



# ELKANAH COUNSELLING

[www.elkanahcounselling.com.au](http://www.elkanahcounselling.com.au)

Spring 2013

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**Reception staff:**  
Helen Waterworth  
Robyn Everest

**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.

This Spring newsletter emphasizes how avoidance of change contributes to the problems discussed. Spring is about changing seasons and counselling is also about change in beliefs about one self, as well as change of behaviours and emotions.

Of course, the more painful the experiences and feelings the more difficult it is for people to change. Lyn talks about getting clients to consider the reasons for them NOT to change first. Only then is it possible to start helping them to consider changing their thinking, whether that be about their past history or about the future.

Sylvia emphasises the need for people suffering from guilt and shame to break the silence by talking to someone, which they can do in counselling.

John, in his article on Men and Anger shows how often we get emotions confused. We may avoid the emotions of fear, shame and hurt and show anger instead. In this case people need to understand the actual emotion before they can change their behaviour.

At Elkanah, there is also change. We have an additional psychologist, a Chinese lady, who will be working on Saturday mornings. Read her profile. We look forward to her joining our team.

*Lyn Shand, Psychologist & Family Therapist*

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# 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 POSTLETHWAITE**  
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  
Psychologists &  
CED Psychologists

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.

## Introducing Elkanah's Newest Psychologist:

### MAY WONG

BSc/BE (Hons), PG Dip Psych (Hons), MA Psych (Health),  
MAPS, APS College of Health Psychologists



May is a specialist health psychologist who works with clients with chronic health issues such as diabetes, cardiac issues, pulmonary issues, physical rehabilitation following surgery, cancer, and pain. May has experience with the management and treatment of stress, anxiety, depression, grief and loss, smoking cessation, weight loss, and adjusting to life's stressors; big or small. May was born in Hong Kong and grew up in Australia. She is registered with the Australian & Hong Kong Psychological Societies, and speaks fluent Cantonese and some Mandarin in addition to English. May has experience providing psychological therapy to people from all walks of life, and takes a client-centred approach to therapy.

May was trained in the use of Cognitive Behavioural Therapy and Mindfulness Therapy approaches, with experience in Motivational Interviewing and Solution-Focused Therapy. No matter what the modality, May believes that the most important thing in therapy is to focus on a person's unique situations and problems. She recognises and focuses on the relationship between mental and physical well being. May is registered with Medicare.

Appointments with May are available on Saturday mornings between 8.00 am and 12 noon.

# Addictions – Causes and Treatment

Lyn Shand

**Quote:** Drugs or overeating or alcohol or promiscuous sex or gambling – all are another way to find peace; to escape what we know. - Chuck Palahnuik Choke

At times, there is a generational problem to such addictions, but not always. Alcoholics Anonymous, Gamblers Anonymous or Narcotics Anonymous all do help address such addictions. However, they concentrate on just the addiction rather than the causes. The family is never directly part of these movements, although they do offer such groups as Al-Anon or Al-Ateen for other family members.

With counselling clients who have addictions, it seems to me that a Family-based view is important - that is to be aware that one of the main reasons for people turning to addictions is where that person has not had their early childhood needs met, or where the addiction acts as an intermediary between people to calm tension in relationships.

Of course, where abuse, either in the family or by an outsider has been the child's experience, such addictions can ease the pain and the shame that such abuse causes. Women who are addicts have often been sexually abused.

Addictions are frequently NOT the presenting problem we see as psychologists. They are just the coping tool the person has learnt to use for other difficult problems and emotions.

Some people do seem to have a genetic sensitivity but family dysfunction (even if completely unintentional on parents' part) is a major factor with addictions. Addictions of course, can take many forms other than alcohol, drugs and gambling. People become addicted to the Internet, pornography, sex, buying things and food etc.

Other things that need to be considered are trauma, or learning problems, poor attention or impulsivity or in the case of adolescents, the normal potential for risk taking behaviour that is common at that age.

Because the addiction is usually an entrenched coping mechanism, it is often useful to use Motivational Interviewing first, to ask the person what are the reasons for NOT changing. Otherwise therapy can be difficult. As psychologists, we need to take time with these clients. We need to be really present and show patience and creativity in helping them with the underlying issues first, then deal with the addiction.

In couples work, I also think it is important to include the partner in the counselling sessions and in the case of an adolescent, also to include the parents in some of the sessions.

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# Guilt and Shame

Sylvia Werba

People who suffer from excessive guilt and shame, often say they feel worthless and feel they are to blame for anything that goes wrong for themselves or for those around them –and often as a result, believe that they do not deserve love or happiness in life.

Guilt and shame are closely related emotions. I have often found that people who tend to feel guilty about something, or feel they are to blame for something that has gone wrong; often feel unworthy or anxious about the fact that somebody may “discover this” – and often feel ashamed and embarrassed. Some people feel guilty when they have not lived up to standards they have set for themselves or that they believe others have set for them. Sometimes people wrongly “think” or “assume” they have done something – and secretiveness often surrounds the accompanying shame. They may develop a feeling of being “flawed”, and thus view themselves negatively.

Shame sometimes accompanies a *family secret* –involving other family members, or a secret such as alcoholism, or sexual abuse or abortion or bankruptcy, or behaviour considered inappropriate in a particular community. Shame involves the sense of believing that one has done something wrong.

## **Overcoming guilt and shame involves:**

1. Assessing the seriousness of the action
2. Weighing personal responsibility
3. Breaking the silence
4. Making any possible reparations for harm that you *think* you may have caused
5. Self-forgiveness.

People can feel guilty or ashamed about both large and small actions, and the perceived seriousness of an action or thought, depends upon the individual’s own internal rules and values.

## **Questions that may be helpful in evaluating “perceived” guilt or shame are:**

1. Do others consider this to be as serious as I do?
2. If some people consider it less serious, why?
3. How serious would I consider it if my best friend was responsible rather than me?
4. How important will this seem in years to come?
5. How serious would I consider this, if someone did it to me?
6. Based on what I knew at the time, is my current thinking accurate?
7. Can any damage that occurred be corrected?
8. Was there something even worse that could have occurred?
9. Did others contribute to the action – and perhaps share responsibility?

Once the seriousness of the action has been assessed, it is then helpful to weigh how much of the perceived violation is due to one's own actions, and/or how much others have contributed to the action – and perhaps share responsibility.

**Above all, it is important to “Break the Silence” and talk about it.**

Being a good person does not mean that one will never do any bad things again. Part of being human is making mistakes, learning from them, and then doing things differently next time. Life is full of learning experiences!

No one is perfect. Everybody at some time has violated their own principles or standards. It is important to understand that actions are often linked to a particular situation or to a specific time in our lives – or to our best intentions at that time!

Self forgiveness or healing comes from a change in the way we think about the situation. One's understanding and self talk may change from “I made this mistake because I am an awful person” to “I made this mistake during a difficult time in my life, when I did not know how else to do things – or because I thought it was the right thing to do at that time.”

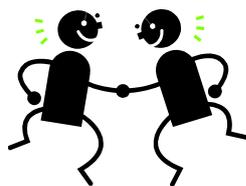
Self forgiveness also involves accepting and believing that not *everything* we have done has been wrong – and recognising our strengths as well as our weaknesses.

If we believe that some damage has been done, or that we regret our actions, it is possible and important to do something about it, so that healing can take place. It is important to face the situation, talk, ask forgiveness if appropriate – and determine what may help to repair, or just to make the situation a little bit better.

Guilt is a very destructive emotion – if left alone, it will multiply and then it often results in significant changes in mood and health.

The first step is to break the silence. Talk about it with someone you trust, who might help to view the situation in a different light, or from another perspective – and who might also help to begin to identify ways to repair, to heal and to move on – and above all, to begin to accept and to feel comfortable with ourselves again.

***When thoughts become too much to bear  
Breaking the silence, may start the repair!***



# Men and Anger Management

John Andersen

Men get angry; women get upset. A common complaint about men is that they can't control their anger. And this leads to verbal abuse and in extreme cases physical violence. There is a lot of talk about anger management. And time and again, when I work with couples, the request from the female partner is that her partner needs anger management.

Before we manage anger, we need to understand it.

First, there is generally another emotion behind anger. Anger does not come out of nowhere. At the risk of over-simplification, we experience anger in response to three things: hurt, fear, and shame.

When we get hurt, we may respond with anger, whether it is the physical pain of hurt, or the emotional hurt of social rejection, personal failure or criticism. This is one reason why people who experience chronic pain are often more irritable and can easily get angry. They are constantly experiencing hurt. Fear is another common contributor to anger.

Anger often is a response to fear that mobilises us to really take action. Anger overcomes that tendency of fear to freeze.

Finally, shame is a major cause of anger. We experience shame when we feel that other people are judging us or viewing us in a negative way, or when we negatively judge ourselves for failing to live up to our own standards and aspirations. Feeling shame is usually associated with feeling a failure, being no good, stupid, rejected, unwanted, or unloved. Shame is experienced with reference to either competence or social acceptance. Shame is a really painful emotion. So people avoid having to experience shame by instead covering it with anger. Shame is hatred and rejection directed in at oneself. Anger, in contrast, is directed outwards against other people. So anger frequently is a defence against shame.

Is the solution to banish anger? Not at all! Anger has a proper function. Its task is to protect the person. Anger is like a bouncer in a pub. Its job is to ensure the person remains safe. So it will be activated in response to perceived threats to the person. The intensity of the emotion of anger is designed to grab the person's attention, and kick the person into action. And so anger becomes intense rapidly and the person acts before he or she thinks.

Anger is really good at monitoring situations and looking out for threats. But anger is really dumb when it comes to taking action, particularly in complex social situations. Anger just does not think things through from a social relationship perspective. That is why anger is so well known as a destructive emotion. Anger expressed in action too often creates social havoc.

So how can people handle anger? First, by paying attention to what anger is concerned about. Anger is concerned about threats to our safety. So it is worth listening to. So the first question is, "What is my anger about?" This means, we need to listen to our anger, not suppress it.

Second, once we have identified the message, anger has done its job. The next step is for me to go into problem-solving mode. To stop, think with my head, get in touch with my social "smarts" and work out what is the best way of looking after myself in the situation I am in. What is the socially smart way of addressing anger's concern? Most of the time, it involves taking a different course of action to that of reflexive anger. This is what anger management is all about.

# ***ELKANAH NEWSLETTER***

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- You wish to advise us of a change in your mailing details
- You have feedback or suggestions for the newsletter
- You would like copies of our brochure

### **Please complete your details as currently listed**

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Are the above changes for:      Address Change     Replacement Contact     Additional Contact

If you wish to be taken off the Elkanah newsletter mailing list please tick

### **BROCHURE REQUESTS** - Number required:

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:

PLEASE RETURN THIS FORM TO: ELKANAH COUNSELLING, 1 WHITEHORSE ROAD BALWYN 3103