



ELKANAH COUNSELLING

www.elkanahcounselling.com.au

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1 Whitehorse Road
Balwyn VIC 3103

Phone: 9817 5654
Fax: 9817 5654

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.

In this edition, two of the articles are about specific problems that we see from time to time at Elkanah. John has written about the difficulties of living with a husband who has Aspergers and the impact this has on a couple's relationship. He emphasises the need to change expectations of that relationship and to seek diagnosis and counselling.

I have written about addictions and how these are the symptoms not the actual underlying problem. Addictions such as alcohol, drugs, gambling, promiscuous sex are entrenched coping tools people use to deal with the underlying insecurity problems and emotions. I believe that it is important for the psychologist to use a family based view of the underlying issues.

Eddy has written about resilience, which is the ability to adapt well from stress, adversity, trauma etc. - being able to bounce back. He emphasises that to boost resilience, we need positive physical, mental, emotional and behavioural strategies and a strong social network.

All of the articles suggest that consulting a psychologist can assist with these issues. John and I are also family therapists, which can be helpful in couples work or in regard to family of origin problems that often start in childhood.

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, and 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, or in their work or ministry.



MELANIE BIRCH

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

Melanie worked in the field of organisational development before training as a psychologist and trauma therapist. She has now practised in this area for 19 years. The principle focus of her work is the treatment of trauma, grief, anxiety and panic attacks. Melanie has also taken a special interest in sleep disorders as these often overlap. 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, 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, MPsycho. MAPS, 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, MAPS, Member VAFT & APS Colleges of Counselling Psychologists and CED Psychologists

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



MANUELA BARICHELLO

BPsych. GradDipPsych. GradDipProfPsych. MProfPsychPrac, MAPS

Manuela had over 15 years counselling experience before becoming a psychologist, and enjoys working with adults, children and adolescents. She is passionate about helping her clients resolve past and present issues. Manuela has experience in treating an array of mental health issues including trauma, anxiety, adjustment and depressive disorders. She uses a CBT framework but also an eclectic approach to suit the needs of the client to help them reach their full potential.

Your Husband may have Asperger's – Now What?

John Andersen

Married life does not turn out how you expected it to be. This is particularly so when your husband may be on the autism spectrum, or has a pattern of relating that is consistent with Asperger's Syndrome.

The most outstanding feature is a lack of emotional awareness. Living with a partner with Asperger's Syndrome is like living with someone from a different social world. The main difference is they simply do not perceive the same emotional world that you experience. It is like living with someone who sees in black and white, when you see in technicolour. How do you explain "yellow" to him?

There is a lack of emotional intimacy, an unresponsiveness when you need emotional support. Quality time devoted to simply talking and connection is not valued. As a result, even though the relationship may run smoothly on a functional level – he is a good provider and a hard worker, the emotional connection is missing. This can leave you feeling very alone, unsupported, feeling taken for granted, and unloved. He just doesn't get it.

Yet at the same time, he heavily relies upon you, and you wonder if he will be able to cope if you leave him. You feel you have to hold up both ends of the relationship and it is hard lonely work. Yet, he does not recognise all your effort and work to make the relationship work and the home run smoothly for him and the children.

In addition, partners with Asperger's Syndrome tend to be inflexible and have a strong preference for fixed predictable routines. They need structure and predictability. This need can result in them exercising a lot of control and demanding that things are as they want them. They tend to be patriarchal in their leadership, and prefer traditional gender roles as far as responsibilities in the home. The man is the provider; the wife is the homemaker and mother. He may love his children, but may be intolerant of their noise, disobedience, and messiness.

Then there are the possible extremes. He may be either financially controlling or financially irresponsible and impulsive. He may be either sexually demanding while emotionally disengaged, or sexually indifferent. He may leave all the homemaking to you, but insist that it is done to his expectations. He may be engrossed in his own interests and activities, and then complain about being left out when you do your own thing.

When things get emotional, he either shuts down and disengages, or it can trigger an outburst of anger. He does not know how to manage emotional situations, or resolve issues. Conflict? Watch out! Conflict can escalate out of control very rapidly, and result in abusive personal attacks and criticism over small things. If you disagree or have a different opinion, it is regarded as disrespect or personal criticism. Instead of a discussion, it triggers an outburst of defensive anger. There is a hypersensitivity to emotional intensity, so you may be a little emotional or insistent, and he perceives it as yelling and abuse. This is where the difference in social perception is particularly obvious.

There may be a lack of awareness of the nonverbal social cues and emotional signals other people give, that leads to social awkwardness and insensitivity to others. He may be intellectually knowledgeable, but socially insensitive. And that leaves you having to be constantly on the alert in social gatherings for what he might do.

What to do? The biggest thing is it requires a radical change in expectations of your relationship and your partner. You need to accept the fact that your partner has Asperger's Syndrome, and that his emotional unresponsiveness is a matter of lack of capability rather than intention. Do no blaming. Accept the differences and emotional deficits as a neutral fact. You will have to be relationally smart to avoid the relationship developing into an entrenched dysfunctional relationship, characterized by disengagement, withdrawal, emotional abuse and anger. You cannot do this alone without support – both support from friends and professional support.

1. The first step is to seek a professional assessment of your partner and your relationship. If there is a diagnosis of Asperger's Syndrome and both of you accept and gain insight into the diagnosis, it provides a basis for you as a couple to work out the best way of fashioning your relationship accordingly. If he remains in denial, or blames you and maintains that you are the problem, that makes it more difficult.
2. The next step is to work with a good relationship counsellor who is experienced in working with partners on the autism spectrum, who can provide tools and strategies for improving the relationship and making it work, or examining your options if you are weighing up whether or not to leave the relationship.
3. Maintain your own sense of social reality and sense of identity. Take criticism with a grain of salt, not accepting it if it does not align with your own sense of what is true.
4. Avoid enmeshment either through over-responsibility, being a rescuer, manager, or persecutor.
5. Develop a clear structure. Make routines and habits your friend. Use a calendar. Develop a scheduled time for relational things that are important, such as coffee, dinner out, sex. Develop regular routines for household tasks, homemaking activities, and times of relational connection.
6. Accept that the marriage is going to involve both partners doing parallel lives. He will have his own interests and activities that he will get engrossed in. A good adaptation is to also have your own independent interests. This requires a balance between apartness and togetherness, where the default will be apartness, and togetherness needs to be deliberately scheduled in.
7. Have clear concise communication. Because partners on the autism spectrum do not read non-verbal cues, this requires more clear cognitive and informational communication, where there is less reliance upon implicatures and non-verbal cues.
8. Maintain a positive balanced perspective. The frustration and resentment can easily lead to a loss of perspective, where the negatives outweigh the positives. Focus on what is positive and on the ASD partner's strengths. Develop specific skills and routines to compensate for the weaknesses. Adapt expectations, accommodate, and avoid slipping into "protest mode."
9. Partners on the AS cannot manage conflict well. If a conversation starts to get emotionally intense and personal, shut it down and take time out until emotions settle. The best way to handle conflict is to regard it objectively, as a problem-solving exercise, where one gathers information, explores alternatives, and decides on the best course of action. This keeps the emotion out of it, and it is best as a collaborative problem-solving information gathering exercise.
10. The lack of emotional sensitivity and awareness means there will be a lack of awareness to emotionally protect one's partner. To compensate for this, specific rules of professional courtesy need to be negotiated and agreed upon.

Addictions - Causes and Treatments

Lyn Shand

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 not directly part of these movements, although they do offer such groups as Al-Anon or Al-Atten for other family members to help them cope with the addict.

In 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. eg. Women who are addicts have often been sexually abused when young.

Addictions are frequently NOT the presenting problem when a person sees a psychologist. 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 the parents' part) is a major factor with addictions.

Other things that need to be considered are trauma, 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 present and show patience and creativity in helping 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 adolescents, also to include the parents in some of the sessions.

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Resilience and what to do about it

Edwin (Eddy) Kleynhans

The first question that comes to mind is: what is Resilience?

Dean Becker (Harvard Business Review 2002) defines resilience as **“More than education, more than experience, more than training, a person’s level of resilience will determine who succeeds and who fails”**.

One of the recent examples of resilience comes from the violent experiences of a schoolgirl in Pakistan called Malala, who believes in leading without fear. A terrorist group in Pakistan shot her through the head as she believes that girls in Pakistan (and around the world) should receive equal education opportunities on par with boys. I understand that she went to London to have a head operation and despite her ordeal, she returned to Pakistan and continued in her quest to promote equal opportunities in education for girls. She received a Nobel Peace Prize for her efforts to promote young girl education opportunities around the world.

An analogy to the aforementioned that I use with my clients is the metaphor of “The dogs are barking, but the caravan moves on” (referring to the caravans consisting of camels and merchants in Sahara Africa: the caravan moves from one oasis to the next irrespective of the dogs barking and does not stop). What this means is that we can use this principle to resolve matters in our daily lives because of our innate givens irrespective of circumstance: others may say that you will never recover (referring to “the barking dogs”), but you move on with your caravan (metaphor here referring to your innate ability to resolve matters irrespective of your circumstances and what others are saying).

Let’s look at another *definition* of Resilience:

1. Resilience is our ability to adapt well and recover quickly after stress, adversity, trauma or tragedy;
2. If you have a resilient disposition, you are better able to maintain wellness in the face of life’s challenges;
3. If you are less resilient, you are more likely to dwell on the past, current problems, feel overwhelmed, use unhealthy coping tactics to handle stress, and develop anxiety and depression;
4. Resilience means being able to bounce back. Most people assume that the opposite of depression is joy. In fact, the opposite of depression or wearing down of our ability to bounce back from life’s challenges, is resilience.

Resilience skills include: positive emotions, optimism, humour, flexible thinking, acceptance, social support, role models, emotional regulation, altruism, etc. According to Shakespeare: “There is nothing good, or bad, only thinking makes it so”. Hence, in order to move towards resilience, we need to change our thinking and a psychologist could assist in this.

Resilience means to be in control of ourselves and not of others such as loved ones. It also means that you are committed to your values (those things that you stand for and why you are doing them) and to find out what your purpose is to life and its events.

When you want to embrace resilience and move in that direction, expect barriers and setbacks and learn to see them as an opportunity for learning.

Develop a strong social network: having caring, supportive people (and not “barking dogs” see above) around you acts as a protective factor during times of crisis.

Here are additional **strategies to become resilient**:

1. **Physical:** do activities you enjoy, exercise, have a good and regular sleep regime, limit caffeine (2 cups a day is plenty, before 2.00pm);
2. **Mental:** think positively, keep perspective, set goals and take small concrete steps, accept what you cannot change, stay flexible, learn what you can from past mistakes, be decisive and clarify things;
3. **Emotional:** identify feelings and needs and express them, nurture a positive view of yourself (see the example of Malala above), find & express humour, work on accepting and adapting to change faster, and maintain a hopeful outlook;
4. **Behavioural:** avoid risky behaviours such as addictions, prioritize, limit exposure to negative media, take time away from screens and smart phones/iPads, etc.

We are all making mistakes and can learn from past mistakes: here are some questions you could discuss with your psychologist:

- What kind of events have been most stressful for me?
- How have those events typically affected me?
- How did I overcome some of the obstacles?
- What strategies were helpful and unhelpful?
- What did I learn about myself?
- Who did I reach out to for support?
- What advice would I give to a friend in the same position?

Summary. Remember that the road to resilience is a personal journey and may not always be smooth. People use varying strategies, which refers to individual differences. The most important when faced with a problem, is to identify what the main issues are and do not swim in your problems. Moreover, it is important only to focus on the solution of the problem and do not return to your swimming pool filled with “barking dogs” such as “it is difficult”, “I will never solve this problem as I worry what others are saying”, “I do not have the skills to resolve matters”, etc. Once again, I refer you to the young Pakistani schoolgirl Malala, whose “caravan moved on” despite the barking dogs (politicians and terrorist groups in Pakistan). Failure is part of success and if you fall down (fail) get up and keep on moving your “caravan” (which is the solution-focus part of your brain) and you will succeed. Lastly, action cures fears and depression: if you are challenged by fear, face it by taking action and you will get there.

If you need some assistance with getting started, consider consulting a psychologist who could assist you in developing resilience strategies.

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