentive, they might miss it—consciously.

Dr. Pedersen's specialties include working with gifted individuals people with issues of sexual orientation and identity, people with high functioning autism, and highly sensitive people—whom he kept in mind when designing his website, which uses a subdued color pallet.

Once through the waiting room, Dr. Pedersen's office is well-lit with natural light. It has two sofas at a right angle that create a semi circle around his chair. He comments that a sofa communicates that this is place one can be fully vulnerable in. His chair and desk are setup in a clearly ergonomic manner, which he said clients often notice. His

office has a lot of varnished wood and neutral tones, as well as miniature blown-glass art and stained glass sculptures.

Dr. Pedersen points out the importance of personal apparel and what it can evoke in clients. How we dress impacts the transference, and can elicit dynamics around power, authority, nurturance, envy, or desire. What does expensive jewelry communicate, or wearing a coat and tie, as opposed to a casual shirt and jeans? Dr. Pedersen notes that our presentation may communicate a level of conformity to or disregard of mainstream cultural values.

Dr. Pedersen plucks all of these strings to create a resonant chord that he can harmonize with his client around. He sets the stage with intentionality, and with an awareness of archetypal patterns that can be activated. He cautions, though, that we can never be fully aware of how our choices will affect our clients, and recounts having once purchased a piece of abstract art for his office. Over time, some clients started remarking to him that all they saw in it was a big toilet... over his desk. This is when he pointed out that whatever choices we make, it's all "grist for the mill," and can be used clinically to further understand our clients—"and ourselves!"

We concluded the interview with some standard questions that elicited further insights for new psychologists. When asked for his best advice new clinicians, he urged that every one do as much therapy, and in as many modes, as he or she can. He emphasized that knowing yourself is the greatest asset to working with clients. When asked about his personal practices to maintain balance in his life, Dr. Pedersen reported that he does his best to restrict work to when he is in his office. When asked about his favorite approach to get deep with a client and his favorite questions to ask a new client, Pedersen suggested that after getting a thorough history and learning about social support and mood, he mainly tries to avoid dictating *what* the client reflects on: "It's my clients' time. They listen to themselves, and bring up their most meaningful and pressing concerns."

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One of the Roles a Psychologist Plays in Third Party Reproduction

By Stephanie Law, PsyD
Past President



One of the things that I've appreciated the most about my degree is the diverse scope of practice it affords me. From individual psychotherapy to assessment, to teaching and group therapy, to forensic work and industrial psychology—a degree in clinical psychology enables me to perform a wide range of activities and skills with numerous types of specialties to boot.

With this appreciation in mind, I have found myself enjoying a new specialty within the past two years—performing psychological screenings for egg donors and surrogate candidates. Did you even know this existed? I did not, until a friend of mine had to undergo an evaluation by a psychologist in order to be an egg donor. The process intrigued me and because I enjoy performing various types of assessment. So off I went for specialized training.

Please indulge me a bit and let me tell you one of the ways psychologists play an integral part in the world of Assisted Reproductive Technology (ART). This is the technology used to achieve pregnancy in procedures such as fertility medication, artificial insemination, in vitro fertilization, and surrogacy. The phrase “third-party reproduction” refers to the use of eggs, sperm, or embryos that have been donated by a third person (donor) to enable an infertile individual or couple (intended recipient) to become parents. Donors may be known or anonymous to the intended recipient. Third-party reproduction also includes traditional surrogacy and gestational carrier arrangements. The former is when a female individual has agreed to have her eggs used, but will give up the baby to the intended parents after delivery. A gestational carrier is a woman who agrees to carry an embryo to term for others—like an incubator, so-to-speak. Gestational carriers were used in about 1% of ART cycles using fresh non-donor embryos in 2010 (926 cycles). Based on the Center for Disease Control's 2013 Fertility Clinic Success Rates Report, there were 190,773 ART cycles performed at 467 reporting clinics in the United States during 2013, resulting in 54,323 live births (deliveries of one or more living infants) and 67,996 live born infants. (Because more than one infant is born during a live-birth delivery in some

cases (e.g., twins), the total number of infants born is greater than the number of live-birth deliveries.) Approximately 1.5% of all infants born in the United States are conceived using ART.

Not surprisingly, the American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology make a *very* strong recommendation that both surrogate candidates and egg donors undergo a psychological screening before being cleared. In fact, any reputable fertility specialist will not work with a surrogate or egg donor without a letter of clearance from a psychologist. Think about it for a second: if you were someone in the market for securing an egg donor, wouldn't you want that individual to be screened for a history of mental illness? And for “open donors,” contact between the child and the egg donor is legally allowed once the child reaches 18 years of age, suggesting that a future, long-term relationship might transpire. Any thoughtful parent would want to know the mental health history of the individual whose genetics will be forever embedded in their child, as well as knowledge of their socio-emotional capabilities. The genetics of that person will be forever a part of one's own family.

Likewise, when it comes to choosing a gestational surrogate, the potential impact of the relationship between the gestational carrier and intended parents should be explored, as well as any plans that may exist relating to disclosure and future contact. Although the genetics of the surrogate are not at play here, their family and socio-emotional world is. The environment within which the growing fetus/baby is developing includes not just the physical world of the carrier's uterus but also the psychological, emotional, spiritual, and social components as well. For example, a review of research on prenatal depression effects on the fetus and newborn suggests that they experience prenatal, perinatal and postnatal complications. Fetal activity is elevated, prenatal growth is delayed, and prematurity and low birth-weight occurs more often. Being a gestational surrogate is serious business and the candidate needs to be screened carefully.

At the same time, it is important to keep in mind that egg donors and surrogates provide a useful and life changing service. For intended parents who cannot have children the traditional way, these individuals provide something that otherwise would not occur.

Dr. Stephanie Law can be reached at Stephanie@DrStephanieLaw.com.

Group Therapy for High-Functioning Addicts: Connection for Outliers

By Daniel Goldin, MFT



In 1905, a medical doctor in Boston named Joseph Pratt brought together fifteen impoverished tuberculosis patients for what was supposed to be an educational program.

These were patients he believed had difficulty following treatment protocols due to the chaotic culture of urban poverty. He hoped that by combining education with discussion he might activate a new culture that would encourage these patients to absorb habits that would prolong their lives. What he discovered was that not only did the group absorb an educational process, but its members felt better in ways that could not be described in the language of natural science. Tuberculosis at the time was a terminal disease.

For most people in the day-to-day world, death is an invisible inevitability—accepted but given the status almost of an illusion. By contrast, these tuberculosis patients lived daily with the concrete possibility of life ending. In the grip of this unreal reality, they lived not only preoccupied by their imminent end, but isolated from others because of this preoccupation. The culture of this first therapy group was a culture of tightened time, and the struggles around dealing with imminent death and physical decline served no longer to alienate but to bind them. Pratt's patients not only lived longer, but better.

Addiction involves aspects of a terminal disease as well—although a strange, paradoxical one, as the patient in the grip of this disease has the power to hold it in permanent abeyance simply by abandoning his desire to use. But abeyance is not absence. Every addict in recovery from time to time hears the calls of his Sirens, and if he listens to the words, which are written for him alone, he is lost.

"It wants you on a slab," one patient in my addiction group is fond of saying to me about his addiction. Another said, "There is a strange externality to addiction. I may decide I don't want to drink today, but then I'll take a route going home by my favorite bar, knowing I won't be able to resist going in when I'm that close to my temptation.

It controls my decisions in complicated, strategic ways."

AA is the answer for many, especially for those who have "reached bottom," and learned through a brush with death, or by time in prison, or from losing a family member, that they must reinvent themselves in recovery or they will die, and die alone.

But there is also a subset of addicts who have more difficulty accessing the wisdom of AA, who resist the churchy language from the 1930s, and the "shares" that tend to revolve around quasi-religious catharsis. In contrast to Pratt's patients, these are the functional addicts, whose lives are seriously degraded and threatened by addiction, but who can endure in a state of perpetual decline. The people I have in mind are mostly brilliant, highly successful men who have had to go it alone since childhood; achievers who put themselves into narrowly focused, goal-oriented states in part *not* to see what is around and behind them. Such people use drugs both as a logical, concrete way to manage the unwanted feelings they cannot keep at bay solely through work, and as a way to reset themselves, to break momentum, and to shift out of states of drivenness.

Although drugs can be a temporary antidote to drivenness, drugs soon themselves become the *object* of drivenness—a useful object far more effective at narrowing one's scope than worldly success. These men find themselves living in two worlds: a "real" world of work and family; and an unreal world of using—a magical, simplified world of wanting and getting, of pleasure and pain. This latter world soon becomes the world they live for. The rest becomes theater.

Such men are outliers in the mainstream culture in which they appear to thrive, and outliers as well in the down-and-out sub-culture of AA. As with Pratt's TB sufferers, it could be said that they are dying out of sight. In a group setting, these men often open up, and the double-life and thinness of being that once could not be known even to themselves becomes a source of connection with others. One client mentioned in group that he was grateful to his addiction and to the group for not allowing him to skate over his life like everyone else.

Daniel Goldin, MFT, can be reached at daniel@danielgoldinpractice.com.

Advocating for Our Important Causes

By Melissa Johnson, PhD
Distinguished Member 2014



“Be an advocate for the people and causes most important to you, using the most powerful tool only you have – your personal stories.”

— John Capecci and Timothy Cage

We sat around the conference table in California Senator Carol Liu’s office, meeting with the district representative, Adam Carter. Senator Liu had been detained by activities in Sacramento, so it was Mr. Carter who listened to our stories. Dr. Martin Hsia, Dr. Stephanie Law, Christin Fort, MA, Dr. Stephanie Samar and I had come to advocate for two bills. We started by sharing a bit about our own stories—the work we do and the people we serve. The breadth of work being done by my colleagues in the room was pretty darn impressive! Mr. Carter himself commented on this.

The two bills we’d come to discuss with Mr. Carter are not controversial in nature. In fact, they are largely administrative, although significant to our profession nonetheless. And the great news is, both bills have subsequently passed, and will become California law in January.

AB 773 (Baker) seeks to fix an inequity in the licensing fee system. As our newly licensed colleagues know only too well, the \$400, 2-year licensing fee does not usually cover a full two years the first time around. A new licensee with a May birthdate who gets licensed in April has to renew again without getting the benefit of a full two year license. Not a pleasant financial hit for the newly licensed. This bill will fix that inequity.

AB 1374 (Levine) addresses two issues. First, it gives the Board of Psychology the ability to receive verification of experience (VOE) forms directly from a licensing applicant. Again, as our recently licensed colleagues know, it’s their responsibility to submit all licensure application material except for the VOE form. That form must be submitted by the supervisor. This administrative requirement is not always convenient or efficient—and can hold up the licensing process. This bill will make it possible for the licensing applicant to submit their VOE form themselves, along with everything else. In addition, this bill further clarifies the definition and use of volunteer psychological services. Did you know that the Business and Professions Code has been defining psychology as only being practiced when a fee is charged for services? Has anyone ever offered volunteer services, pro bono, or free services? Of course! With the passing of AB 1374 those activities are now considered part of the definition of psychology—which helps protect us in the practice of these important community service activities.

In our efforts to bring greater visibility and access to psychology, these bills are small but worthwhile steps. In my opinion, the most important aspect of our meeting with Mr. Carter was the opportunity to continue to forge a working relationship with Senator Liu and her team—and to tell our stories about psychology and its value. Thank you to Dr. Dustin Plattner and the other SGVPA Board members who made this meeting happen!

Dr. Melissa Johnson can be reached at MJohnson@instituteforgirlsdevelopment.com.



Dr. Phil Pannell
1957-2015

SGVPA mourns the loss of Dr. Phil Pannell, a respected and admired colleague, and a pillar of our community. Among his many accomplishments, he directed Fuller Psychological and Family Services, and subsequently became Director of Training at Pacific Clinics. He was a founder of Rose City Counseling, and served on its board. He was a revered and beloved professor at Loyola Marymount University, and in private practice, specialized in work with children, adolescents and families. His loss is deeply felt, and he will be missed.

Integrating Self and Culture One Man's Struggle

By Wayne Kao, PsyD
Diversity Chair



As I continue my career as a psychologist, I've been wondering, where does therapy and healing come from? Where does it manifest?

Whether it is ego- or ethno-centric, we often see the world through our lens as the *rightway* to see, oftentimes at the sacrifice of others' views. In the time that I have been in the mental health field, I have been pushed and pulled in so many directions by professors, mentors, and colleagues, claiming that their brand of therapy is the most effective, and therefore, the best way to heal, to think, to feel. However, if their way is each the best, whether Psychodynamic, CBT, Existential, etc., who's right?

Speaking for myself, I have found therapy and healing to come from so many sources, shapes and sizes. For me, it has been equal parts playful, philosophical, and even poetic. Today, I will share with you an unexpected place that I have sought therapy and healing.

I often look upon the short life I've had thus far, and wonder, aside from my elders, where I learned morality and my persistent personality. My answer came—perhaps surprisingly— from Chinese martial arts television and film. Now, I know what most people think of when they hear of Asian martial arts cinema: poor dubbing, fighting, revenge. However, I can say with certainty that underneath the surface, I have found stories of the struggle between good and evil, right and wrong, and most importantly, how to treat others. Most importantly, it was the dilemma of the hero. Growing up, I learned that being Asian meant that I had to keep my mouth shut, follow the rules, not create waves, and of course, get the best grades. Yet, when I watched Chinese cinema, I was filled with stories of the Chinese hero not only breaking the rules, but speaking his mind, and helping others. Despite starting out the stories as being misunderstood and shunned by society, he was the one that became the most “powerful” and ultimately respected, by the end of the story. I realized the universal desire to be unique and different, and learned that being unique and oftentimes breaking the rules could lead to positive change, even healing. Growing up being

bullied for being different (Asian), I had a place to go in Chinese martial arts cinema to find hope and reasoning for my struggles. Obviously, I wouldn't learn to *fly* like the Chinese hero, but the core desire of strength through struggle remains the same. Ironically enough, this was also how I learned empathy. Those who struggle the most have the opportunity to become the most empathic and understanding of others. I understand that many of you might see this story as too quirky, or downright strange; but in working with my patients, if this was an avenue of genuine therapy and healing, how is it less valid, especially if it helped to shape who I am today?

Ultimately, this form of healing was in *representation*. When reading about superheroes and those with extraordinary abilities, we seek out the superheroes that look like us, talk like us, and even struggle like us. Superheroes like Captain America and Thor are great, but they don't look like me. I found self-representation in the Jet Li's and the Jackie Chan's. When I did, I felt connected to the rest of the world, because somewhere, someone else is going through what I was going through, and ultimately, hoping for a better future. We may see this as political correctness, in that many complain about not having their ethnicity, their gender, or sexual orientation represented equally through our stories of ordinary people doing extraordinary things. However, the point we miss is that something like my avenue of hope in Chinese cinema was really about representation. As a child, I wanted more than anything to fit in, but I didn't and did not understand why, other than I was Asian. The stories I watched offered me a reason for my struggle, and a hope that it would lead to something greater.

I've come to realize that I have a similar struggle of representation and fitting in in the field of psychology. Are my views and values of growing up an Asian American male seen as of equal value to my more “mainstream” counterparts? Do I truly have a place at the “table” as an equal, or am I just a special guest, who has to seek out representation elsewhere? This is part of my personal journey of integrating self and culture.

Dr. Wayne Kao can be reached at dr.waynekao@gmail.com.

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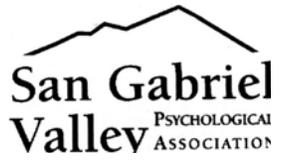
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