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Upcoming Luncheon Meetings



Date: November 4, 2011

Topic: Rapid Trauma Resolution Therapy

Speaker: Lydia Glass, PhD

Date: December 2

Topic: From Mimetic Rivalry to Mutual Recognition : Linking Girard's Mimetic Theory with Contemporary Psychoanalysis

Speaker: Scott Garrels, PhD

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CE credits available for psychologists, LCSWs and MFTs

Monthly luncheons are held on the first Friday of the month at the University Club, 175 N. Oakland Avenue, Pasadena, from 12:00 to 1:45 p.m.

Members Costs:

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Please note: Unclaimed lunch reservations will be billed to the individual--So please claim them!

PRESIDENT'S MESSAGE



Dear Members,

As this is our final newsletter of the year, and my final message to you all in my role as President, I can't help but feel reflective about my experience in SGVPA this year, and how it was full of transitions and growth experiences which broadened my perspective on many fronts. As I enjoy the fall sensibility as well, I am reminded of change, ripening, and transition. Allow me to share a quote by journalist and author Hal Borland which I encountered during my musings:

"Autumn is the eternal corrective. It is ripeness and color and a time of maturity; but it is also breadth, and depth, and distance. What man can stand with autumn on a hilltop and fail to see the span of his world and the meaning of the rolling hills that reach to the far horizon?"

I have acquired a unique perspective that stems from this year of Board meetings, emails, new faces, and deepening connections with many people. I can see the energy and spirit at SGVPA growing and changing as members, significant interest groups (SIGs), and interests come and go. I feel extremely grateful for my year looking from the hilltop and out onto the horizon, watching us develop and trying to nurture connectivity, the glue of life. Thanks go especially to our soon to be President, Dr. Stephanie Law, for

(continued on next page)

her warm collaboration and attention to all details both personal and procedural during this year. We will be in good hands with her as President, come January.

I would also like to offer a hearty welcome to three new Board members who will no doubt bring energy, savvy, and skill to their jobs. Dr. Bob Connolly is joining us as the new Governmental Affairs Committee Representative. He will keep us informed about policy matters important to our profession, especially through CPA, and will definitely bring humor and passion in spades to our board. Dr. Larry Brooks, our new Program and Continuing Education Chair, will bring experience, warmth, and wisdom to his task of recruiting quality speakers for our monthly luncheons — the hub of our communal experience together. Finally, I am pleased to introduce Kelley Vandewalle, MA, who will be joining us as the new Membership Coordinator, taking on the sizable challenge of keeping membership, events, and recruitment moving in a positive direction.

I wish you all the warmest of holidays and hope that gratefulness abounds.

With fond memories,

Deborah Peters, PhD
President

Synesthesia A Lush Perception of Life

By Donna Cline, MA



Depression is not always opaque yellow. The number 7 is a young male, and some autos have the same essential design as VanGogh's straw hat. Thin, shiny lines often run between the architectural corners of a room.

If a client revealed such perceptual impressions to you, as his or her therapist, would your first response be of deciding where to place the individual, diagnostically, on the psychotic spectrum? Or, to assess for substance use? While psychosis or substance abuse or an even a simple artistic presentation may be reasonable first choices diagnostically and statistically, there exists another option—the far more rare neurological and non-pathological condition of *Synesthesia*. Synesthesia is a genetically transmitted neuronal cross-activation condition shared by an estimated 1 in 200 people, with a predominance ratio of 3:1 in females.

Synesthesia is, in essence, a merging of the senses, now thought to be a product of polysensory stimulation (see Cytowic, R. (2002): *Synesthesia, A Union of the Senses*). At least 50 or more documented types (manifestations) of synesthesia have been reported, which occur in different configurations in each individual. The senses simply overlap, resulting in a synthesis of perceptions, such as colored music or a specific relational-spatial placement of numbers. As another example, when

a non-synesthete describes the experience of eating a potato, she may report details of the texture, the color, or size. For a synesthete, the same activity may include all of these “normal” impressions, but may also have the addition of a more varied set of sensory experiences. The potato could have a gender, or a personality. The taste may have an angularity (or other shape), or a color (yes, the taste may have a color, not as a predictable associative element, but as a facet of its personality or other perceived characteristics). Metaphor is used frequently to describe these correlative perceptual syntheses.

The sensory impressions of synesthetes are stable, even over a long period of time. A highly creative person may describe beautiful and fantastical creations, but they create these designs that will mutate and change over time. A synesthete, however, reports exactly the same impressions (possibly along with new elements if the object has changed) even years later. In short, the sensory impressions and related experiences of an individual with synesthesia are durable, quite real and are not imagined. The perceived essential and innate components of the object observed simply become apparent to the individual. This process is involuntary and justis. Synesthetes can operate perceptually in a dualistic sense; the external world may be perceived in a traditional manner while simultaneously experiencing the same objects and situations in a much more lush and dimensional fashion.

Synesthetic children often think that the world is

(continued)

exactly as they perceive it, in all of its metaphorical and sensory richness, until they realize, usually at a young age, that most other people do not see in the same manner, nor so they understand when a child honestly reports what he or she is experiencing. This perceptual disparity may cause a child to be stigmatized by family members or peers, and will almost certainly insure that they refrain from revealing what, to them, is remarkably obvious.

An early recognition of synesthesia and resultant research occurred in the late 1800s, but faded in the mid-20th century. There has been a resurgence of interest in this condition during the past decade, with an intense focus of research that utilizes more advanced neurological assessment technology.

As therapists, we may encounter a client with synesthesia. Aside from the obligatory differential diagnostic activities, particularly with an observation

that the client may be functioning sans major impairment in their life, the richness of thought and perceptions offered by such a client may provide the therapist with a dimensionalizing experience in their practice. Jung would be no doubt be pleased.

Finally, it is the concept of the therapist as synesthete that represents the motivation for this article. As a lifelong synesthete myself, I realized, as an intern, that I was often sensing the texture and shape of the client's mood and affect during the sessions. Even though recognition of the innate color or textural nature of the psychological presentation of a client is perceptually subjective, it can be remarkably helpful, therapeutically, in terms of utilizing what is occurring in the room. But, therein lies the topical kernel (it has a dotted, small, poppy-seed-like base with a light-colored semi-transparent top) for a future article--*The Synesthetic Therapist*.

Donna Cline, M.A. is a Registered Psychological Assistant to Dr. Alan Karbelnig, and can be reached at DonnaC494@verizon.net.

Membership Corner

By Stephanie Law, PsyD
Membership Chair



As my fourth year of serving as Membership Chair comes to a close, I find myself once again reflecting on the past. First of all, I want to say “thank you!” to all of you. Knowing you, interacting with you, and serving you in the capacity of Membership Chair, has been a rich and enriching experience. Each of you has helped to make my job more fun, more interesting, and more of a privilege. As I look ahead to becoming SGVPA's next president in 2012, I am looking forward to more of that kind of satisfaction.

At the risk of sounding a bit morbid, I've found myself thinking a lot about death recently. I friend of mine recently lent me the series *Six Feet Under*, which is a show about a family that owns and runs a funeral home, the Fishers. Psychologically savvy and relationally complex, the

characters of this series embody the human struggle with loss, emotions, and the plain messiness of relating to one another. Each episode opens with a scene depicting the death of some normal, random human being that eventually ends up in the Fisher's funeral home. I think that one of the major themes of this series is not just that we tend to avoid our difficult feelings, but also that our lives can mean something! The choices we make, how we relate, our ethics of being, how we love and lose – the things that make up our everyday lives can embody something life-giving and meaningful, despite the reality of death and loss.

So what does this have to with my reflections on Membership? It's simply that I hope that being a member of SGVPA has gives you a richer and more meaningful life – both personally and professionally. I know it has for me. It has been a privilege to serve you--and here's to 2012!

Dr. Law can be reached at (626) 354-5559 or Stephanie@DrStephanieLaw.com

Dancing the Transference

Integrating Old Steps with New in the Rhythm of Psychotherapy

By Elisabeth R. Crim, PhD



Transference is a concept as old as the field of psychology itself. A key component of psychoanalytic and psychodynamic therapies, transference is also a central concept present and affecting all modalities of psychotherapy. Understanding and applying the concept of transference to the process of treatment (whether supportive, cognitive behavioral, systems, psychodynamic, psychoanalytic, EMDR, body psychotherapy, interpersonal neurobiology, etc.) can be critical to successful treatment outcome. The ability to attend to the transference when indicated is a necessary and basic skill set required of therapists to most effectively and ethically attend to their clients, regardless of theoretical orientation.

An effective definition of transference is based in the Intersubjective Approach to psychoanalytic treatment developed by Robert Stolorow and his colleagues. In this theory, Stolorow (2000) states, “Transference is an unconscious organizing activity of the intersubjective states between two people that is inherently relational. It exists between any two people and the organizing activity multiplies as people join the intersubjective field in which the interpersonal relating occurs.” Each party has an unconscious organization (principle) of the stuff (verbal content, affect states, facial expressions, voice tone, etc.) of the interpersonal experience. The process of developing new organizing principles within the context of the therapeutic relationship can also be considered neuropsychologically, as we discover the plasticity and ongoing development of our brains and neural networks throughout our lives.

The inherently relational and mutually involved process of psychotherapy is supported in the studies of early infant-caregiver interaction patterns of the mutual sharing of affect states. The intersubjective field of parent-infant, and later parent-child, can be seen as being replayed between therapist and patient. Each one brings their own process and efforts of approaching, avoiding, and making sense of the affect, eye contact, facial expression, touch, lack of touch, voice tone, etc. shared in the therapist-patient intersubjective field, where the dance of the transference occurs. Based in infant research and the theories of Stolorow and other relational psychoanalytic thinkers, we understand that transference is co-determined by both the

patient’s and the therapist’s ways of organizing affect and relational experiences.

The terms “transference” or “organizing principle” can be understood as one concept applied equally to therapist and patient. The therapist must be actively aware of her own organizing principles, how they are at play, and may be interfering with or facilitating the effective and developmentally appropriate treatment of the client. It is the ethical and therapeutic responsibility of the treating clinician to also attend to these processes for the patient in the course of treatment.

Transference is multi-faceted and can be experienced as positive and negative, conscious and unconscious. It is a process that can be experienced mentally, emotionally, relationally, physically (or somatically), and spiritually. The field of psychology is just beginning to embrace what various psychologists and theorists have known and attended to outside of the mainstream for years, i.e., that the mind (mental, emotional)-body, and mind-body-spirit, are interconnected and often simultaneously active in the intrapersonal and interpersonal experience of being human.

The recent explosion of research, literature, and theory regarding how attachment works psycho-neurobiologically, the interconnectedness of mind-body processes, and the increasing acceptance of the somatic and spiritual as valid interconnected aspects of whole health and being human all point toward exciting new and renewed directions for the fields of psychology and psychotherapy. With these new directions come new, and renewed, ethical challenges. With the great creative, intellectual, and clinical leaps of the type we are currently experiencing in our field, education, training, and consultation that incorporates an understanding of our own transference processes is essential.

These additional facets of transference, which I have termed Somatic Transference and Spiritual Transference, are integral to and mutually affected by the intersubjective relational process. They require mind-body-spirit conceptualization and intervention in the context of relationship. They require a renewed exploration of our own transference as we explore and attempt to understand the multidimensional processes unfolding within us, within our patients and within the intersubjective field we share. We are invited and challenged to thoughtfully learn and integrate new steps and rhythms as we care for ourselves, treat our patients, make appropriate referrals, and ethically, effectively dance the transference!

Dr. Elisabeth Crim can be contacted ElisabethCrimPhD@MoonstoneCenter.com regarding references for this article.

Psychology and Family Law

Selecting a Positive Solution-Oriented Attorney

By Mark Baer, Esq.



In my last column I explained that the practice of law has shifted from resolving conflict between parties to creating it, because law schools teach lawyers only to identify

problems, but not to solve them. Since positive problem-solving seems to have become a nearly lost art --even though it has traditionally been the hallmark of a good lawyer-- it is incumbent upon the client to carefully interview an attorney before making a hiring decision.

Obviously, the client might ask the attorney to give an example of a case which they resolved through creative problem solving. This is probably not the wisest way, because the lawyer might realize that a potential client is trying to find a solutions-oriented attorney, and formulate an answer they think would satisfy the client.

However, a direct question may still yield helpful information. If the attorney obtained a degree in a problem-solving, or quantitative field (e.g., mathematics, physics, economics, engineering, business administration, biology, chemistry, computer science) the client can be reasonably sure that the attorney's skills in that regard are well-developed. If the attorney's undergraduate degree was not of that variety, the client should inquire about the lawyer's extra-curricular, or life experiences. For example, people may learn problem-solving through artistic activities because one must think creatively to successfully perform music, or act in a play. Some sports can also teach problem-solving skills. Therefore, a client might ask the attorney whether they ever played in a band or orchestra, performed in a play, or played quarterback on any football team. I want to make clear that not everyone who plays a musical instrument or acts has developed quantitative reasoning skills. However, a musician who regularly performs live with a band or orchestra must have developed those skills because problems or mistakes will occur during or in preparation of the performance and the musicians must be able to problem solve in order to resolve and/or mask those problems/mistakes. The same is true for actors who perform in the theater.

Many attorneys obtain problem-solving training

through formal mediation programs, or through other means. Basic mediation training is a 40-hour course. However, it is questionable whether a person who graduated from law school without a well-developed set of problem solving skills will acquire them sufficiently through basic mediation training.

Unfortunately, I have found that clients focus on the wrong things when interviewing an attorney. They often want to know about the law on a particular issue for which they need representation. Bear in mind that any attorney who practices law in a particular field should be able to give a reasoned legal answer to such a question. An answer to a legal question in no way guarantees that an attorney will properly handle the case, nor that he or she will be a solution-oriented representative. Therefore, specific legal questions should be asked after one is reasonably sure that the attorney is one who will strive to find positive solutions to a legal problem. Clients also tend to get into the specifics of their case because they want their attorney to tell them the most likely outcome. What the clients need to realize is that cases either resolve through the consensual agreement of the parties involved, or because a judicial officer decided the matter. Attorneys cannot possibly know whether or not the parties will ultimately reach an agreement or the terms of any such agreement. By the same token, attorneys lose control over the outcome when they allow the matter to be decided by a judicial officer. Judges or juries are responsible for deciding factual issues, and then judges are expected to properly apply the law. Only at great expense can a person successfully appeal a judicial ruling, and only if he or she is able to establish that the judicial officer failed to apply the law properly. However, judges are given a great deal of discretion and factual findings are not reversible by the appellate court. Unless the facts are undisputed and the law is very clear on the issue, how likely is it that an attorney can accurately assess the outcome of a case? Research shows that lawyers are overconfident in their predictions.

Thus, a focus on the background, reputation, integrity, and problem-solving orientation of any given attorney is the best insurance in selecting an attorney to represent you in a legal case.

Mark Baer, Esq. can be reached at (626) 389-8929 or by email at Mark@markbaeresq.com.

Obsessive Ruminations

Hopelessness in the Counter-transference

By Alan Karbelnig, PhD, ABPP

Bolstered by Soren Kirkegaard's lament that "ours is a paltry age because it lacks passion," Dr. Alan Karbelnig writes this regular column to provoke thoughtful reaction from his SGVPA colleagues. He practices psychoanalytic psychotherapy and forensic psychology in South Pasadena.



Psychologists experience varied, deep feelings in reaction to working with their patients – love, frustration, envy, jealousy, sadness. If we are attuned and engaged, the entire range of human emotions will flood over us. This column explores a specific and most difficult counter-transference emotion – hopelessness – using one recent case example.

I currently have two patients who are actively suicidal, having lost all meaning in their love and work lives. Lately I have noticed myself feeling more hopelessness in reaction to them. But there's another patient who has recently elicited this feeling in me even more deeply. He has descended into a hopelessness of a different nature. The loss that catalyzed it is more subtle – not a loss of job, of health, or of love, but the loss of control over another person in whom he had invested a great deal of his identity.

This patient, Thomas, has been almost solely in charge of rearing his granddaughter, Rachel. Her parents have such a *lassaiz-faire* attitude that he has stepped in increasingly, to teach her about life. His involvement began at her birth, and she recently turned sixteen. Thomas is a devout Catholic, and so his influence on Rachel has included exposing her to the various aspects of that religious tradition, including arranging for her baptism, her first communion, and her confirmation. He also attended Sunday mass with her whenever his circumstances allowed. Thomas also introduced her to every cultural experience imaginable, from the Getty Villa to the Nisei Japanese Festival, from concerts at the Hollywood Bowl to the Brewery Art Walk.

Just this last summer, Thomas was a chaperone for World Youth Day in Madrid, and Rachel was one of twenty local students under his care. The journey proved a grave disappointment for him. Rachel was openly oppositional and defiant. She completely renounced her faith, describing the priests as believing in an outdated myth. She flouted the dress code required at sacred sites. Beginning last fall, her parents allowed her to drop out of regular school and instead instituted a bare-bones type of home schooling. Rachel has, in fact, rejected formal education,

has no plans to go to college, and her final career goal is to work as a Bartender. She is already adorned with the tattoos and piercings her parents vowed they would never permit till she turned eighteen.

For sixteen years, Thomas has striven to shape Rachel into a responsible, well-cultured, and spiritual young woman. According to him, he has “utterly failed” in that quest. He returned from the summer trip severely depressed. Because this “project” – Rachel’s upbringing – had become central to his life, he reacted with extreme hopelessness. He viewed it not only as losing her to the worst elements of contemporary culture but as evidence of his own failure as a person. We had already been working on Thomas’s identification as a “failure” in his life. He was a technical writer rather than the novelist he had striven to be; he’d struggled with a loveless marriage; he felt he’d neglected his own children when they were young because of his career.

Perhaps it was the suicidality of my other two patients, perhaps it was the intensity of Thomas’s reaction, but I found myself mired in a pit of hopelessness with Thomas for weeks. Approaching 70, his other “projects” in self-styled ruins, Thomas viewed his ultimate lack of influence over Rachel as a near-lethal failure, leaving him little to live for.

As if a lens were slowly twisting back to a wider angle, the hopelessness began to fade into a broader landscape – quickly for me, more slowly for him – as we were gradually able to dismantle the organizational system of his personality that he’d come to label as “failure.” Thomas actually had many successes – deep friendships, published works, the esteem of colleagues and students, an intact and close extended family, and more. Ironically, our acute despair served as a catalyst for the ultimate breakdown of this “failure complex.”

Thomas is now involved in mourning his loss of influence over Rachel – and the loss of the woman he thought she could be. He is learning to keep on loving her as much as he always has, even though many of her choices and values are at odds with his own. He is beginning to explore his own narcissistic need to control her. He is rebuilding other, more meaningful and positive ways to view his life. And I, in close attunement with him, feel my own counter-transference turning towards hope.

Dr Alan Karbelnig can be reached at AMKarbelnig@gmail.com

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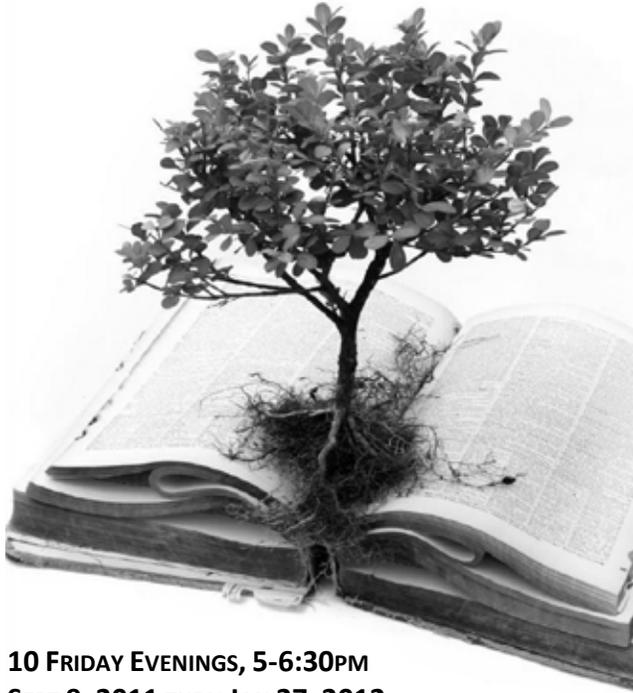
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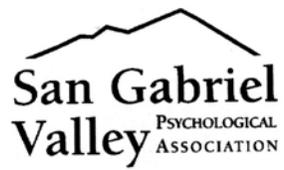
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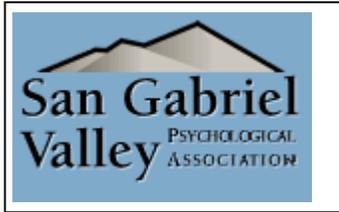
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[] Child & Adolescent [] Addictions & Recovery [] Mindfulness Group
[] Clinical Psychopharmacology

Topics You'd Like to Hear About at SGVPA Functions: _____

PROFESSIONAL ETHICS DECLARATION*

[] I have read and agree to abide by the Code of Ethics of the American Psychological Association

Please Mail Back Your Application to:
(Make Checks Payable to SGVPA)

Kelley Vandewalle, MA, SGVPA Membership Coordinator
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