



ELKANAH COUNSELLING

www.elkanahcounselling.com.au

Autumn 2013

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Reception staff:
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Reception Hours:
10.00 am – 4.00 pm
Monday – Friday

Consultation Hours:
8.00 am – 8.00 pm
Monday – Friday

8.00 am – 12.00 pm
Saturday

Consultations by appointment
only.

After hours: Elkanah does not
operate a locum service. If you
need crisis assistance Lifeline
can be contacted on 131114.

The Men's Issues Issue

Recently, my son-in-law was one of the blokes who rode "postie" motor bikes across the Nullarbor from Perth to Melbourne. Their aim was to raise awareness and money for prostate cancer research. 8000 men die of this disease alone each year, partly because it is not caught early enough because men tend to avoid visiting their doctor. They raised a mighty \$430,000 for this cause.

The same can be said for visits to psychologists for counselling. According to Lifeline, men in Australia are four times more likely to die by suicide than women. In the rural areas, there is often a lack of resources for such counselling. Many of these men may have been helped if they had been able or willing to seek counselling.

I see many couples where one or both of the people have a mental health issue such as depression or anxiety. However, it is usually the woman who makes the appointment. Where the man makes the appointment, I have found that their relationship is at a crisis point where the woman is about to leave.

The articles in this newsletter have been written by our three male psychologists and they highlight some of the issues for men to consider – anger understanding and management, parenting, the differences between men and women, and some of the health concerns that are significant for men.

At Elkanah we cover a wide range of issues in counselling but we thought this time, it would be good to concentrate on some of the issues that relate particularly to blokes.

Lyn Shand, Psychologist & Family Therapist

INSIDE THIS ISSUE

- | | | |
|---|---------------------------|-------------------|
| 3 | A Profile of being Male | Eddy Kleynhans |
| 6 | Anger | Rob Postlethwaite |
| 7 | Musings on Being a Father | John Andersen |

Our Psychologists



JOHN ANDERSEN
BA, DipPsych.,
MA., MSc,
Member VAFT

After completing graduate studies in the United States, John worked as a police counsellor with the Police in Los Angeles, followed by work as a marriage and family therapist in a Christian counselling centre. John specialises in relationship counselling including: marital, stepfamily/blended family issues, working with adolescents within the context of their families.



KERRYL BEISSEL
BSc (Hons –
Psych), MAPS
Member, APS
College of
Counselling
Psychologists

Kerryl has experience in counselling for a wide range of personal and relationship issues. Her areas of work include management and treatment of anxiety, stress and depression; and assistance in dealing with the effects of difficult or traumatic past experiences. Kerryl has expertise in assisting people through times of transition or crisis, whether it be in their personal lives, in their workplaces or in ministry.



MELANIE BIRCH
BA BBSoc. (Hons),
CertPastPsych
AdvCertTrauma,
DipClinHyp
MAPS, Member
APS College of
Counselling Psych.

Melanie worked in the field of organisational development for a number of years before training as a psychologist and trauma therapist. She has now been practicing in this area for almost 15 years. The principle focus of her work is the treatment of trauma, grief, anxiety, depression and PND. She works both with people who have long standing issues and those with more recent difficulties. Melanie is also a trained hypnotherapist.



EDDY KLEYNHANS
MA., MAPS
Member APS
College of Health
Psychologists

Eddy has been a registered psychologist for 25 years. He has also been registered with the Dutch Psychological Society, with Dutch being his second language. In Australia, he has been providing Employee Assistance Programs to organisations, often travelling interstate to consult with clients. He is an ex-president of EAPA. His expertise in private practice includes working with clients from diverse cultural backgrounds.



ROBERT POSTLE-THWAITE
BBSoc MPsych.
Member APS
College of Clinical
Psychologists

Rob's long term interest in chronic pain and illness has resulted in considerable experience in the treatment of depression, anxiety and anger problems that are some of the emotional consequences of these conditions. Rob's underlying philosophy is to focus on the here and now and address the current issues in a pragmatic and problem solving manner.



LYN SHAND
BA DipEd
GradDipPsych
Member VAFT &
APS Colleges of
Counselling
Psychologists and
CED Psychologists

Lyn has much experience working with clients who suffer from stress, anxiety and/or depression. As a family therapist and psychologist, much of her evening work is working with couples and family relationship issues; also regarding separation as she is trained in mediation. Lyn is the owner of Elkanah. She has considerable expertise and experience in working with women with P.M.S., post-natal depression and anxiety and problems at menopause. She has written a book on this topic.



SYLVIA WERBA
BEd (Psych) MAPS
Member APS
College of
Counselling
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Sylvia has been a registered psychologist for over 25 years, both within the school system as well as in private practice – working with children, adolescents, adults and families. Sylvia uses an eclectic approach to work through life's complications, review goals and formulate a more optimistic and positive approach to the future. Sylvia also has experience in Psychometric assessment to help students achieve at their potential in the best possible way – including those with special needs.

A Profile of being Male

Eddy Kleynhans

This is a follow up on my previous article on why men and women clash and what to do to have better relationships. Let's first revisit why women and men are different and then I will then focus on the implications of these sexes-differences for men's health.

Women's criticism of men. I am sure by now you would know that men like to dominate TV remote controls and flick through the channels whereas women don't mind watching the commercials. Moreover, under pressure men consume alcohol and invade other countries whereas women like to go shopping and eat chocolate.

Men tend to be insensitive, uncaring, not listening, not being warm and compassionate, not talking ("they are creatures of a few words as it were" as they prefer action), not giving enough love, not being committed to relationships, wanting to have sex rather than making love, leave the toilet seat up..... the list is endless.

Men's criticism of women. Women are not good drivers, they are too cautious, can't read street directories, read a map upside down, don't have a sense of direction, talk too much without getting to the point, do not initiate sex. Here the list is endless as well and can go on and on. Interesting question: "How many men does it take to change a toilet role?" Answer: "It's unknown, because it's never happened".

So I am sure you would ponder why it is that men and women are so different? There are several theoretical models explaining these differences. Social Psychologists would state that these differences are explained by social conditioning: boys and girls are raised differently by parents and hence, society has different expectations as to how they should behave which continues into adulthood and beyond. For example girls are dressed in pink and given dolls to play with, whereas boys wear blue and given toy cars and soldiers to play with. However, since the last decade there is biological evidence to suggest that men and women are hard-wired differently (based on the brain-evolution model). That is, our hormones and brain wiring are to a great extent responsible as to why there are the differences between men and women. If you can recall, I spoke about this in my previous article. Hormones such as testosterone, oestrogen, progesterone, oxytocins, to name a few, have an influence on our emotions, thoughts and behaviours. Moreover, these hormones are present in varying degrees in men and women and are one of the most plausible explanations why the sexes are different. The aforementioned are explained by many authors and I will leave it here.

What are the characteristics that are making men differ from women?

1. *Men can't find things in refrigerators and cupboards.* So why is this so? According to Neuropsychologist, Ruben Gur of the University of Pennsylvania did some studies and found that a man's brain is in a resting state, at least 70% of its electrical activity is shut down. He found that in contrast to men, women's brains showed 90% activity during the same state which plausibly explained that women are constantly receiving and analysing information from their environment.
2. *Men have tunnel vision.* In contrast to this, women have wider peripheral vision. A man can see directly in front of him and over greater distances; it's like he has a binoculars in his eyes. It has been established that women have a greater variety of cones than

men. An example here is that women can describe colours in greater detail than men. Another example of this is that it is difficult for men to lie to women, because women are very observant due to a wider peripheral vision (women are able to pick up on sensory cues from non-verbal behaviours and analyse them more than men do as the former are “walking radar detectors”).

Another example of tunnel vision is that men would keep on focussing on the end goals of life and forget about his own health and procrastinate going to doctors if they are unwell. Women tend to be more sensitive about this and would more or less coax their partners to have a medical check-up. Men would state that going to the doctors would put a damper on their plans in getting things done.

3. *Why is it that men/boys don't listen?* The most plausible explanation is that men/boys are equipped (hardwired) for effective seeing (vision) more so than listening.
4. *Why don't men use proper language when they communicate?* Have you ever noticed that when you ask boys a question, they grunt or mumble a few words which are difficult for the listener to understand. A classic example of this is when male and female sports people are being interviewed on TV: men will say a few things about their game performance whereas women will describe their match performance succinctly with exact details. One explanation for this is that speech for a male is not a specific skill. It operates solely in the left brain and has no specific location.
5. *Why do men talk silently to themselves?* Social conditioning and brain bias prevents men from showing fear or uncertainty. This also explains why when asking a man to solve a problem, he will answer with “I will think it over” or “Can you leave that with me and I will get back to you?”
6. *Men are direct.* When they converse they use short direct, solution-focussed and to the point sentences characterised with facts. Moreover, they use quantifiers such as “none”, “never”, etc. That is part of their arsenal in closing business dealings quickly and asserting authority over others. This makes them appear to be abrupt and rude. Have you noticed that when a man goes to the doctor, that if he is told he suffers from depressed mood, he would very quickly ask: “How can we solve this promptly?” Hence, if a woman wants a man to listen, he needs to be given advance notice and last but not least provide an agenda. In contrast to this is that women do not necessarily want a solution, just for the men to listen to them.
7. *Why do men listen like statues?* There is a notion that the emotionless mask that men present during listening allows them to feel in control of the situation. However men do show emotion like women, but avoid showing it. Perhaps the aforementioned is caused by social conditioning especially during the formative years of boys which is extended into adulthood as society expects the control-like kind of behaviour from men.

For most men the same process occurs when they are told by their doctors that they have a serious illness (e.g. cancer): they tend not to show direct expression of emotion as they want to feel in control

In summary I would like to suggest that the above profile is not mutually exclusive to men because of the way their brains are hardwired and the high levels of certain hormones in their bodies. There are obviously some exceptions to the rule as to the male-female differences. It is estimated that about 80 % to 85 % of men have predominantly male-wired brains and about 15 % to 20 % have predominantly female-wired brains and hence are feminised to greater or lesser extent. In contrast to the afore-mentioned it is estimated that 90 % females have their brains mainly wired for feminine behaviour. In the brain evolution literature it is furthermore postulated that about 10 % of females have male-wired brains to a lesser or greater extent, i.e. with masculine abilities and predominant hormones such as testosterone.

The profile of males described above have I believe some ramifications when it comes to men's health. If one follows the social conditioning and brain-evolution track of explaining male behaviour than it is not surprising that men don't necessarily listen to their partners about their health problems when challenged by these. That is, they would stay put as they want to be in control and wait for the last minute when the illness that they may suffer from had reached a problematic stage. A case in point here is prostate cancer; some men would go for a PSA test to determine whether they have a malignant or enlarged prostate and others would not until it is too late. I was told by doctors that the best screening for prostate cancer or enlargement, is a digital examination which many men find too embarrassing. However, there are a small percentage of men who would undergo a digital examination as they are health conscious.

Another example is heart disease. Many men would not act quickly enough if they experience some serious cardiovascular symptoms such as angina (constriction of arterial blood flow) until it is too late or would drive themselves to the Emergency Department instead of calling for an ambulance after a cardiac event such as a heart attack or angina.

Men's health should be seen within the context of the family. When a man is suffering from a serious illness such as heart disease or diabetes, it affects the dynamics of the family especially when he is one of the primary breadwinners. Moreover, it is important that there are the necessary support structures in the home environment that supports an ill male or that have prevention as one of its essential strategies. Hence, I would like to suggest the following strategies that would enhance men's health (that is that women could promote):

- Refrain from being in denial and listen to the other family members when suggestions are made for yearly check-ups, especially after 50. Prevention is better than cure.
- Refrain from smoking: it is a known fact that smoking causes inflammation in the body that could lead not just to lung cancer but heart disease as well;
- Engage in regular exercise. For weight loss and cardio-vascular health you do not have to work yourself into the ground with excessive exercises as it may cause cardiovascular challenges later on. I understand that interval training is ideal (that is 25 minutes of walking and jogging) for weight loss and cardio-vascular health.

- When diagnosed with a serious illness, it is important to get some counselling as well as the medical literature are indicating that stress can cause additional inflammation and aggravate conditions such as diabetes and heart disease. The Psychologist can assist you with stress management and mindfulness exercises.
- Reduce risky behaviours such as alcohol abuse, quit smoking, eat healthily and drive safely.
- A man needs a treatment plan (which fits in with his brain dynamics of looking for solutions and taking action) which should address stressors in his life (family, work, finances, relationships) which should have more impact on his health than any technological or medical initiative alone.
- Gain appropriate employment as this offers the opportunity for achievement, income, a sense of belonging/being valued, all of which will improve health and wellbeing. Perhaps a friendly suggestion for women is to speak well of their men as this is an important love language of men: when you do that, men will flourish and look for solutions to their problems and which works preventatively.

There are many biological/psychological issues for men I have not touched on yet. I will leave this to a follow-up article. My message to men is that they should (just like women) focus and act on health issues during early stages of symptom development/presentation. This will save many lives from early deaths.

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ANGER

Rob Postlethwaite

Anger has often had a bad press over the years as a bad emotion, unlike depression and anxiety for which we can feel some concern or empathy. Anger is a completely normal, usually healthy, human emotion. But when it gets out of control and turns destructive, it can lead to problems—problems at work, in your personal relationships, and in the overall quality of your life. It is of course the manner in which we express anger that determines whether it results in some harm or is addressed in a constructive manner. We have seen the anger of the community over many issues result in street marches to change things the community believes is wrong in some way. The anger of the community about the Vietnam War both here and in America resulted in large street marches that contributed to the end of the war. In individual situations people confront issues assertively and constructively to address things that they feel angry about and, if done well, resolve the issue in a manner that does not result in further problems.

Unfortunately the news is full of examples at both community level and individual level where the anger that people feel has become aggressive and destructive. Street marches that dissolve into riots and individual situations that result in physical violence towards others. Road rage, domestic violence, street violence have unfortunately become commonplace in our society. Anger can also be expressed more subtly in passive aggressive behaviour such as sarcasm or cynicism or low level forms of anger directed at others such as grumpiness.

These can be just as damaging to relationships as the more obvious forms of aggressive behaviour. It is also one of the more difficult emotions to change as the angry person feels they have a right to be angry about the event/situation. If cut off in a dangerous manner in the traffic, the individual often feels very justified to be angry about it which may result in tailgating or confrontations on the street. It is often because of this sense that the anger is justified in some way that often means that individuals are slow to recognize it as a problem in their lives. They attribute their anger and the consequent aggressive behaviour to the situation or the behaviour of another person. It is also common that people are proud of their aggressive manner and it can be a significant contributor to their sense of self esteem. It is only when the consequences of their excessively angry behaviour become very obvious that they are able to understand the need to change.

Anger like all emotions is a physiological experience as much as a psychological experience. There are significant changes in the body when a person becomes angry including increased heart rate, increased breathing rate, changes in blood flow around the body and release of hormones that prepare the body for physical action. As a consequence treatment approaches for dealing with anger include physical strategies that focus on reducing the arousal levels around the body. Relaxation, meditation, yoga, breathing strategies are all appropriate approaches to lowering arousal levels. Some of these (relaxation, breathing) are appropriate in specific situations to enable the person to manage a difficult situation. Others (meditation, yoga) are focused on reducing the background level of arousal/stress that may contribute to angry outbursts. Alternatively aerobic exercise may be appropriate for some who find relaxation techniques difficult and exercise may enable them to reduce their level of background stress.

Cognitive Behavioural theories of psychology are based in the notion that the thinking process and belief systems we hold underlie the emotions we experience. When cut off in the traffic I may believe that someone else has no right to behave in that way and in that context they have broken my rule about the world and how it “should be”. As a consequence I become angry and may exacerbate my anger by numerous thoughts about how badly they have behaved, that they have broken the road rules and the more angry I become, the more likely I am to behave in an aggressive manner. In domestic situations I may believe that this is my house and I have a right to expect that my son/daughter will keep their room tidy. When I notice for the 100th time that it remains messy I become angry because they “should do as they are told”. This anger may be exacerbated with associated thoughts such as “they don’t have any respect”; “they treat this place like a motel” etcetera. My anger increases and I am more likely to behave angrily and perhaps in a manner that I later regret or in a manner that damages my relationship with my son/daughter.

The focus of cognitive behavioural treatment is to address the thoughts and beliefs that underlie the emotion and consequently the behavioural response. The process is aimed at developing realistic expectations of situations and thinking processes that enable the person to resolve the problem rather than behave in either a verbally or physically aggressive manner. The more rational the thinking process associated with a situation, the more rational and appropriate the response. In short, if I am able to think about situations in a rational and problem solving manner rather than in a manner that exaggerates the situation, I will be annoyed but able to behave in an appropriate way.

The behavioural component of cognitive behavioural therapy is to ensure that the person understands and/or learns how to behave in an assertive rather than aggressive manner. The words people use, the tone of voice, the person's body language are important parts of the communication and often individuals have no understanding of how they appear to others. Ensuring that they communicate well is a very important part of ensuring that the person retains a sense of being able to have some control in a situation. People who experience problems with anger often feel that they are not able to express what they feel and it is important that they learn how to do it well rather than just stop communicating. The core issue is that issues are addressed in an appropriate (assertively and constructively) manner and that respect is maintained between the parties. The success of an assertive communication is in both parties feeling they have been able to express their thoughts and have been listened to in a reasonable manner.

There is much that can be done to assist people with an anger problem but the initial challenge is for them to have the insight that it is a problem rather than blaming others or the situation.

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MUSINGS ON BEING A FATHER

John Andersen

Fatherhood. I am going to be speaking to a bunch of blokes on fatherhood this weekend. Fatherhood is the greatest challenge a man faces. It proves character. It demands maturity. It is something a man grows into. What are the keys to fatherhood?

In some ways fatherhood is like the monarchy. It is an enduring reality. It is a fact in a child's world. The father is a symbol that looms large in a child's life; a symbol of stability, safety, security, solidness, a person who can solve things, one who gets things done. Fathers are reliable. The place of a father in a child's world is unique. A father is irreplaceable. A father is a durable, inescapable, unavoidable, looming large reality. This means my place as a father cannot be negated, rejected, belittled. Fatherhood does not need to be asserted, defended, or upheld. It just is. Fathers and children can either bounce off it or submit to it.

How do I submit to fatherhood? By simply accepting that a father is someone I am. I do not need to defend my status as a father by demanding obedience and respect. I do not need to feel belittled and threatened if they are not forthcoming to my satisfaction. When children are disobedient and disrespectful to their father, they are not challenging fatherhood; they are just bouncing off it.

Queen Elizabeth regards being queen a job. It's a job she cannot resign from. She does not need to defend her right to be queen. She simply is The Queen. Her focus is doing her best to be a good queen. This involves her submitting to her queenship. Submitting to fatherhood means, likewise, my concern is doing The Job. Asking "What does being a good father demand of me?" Then just doing it.

Fatherhood is like the British Monarchy. The Queen does a lot of recognition, encouragement and affirmation. The Queen is gracious and dignified. The Queen doesn't "crack it"; she doesn't need to. Likewise, fathers give advice when needed. They encourage, recognise, affirm, and show up. We represent order and stability. We provide security – in many ways. Fathers are a presence.

Fathers are in charge. There is no room for passivity in fatherhood. Passivity amounts to abdication.

The authority of a father is in some ways like the reserve powers of the Monarchy. They are present, but not exercised. The Queen rules. The Queen does not throw her weight around; she doesn't need to. They have an authority, but effective fatherhood involves using one's power and authority as a reserve power. It is to be exercised in an understated way that empowers and enables children to learn and grow, and the family to function in respect and freedom, but where the dad does not run the show at the expense of squashing everyone else. Our challenge is that a father *is* powerful. We need to use our power *for* our family members, not *against* them.

Fathers are husbands. The best thing we can give our children is a stable family and a home that is a haven. At the centre of that is a good marriage. Good fathers are busy. We are busy with work. We have to earn money to pay the bills. We carry the emotional burden of that. It goes with the territory. So we fall into the trap that working hard to be the provider is enough. The fact is, it isn't. The result is we can end up neglecting our wife and neglecting our kids.

Good marriages require maintenance. Relational maintenance involves loving. Loving comes in many forms. Loving involves giving time – time to listen, time to just connect, time to have fun, time to say "I still love you...", time for a hug. Loving involves having what needs done around the house on your radar, and then just getting around to doing it, whether it is that small maintenance job, doing the dishes, taking your son to basketball, helping a kid with homework. A friend of mine once said, "Sex starts in the kitchen." When you have done what's needed to be done your wife feels loved and supported, rather than neglected and left to carry the whole load. A happy wife is a loving wife.

Being a father involves giving time to your kids: time to play, time to kid around, time to take kids to their basketball, football, cricket games etc. Time to help with homework. Time to listen. Time to sit down and talk to kids about what is happening in their lives. Time to know their world. Time to pass onto your kids what yourself know and enjoy, whether it be sport, music, tinkering with cars, woodwork, gardening, whatever. Bring your kids alongside you in your world.

Time. There is no substitute for it. By giving time, you build relationship, and more importantly you convince your kids that they are important, that they matter, that you love them.

ELKANAH NEWSLETTER

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Each newsletter contains articles written by members of our team of psychologists. Let us know of any of topics that you would particularly like to know more about, anonymously if you wish. Most of our psychologists are also available to present talks and seminars. Please contact reception on 9817 5654 for enquiries.

Comments:

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