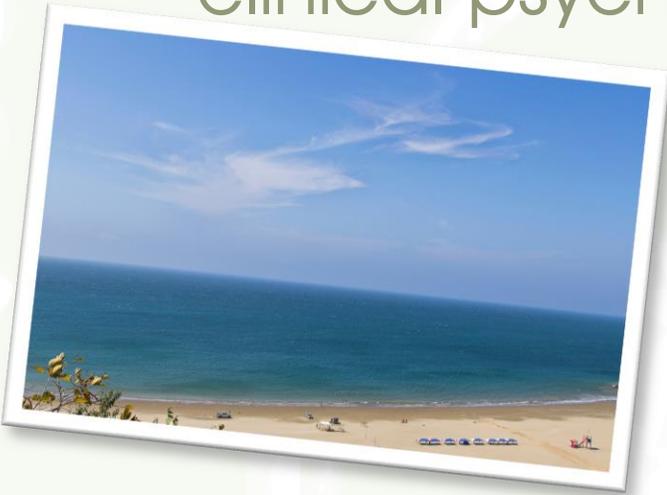


S U M M E R 2 0 1 9

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clinical psychology services



Welcome to 2019!

Happy New Year!

We would like to welcome everyone back as the New Year kicks off after the holiday season. Many of us, including Yong, have been on a travelling break.

As the school term approaches and work activities ramp up again, it is important that we plan how to ease back into daily routines at home and work and maintain self-care while busyness and stress start to build.

In this newsletter we have included an interesting information piece by Dr Yeow Tan on "Emotions and our defences".

Welcome once again to 2019. We are looking forward to an exciting year ahead and to being of service.

-- Yong and the Healthfocus team.

Inside this issue...

EAP services

GPMHCP and Medicare rebates
in the new calendar year

Emotions and our defenses

Contact details & About us



EAP Services



Healthfocus delivers psychological counselling as part of Employee Assistance Programmes (EAPs), directly (for psychological services only), and via arrangements with full service EAP providers.

For example, we are an approved psychology provider for St John Ambulance WA EAP. Our services are available to SJAWA staff, volunteers and their family members (see <http://beingwellsja.com.au>).

Small and medium enterprises can offer Healthfocus counselling directly through our confidential EAP Early Intervention Service (see <https://www.healthfocuspsychology.com.au/wp-content/uploads/2018/03/2017-EAP-single.pdf>).

GP Mental Health Care Plans and Medicare rebates in the new year

We've fielded several enquiries from clients about if a new GP Mental Health Care Plan (GPMHCP) is required to access Medicare rebates in the new calendar year.

A GPMHCP is valid for a period of 12 months from its initial issue. This 12 months includes any reviews, for example, when more than 6 sessions are required. The GPMHCP does not need to be renewed at the beginning of a calendar year unless its number approved sessions have all already been used.

Eligibility for Medicare rebates "resets" on January 1.

We have a page on our website that summarises information from Medicare and the Australian Psychological Society (APS) at

<https://www.healthfocuspsychology.com.au/gp-info/>.



Emotions and our defences

Dr Yeow Tan, Clinical Psychologist

The experience of emotions is part of human existence. According to Trampe, Quoidbach, and Taquet (2015), our day-to-day lives are profoundly emotional. Their sample (11,000+) reported experiencing at least one emotion 90% of the time. Emotions add texture to our lives and signal to us what we need and what motivates us. At the same time, they can occasionally be overwhelming, unpleasant, and sometimes difficult to manage.

Emotions are states of feeling involving subjective experiences and physiological responses, including increased heart rate, uneven breathing, and sweaty palms. Not only can two persons be present in the same situation and have very different experiences, but the intensity and range of their emotions can also vary. There exists a myriad of emotions, and individuals tend not to experience a pure form of a singular emotion, but for example, feel excited and nervous at the same time. Primary emotions are direct, automatic reactions to a situation (e.g. a child's anger towards a parent when not getting what they want), while secondary emotions are responses to one's thoughts or feelings rather than to a situation (e.g. feelings of guilt subsequent to anger).

We tend to categorise emotions as good (e.g. joy) or bad (e.g. anger), and "good" emotions are encouraged, while "bad" emotions are considered undesirable and need to be "dealt with" and/or eliminated. There are many self-help books promoting positive thinking and positive feelings. Indeed, psychology as a discipline often aims to alleviate sadness and manage feelings related with depression and anxiety. However, it is not so much that emotions are "bad", but that they are unpleasant to experience and "sit with", and can affect day-to-day behaviour and functioning.

Strong emotional affects can be overwhelming. In our formative years, we develop capacity to manage affective experiences. The presence of an emotionally responsive caregiver with the ability to contain the child's distress/anxieties can help develop the child's emotion regulation capacity. Conversely, an absence of such can contribute to the development of alternative defence mechanisms in order to manage intolerable affects. Defences are described as "processes that distort or exclude certain information and affective experiences" (Lemma, 2003), mobilised to avoid situations perceived as dangerous and/or arousing painful affective states (Lemma, 2003).

The table below shows a non-exhaustive list of more commonly utilised defences (Vaillant, 1994).

Common emotional defence mechanisms

Defence	Description	Example
Denial	Refusal to accept external reality because the situation/event is too much to handle	Persons suffering from substance abuse refusing to admit their behaviours as problematic
Repression	Process of keeping events out of one's conscious awareness	Forgetting a traumatic event from one's memory
Displacement	Transferring/taking one's feelings and frustrations out on others less threatening	Someone frustrated at his/her boss at work returns home and yells at the dog
Projection	Attributing one's own unacceptable thought, feelings, beliefs, and motives to another person	Feeling hatred for someone however believing that person hates you instead because the idea of harbouring hatred for someone else is unacceptable
Regression	Reverting to earlier patterns of behaviour when faced with stress	A child wetting the bed upon finding out they need to spend time in hospital
Sublimation	Transforming impulses and emotions into socially acceptable ways	A person taking up kickboxing as a means of venting frustrations and anger

While defence mechanisms can be adaptive in protecting ourselves from the unpleasant sensations arising from internal and interpersonal conflicts and preventing us from exposing ourselves to potentially damaging consequences, they tend to be useful only in the short term for that point in time. Over time, their continued use becomes part of one's personality. Prolonged exclusion of the avoided so-called negative affects runs the risk of limiting an individual's emotional repertoire, and subsequently depriving the opportunity for such sometimes necessary affects, associated behaviours and experiences, to be understood and "lived". For example, if a child's anger receives a punitive attack from the parent reducing his/her likelihood in expressing such anger in future, the child's range of emotions becomes restricted. This unexpressed, under- or unprocessed anger can also manifest in disproportionate ways in later life.

Moreover, research has found emotional states have a direct impact on physical health (Coughlin Della Selva, 2006). Individuals who dismiss and/or repress their emotions are naturally also suppressing their immune responses, resulting in adverse health outcomes and making them more prone to physical illnesses (Gross, 1998; Pennebaker, 1997). It is important to clarify that it is not our feelings and emotions that lead to physical illness, it is the chronic reliance on our defences against how we truly feel that does causes damage.

Emotions are part of our humanity and serve the important function of providing clues and indicators to what is going on internally. There is no correct or incorrect way to feel, and neither are there clear delineations of what makes an emotion good or bad: all emotions play a role and we simply feel what we feel. Nonetheless, anxiety and other unpleasant feelings can sometimes be so overwhelming and disabling that we consciously and unconsciously develop defence mechanisms against experiencing such affects. In the long run, emotional avoidance is damaging to physical and psychological health and can often stand in the way of better understanding oneself. We may not always have words to accurately describe what we are feeling, but there is no need to be too quick to “push away” emotions. When we “make space” for and pay attention to emotions, we can then begin to understand their origins and the unique defences we can or are using. This will subsequently lead to a more authentic relationship within the self.

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clinical psychology services

Armadale:

Shop 6 Pioneer Village Complex

7 Albany Highway

Mount Richon WA 6112

Ph: (08) 9399 1911

Fax: (08) 9399 5669

email: armadale@healthfocuspsychology.com.au

Riverton:

Unit 1, 2 Madeira Road

Parkwood WA 6147

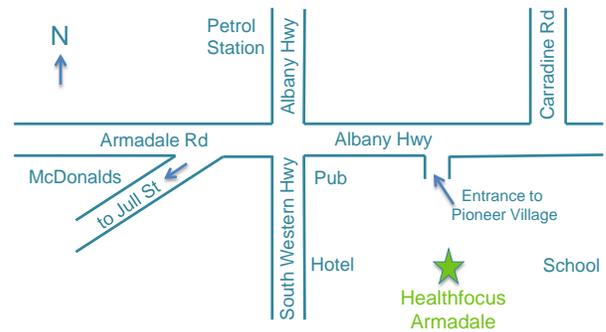
Ph: (08) 6369 1191

Fax: (08) 6153 1091

email: riverton@healthfocuspsychology.com.au

Postal: PO Box 339 Armadale WA 6992

www.healthfocuspsychology.com.au



About Us

Healthfocus Clinical Psychology Services has been serving clients in Armadale, Kelmscott, Roleystone, Byford, Bedfordale and surrounding areas since 2004, and today continues to operate as a privately owned, independent practice located in Pioneer Village, close to Armadale City Centre, hub of a vibrant and growing region including Seville Grove, Haynes, Forrestdale and Champion Lakes.

In 2017, we opened a Riverton practice next to Stockland Shopping Centre serving Riverton, Willetton, Parkwood, Shelley, Lynwood and neighbouring areas.

We initially focussed on assisting clients with stress claims and worker's compensation injuries. This included helping people to cope with conflict at work, adjusting to new work situations or overcoming trauma following incidents in the workplace, and assisting people with injuries to better manage chronic pain and adjust to injuries or illnesses.

Over time, our services expanded to include the psychology of "coping" and helping clients to cope more effectively, especially with depression, anxiety and trauma-related conditions.

We welcome referrals from GPs in local areas and many clients can benefit from Medicare rebates under the "Better Access" scheme through a GP Mental Health Care Plan. Private patients who pay full fees do not require a referral to attend psychological counselling with Healthfocus.

Our highly qualified psychologists, who have all completed Masters or Doctoral level postgraduate degrees and have a minimum of 8 years of training, are well placed to provide services under Workers' Compensation, Motor Vehicle Accidents and other RiskCover/WorkCover and insurer/government compensation schemes.

Healthfocus also provides relationship counselling, psychological treatment under Employee Assistance Programmes, and specialised services relevant to Criminal Injury Compensation and Department of Communities Child Protection and Family Support, including treatment and independent review.

We offer multilingual services including Mandarin Chinese and Czech.