



ELKANAH COUNSELLING

www.elkanahcounselling.com.au

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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 edition of our newsletter looks at some of the common addictions that people suffer from, such as alcohol and internet addictions. There are others such as cannabis, heroin and ice, the highly purified form of methamphetamine. We may look more closely at these in a future edition, especially the particular problems associated with ice addiction as it seems to be a growing scourge in our society.

The issue of what leads to addictions is complex. Addiction can play a role in our eating for instance. Becoming addicted to too much food can lead to obesity and its health issues. At the other end an addiction to a strict and highly restricted food intake leads to anorexia and bulimia, again with their associated health problems. In most addictions there seems to be evidence of a contribution from both our genes and our environment.

In dealing with addictions we very often see anxiety and depression as breaking the addiction can be difficult and long term work. There are changes in brain chemistry to weather, habits to break and new challenges to rise to.

Topically, Melanie has written about a type of depression that some people battle with every year, Seasonal Affective Disorder, which peaks in months of less sunlight.

With all of these, we find it most useful to work in coordination with GP's to provide collaborative and caring management of our client's health.

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.



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 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.



ROBERT POSTLETHWAITE

BBSoc MPsych. 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.



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.



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 workplace or ministry



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



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.



MAY WONG

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

May is a health psychologist who works with chronic health issues such as diabetes, cardiac & pulmonary issues, rehab following surgery, cancer and pain. May was born in Hong Kong and grew up in Australia. She is also a member of the Hong Kong Psychological Society and in addition to English speaks fluent Cantonese and some Mandarin. As a health psychologist May focuses on the relationship between mental and physical wellbeing.

Alcohol and its Real Costs

Lyn Shand

One in five Australians drink at levels that cause long term physical health problems. It is a depressant, so it also contributes to mental health issues as well. Alcohol is often a big contributing factor in family breakdown and violence.

Initially, alcohol can reduce inhibitions but it actually slows down the brain. Short term, this can result in poor judgment and memory lapses. Long term, it not only affects the brain detrimentally but the toxins in alcohol also have a very negative effect on the liver, as well as the heart and pancreas.

Every week, we read of car accidents, fuelled by alcohol. As well, our hospitals frequently have people admitted from alcohol poisoning along with major injuries or death from the car accidents.

There is also the risk of young people engaging in unprotected sex.

So what to do

The recommendation is either not to drink alcohol or only drink in moderation. Start by being aware of how much alcohol is involved in one standard drink. This varies of course in quantity between beer, wine, spirits and mixed drinks. For adults one to two standard drinks on any one day is the recommendation. For pregnant and breastfeeding women, it is safest not to drink any alcohol.

Also for adolescents, it has been found to be detrimental to their development and learning. If they do drink, it should be under adult supervision because of the risk of them binge drinking.

Addiction is very difficult to overcome but if it is a problem, see your G.P., psychologist or Alcoholics Anonymous on 1300 222 222.

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The Facts on Seasonal Affective Disorder

Melanie Birch

Winter can be a time that sees many people feeling glum about the weather. Grumbling about the wind, the rain, the cold and dreaming about the return of sunnier warmer days. But for some people, the arrival of winter brings more severe symptoms. SAD, or Seasonal Affective Disorder, is a form of depression that worsens with the onset of winter but then recedes with the arrival of Spring. It is virtually unknown at the equator but affects up to 10% of people in arctic latitudes. You are more likely to be susceptible to SAD if you are a woman, aged between 15 and 55, or have a close relative who suffers from SAD.

Symptoms include:

- Loss of interest in your usual activities
- Oversleeping, but still feeling lethargic
- Loss of energy
- Feeling depressed and hopeless
- Feeling anxious
- Craving foods high in carbohydrates
- Not wanting to go out and socialise
- Trouble concentrating

As you can see, some of the symptoms overlap with what we expect to see with “normal” depression. The difference is that SAD recedes in the warmer sunnier months, only to recur when the days become shorter. Other types of depression such as unipolar and bipolar depression do not have this cyclical seasonal nature.

Seasonal Affective Disorder is not thought to be linked to colder temperatures, but to sunlight. There is ongoing research into the mechanisms involved but the current thinking is that less sunlight plays havoc with the timing of circadian rhythms, our internal body clocks. The effect in SAD is that melatonin production is delayed, leaving us feeling tired and grumpy in the morning and not wanting to get out of bed. Serotonin, a brain chemical that affects mood, is also thought to be involved. And yes, you guessed it, less sunlight can cause a drop in serotonin levels.

There are a variety of treatments and the main one is bright light treatment. A specifically designed light box is used early in the morning to replicate getting more sunlight. It is brighter than normal florescent light, but a word of warning: don't try and use UV lights, full spectrum lights or tanning lamps and such to try and replicate this. It won't work and is very likely to cause harm! Other helpful treatments include the use of antidepressants to treat serotonin levels, and counselling treatments such as Cognitive Behaviour Therapy or Interpersonal Therapy to help manage symptoms and difficult situations. Getting regular outdoor exercise is one of the best things you can do, especially if it's done early in the day.

If you think you might be cracking the SADs come winter time, don't stoically put up with it or self treat via Dr. Google. Instead, see your GP for a detailed professional assessment and treatment plan. Your body will thank you!

Addiction and the Internet

John Andersen

The internet has become a ubiquitous fact of life. Commerce depends upon it. Everyday life is increasingly becoming dependent upon internet access. And the internet has brought with it new forms of addiction.

There are five different forms of internet addiction:

- (a) cybersexual addiction involving a compulsive use of websites for viewing pornography or doing cybersex with others,
- (b) cyber-relationships addiction where a person engages in on-line relationships at the expense of person-to-person relationships,
- (c) internet compulsions, such as compulsive online gambling, shopping, etc.,
- (d) information overload, compulsive surfing of the web for news sites, database searching information gathering with no actual purpose in view,
- (e) computer game playing addiction, obsessive preoccupation and excessive playing of computer games at the expense of other activities, such as school, work, social relationships.

What are common signs that a person may be developing an internet addiction?

Excessive computer use and preoccupation, mood swings, increased isolation and social disengagement, decreased socializing, lack of routine and erratic sleep patterns, irritability and anger in response to stopping computer usage, becoming detached and emotionally absent, cognitive inattentiveness, neglecting responsibilities, social relationships, absenteeism, school truancy, and persisting in excessive computer usage despite significant negative consequences, such as loss of important relationships, academic failure, loss of job. Two common forms of internet addiction are internet gaming disorder and internet sexual addiction.

Internet Gaming Disorder.

Young males in adolescents and twenties are the most vulnerable group to developing an internet gaming disorder. This problem is characterized by excessive online computer game playing to the neglect of real-life social relationships, schooling, employment and other areas of life. Because of the 24 hour availability of online games, this can lead to loss of regular routines in eating, sleeping and exercise. The neglect of other aspects of life leads to a shrinking of the person's world, failure and social isolation, which in turn leads to depression, social anxiety, and low self-esteem. These negative impacts generate a vicious cycle where a person becomes more focused on online gaming as a means of feeling good and distraction, which only increases the cycle of neglect avoidance and ensuing depression.

Maximal Multiplayer online Role-Playing games (MMORPG) are the most addictive genre of internet game. These games feature players developing online characters that accomplish missions and do combat in the virtual world of the game, either individually or as members of teams. The features that make MMORPG so addictive are: (1) scope for achievement through advancing in levels with greater status and power, (2) socializing through on-line relationships with other gamers, which lead to the development of virtual social networks that compete with and compensate for actual social relationships, (3) escapism and mood alteration through the neurological impact of immersion in the game.

The neurological impact of online computer game playing is the release of dopamine, which activates the reward system of the brain. Excessive stimulation through online computer game playing can modify the reward system pathways so they become cued or sensitized to the stimulus of online computer games. In addition, a person becomes desensitized to other forms of pleasure, so they become boring and uninteresting. This focused cueing of the reward system on online computer gaming is what makes excessive gaming addictive. Addiction occurs when the gamer becomes dependent upon the online gaming for the release of dopamine. This leads to increasing tolerance on the one hand, that is reflected in a tendency to increase the time devoted to gaming. On the other hand, ceasing gaming can result in depression as a result of the drop in dopamine levels. In this way excessive internet gaming can literally become addictive, with the “drug” of choice the natural neurotransmitter dopamine.

Internet Sexual Addiction

Another increasingly prevalent form of internet addiction is internet sexual addiction. Internet sexual addiction is a form of technological addiction that occurs from excessive engagement with computers for the purpose of sexual stimulation at the expense of other activities and interests. The two most common forms of internet sexual addiction are internet pornography and cybersex. There is a gender difference with a 50/50 split among men between internet pornography and cybersex, whereas women become predominantly addicted to cybersex, with only 23% becoming addicted to pornography.

The core components of such a sexual addiction are: salience, mood modification, tolerance, withdrawal, conflict and relapse. Salience refers to when the internet sex becomes the most important activity in a person’s life. An addicted person becomes preoccupied with it, experiences cravings for it, and increasingly reliant upon it to feel good. Addicts experience tolerance such that they need more and more excessive sexual experiences to get the same pleasant satisfaction. They can suffer withdrawal from ceasing their internet sexual behaviour in the form of irritability and depression.

Like other sexual addictions, increased preoccupation and time devoted to internet sexual behaviour eventually has a detrimental impact upon their life through the neglect of relationships, work and other responsibilities, leading to conflict with others, increased failure. These negative social impacts increase a sense of loneliness, failure and guilt, which in turn, drives the vicious cycle of resorting to internet sex for distraction and a momentary “high”. This makes internet sexual addiction a hard habit to break, so relapses into the pattern are common under stress or negative mood states.

There are three factors that make the internet such an attractive medium for sexual addictive behaviour: accessibility, affordability and anonymity. The internet has unparalleled private accessibility especially with the extension of WIFI to mobile phones. It is affordable, especially with the many free websites that are available for a wide range of sexual activities. It is unparalleled in anonymity, which gives a person a sense of control over preserving privacy and severing contact. The anonymity gives a sense that one can engage in any sexual fantasy without necessarily getting caught.

The warning signs of internet sexual addiction include:

- excessive amounts of time on internet chat rooms and e-mailing for the purpose of finding cybersex,
- preoccupation and anticipation with online sexual activity when away from the computer
- a preference for online sexual relationships where sexual fantasies can be acted out over actual personal sexual relationships,
- moving from cybersex to phone sex to sexual liaisons with online sexual partners,
- masturbating while online,
- hiding online activity from others,
- feeling guilt and shame about online sexual activity,
- less investment with relationship with one's sexual partner and
- a preference for cybersex as the primary form of sexual gratification.

Usually people who are vulnerable to developing an internet sexual addiction suffer from emotional problems, such as low self-esteem, insecurity and lack of confidence in intimate relationships, fear of rejection, deep sense of shame, inadequacy and emotional pain, or a sense of despair and negativity about one's life. With all these situations, internet sex becomes a means of distraction, escape and pleasure.

Internet sex is conducive to addiction because it allows dissociation of the sexual activity from other areas of life; it is kept in a private, secret, separate and anonymous compartment, so it is easier to dissociate it from one's personal values, self-image, and accountability to other people in one's life. It allows for a compartmentalised impersonal detached sexual outlet with a minimum of personal accountability for one's sexual behaviour. It also becomes addictive when it is utilised as a means of emotional self-regulation. When it is used as a means of emotional self-regulation, it is much more likely to become an out-of-control addiction.

Both these forms of addiction can be very difficult to break, for two reasons. First is the ready availability and privacy of internet. Second, is the neurological dependence upon the addictive behaviour for releasing dopamine to activate the reward system. This is why professional help is often needed to help a person break out of an entrenched online gaming cycle, or to break the pattern of internet sexual addiction.

ELKANAH NEWSLETTER

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Comments:

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