

# Ask Dr. Robertson (and Teela)16 — Exaggerated Insensitivity: Iniquity Upon the Sons, and the Son's Sons

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**Interviewer: Scott Douglas Jacobsen**

**Interviewees: Dr. Lloyd Hawkeye Robertson and Teela Robertson**

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***Dr. Lloyd Hawkeye Robertson** is a **Registered Doctoral Psychologist** with expertise in Counselling Psychology, Educational Psychology, and Human Resource Development. He earned qualifications in Social Work too. Duly note, he has five postsecondary degrees, of which 3 are undergraduate level. His research interests include memes as applied to self-knowledge, the evolution of religion and spirituality, the aboriginal self's structure, residential school syndrome, prior learning recognition and assessment, and the treatment of attention deficit disorder and suicide ideation. In*

*addition, he works in anxiety and trauma, addictions, and psycho-educational assessment, and relationship, family, and group counselling.*

*Our guest today is Teela Robertson, M.C., who earned a B.A. in Psychology from MacEwan University and an M.C. in Counselling Psychology from Athabasca University. She has been a Board Member of the Center to End All Sexual Exploitation (CEASE), and a Transitional Support Worker through the E4C Youth Housing Program. Now, she is a Registered Provisional Psychologist with a non-profit community agency.*

*Here we talk about religion and individuality, innervation of beliefs into professional practice, empowerment, and more.*

**Scott Douglas Jacobsen: Lloyd, in “Ask Dr. Robertson (and Teela) 14—Adlered with Eclecticism: A Confidence of Riches,” you stated, “There is a tension between psychology and religion that is often not recognized and is even less often addressed, and that tension stems from conflicting worldviews.” How does religion undermine “client individuality, empowerment, and self-actualization”?**

**Dr. Lloyd Hawkeye Robertson:** In my new book *The Evolved Self* that will be coming out September 15, I discuss how the “modern self” capable of individual volitional planning is a cultural artefact that evolved prior to the “Axial Age” when most of the great religions of the world came into being. I make the argument that religion was effectively a way to keep the individualism inherent in having a self in check, to keep the collectivism of humans as social animals paramount. Traditionally, Christians have been taught that the self is wicked and must be denied. Buddhists proclaim that the self is the source of all suffering and they proclaim a doctrine of “no-self.” Confucian teaching subjugates the self to the family and tradition. The word “Islam” means “submission” or “surrender.” Although, it came later in mankind’s cultural evolution; its roots are in traditional Judaism. In each case, the self is something to be given up in favour of a reality defined by the dogma and leaders of the religion. This places those leaders in the role of defining the will of the collectivity.

Contrary to Foucault’s teaching, the self did not come in to being with the European Enlightenment. What the Enlightenment did was proclaim that

the notion of objective reality that could be discerned by the individual was a good thing, instead of fearing the individual self, the Enlightenment embraced it. This led to an outpouring of ideas and objective inquiry, and the scientific revolution it spawned is still on-going today.

Psychology came late to the scientific revolution, in part because it was actively repressed by religions, more so than other fields of objective inquiry. All psychotherapies start from the premise of the client as an individual with unique experiences, interpretations and social relations. The client is then empowered to make changes to themselves in keeping with those experiences, interpretations and social relationships. The very act of empowerment supports the ability of the person as an individual to make such decisions. Positive Psychologists, in particular, have come under criticism for undermining collective societies. What do they do that is so undermining? They ask the client what is meaningful for him or herself and they ask what would make them happy.

**Jacobsen: Teela, you said, “When the beliefs of the psychologist and client do not align, we not only have to be aware of where our biases come in, but also the limits to our knowledge about the client’s belief system.” What is an example of this innervation of the beliefs and biases of the counselling psychologist in practice? A hypothetical case extrapolation from practical experience would suffice, too.**

**Teela Robertson, M.C.:** *An example of this might be a similar situation to what my dad described in our last interview where a therapist has taken a course on a culture, let’s say North American Aboriginal people, and believes they now have good understanding and make assumptions based on what they have learned. Engaging in this type of practice negates the individuality of lived experiences as well as aspects unique to each community. To further this example, let’s say the therapist is an atheist and the client is a devout practicing Christian, the therapist has a role to try and be aware of any assumptions they hold about the client’s culture and beliefs and differences between them and the client. In this case, a therapist rejecting a client’s use of prayer or church simply due to a belief. It is a fable and ineffective would not be helpful if it would damage the rapport built with the client. On a cultural front, a therapist assuming an*

*Aboriginal client should turn to traditional healing, or connect with elders without knowing how that client feels about and connects with their own culture could be damaging. I have found in practice it is best to ask clients what things mean to them and to hear about their practices before inserting assumptions and interpretations.*

**Jacobsen: Teela, why does Canadian culture teach men to refuse showing ‘weak’ emotions, including the aforementioned sadness or anxiety, or even to name the feelings?**

*Teela Robertson, M.C.: The societal failure to teach men it is acceptable and normal to have and express the full range of emotions seems to come from times past. It can be demonstrated in statements many, even women, have heard growing up such as “stop crying”, “man up”, “I’ll give you something to cry about”. These statements are all telling children it is not acceptable to feel and express their emotions. In turn, children may come to believe it is wrong for them to cry. That to be a man they need to be tough and that means not crying. Instead, anger becomes a more acceptable emotion to show and those deeper emotions come out looking like anger. I don’t know that I have a good answer to why this has been taught.*

**Jacobsen: Lloyd, what is the impact of Male Stigma, as preliminarily researched by you, on the full expressive range of the emotions of men?**

**Dr. Lloyd Hawkeye Robertson:** One of the common experiences of men in my stigma study was that when they attempted to express their negative emotions about how they were abused by the justice system, child welfare agencies, employers and even neighbours who assumed men are perpetrators and women are victims. They were told by feminists, both male and female, to “man up” or “be a man.” The message is clear. Men are asked to share their emotions, with the suggestion that they are unwell if they don’t, but they can only share those emotions which are acceptable to the prevailing ideology. This put them in a double bind—they were blamed for not sharing their emotions and they were blamed when they did.

**Jacobsen: Lloyd, following from the last query, how are young and old, men and women, and so on, culpable for this prevention of the full flourishing of men's emotional lives in Canadian society?**

**Dr. Lloyd Hawkeye Robertson:** The repression of emotions in men is very old indeed. Male circumcision was practiced by numerous ancient societies as a rite of passage. Boys had to bear the pain without crying to become a man. The practice also taught the new men submission to the collectivity in a way that made them good warriors. Curiously, we still do not commonly refer to the practice of circumcision as “male genital mutilation.”

In a different interview, I talked about my experiences as a youth growing up in the industrial town of Lloydminster. I talked about how men knowingly kept jobs that they knew were dangerous to their health and well-being because they needed to support their families. Even today men predominate in jobs that are dangerous, unhealthy or involve a lot of travel. And if they get paid more for working in these jobs, then there is talk about a “gender wage gap.” Men are expected to take these jobs without complaint and, apparently, to not be paid extra for the privilege. Yes, we as a society are still just as culpable for repressing male emotions as we always have been. The problem with that repression is that it sometimes comes out anyway, as anger.

**Jacobsen: Teela, following from the previous question, how does this impact the emotional, social, and even, potentially, intellectual growth of men in Canada?**

**Teela Robertson, M.C.:** *It seems to me many people, not only men, end up struggling to show and communicate emotions whether theirs or someone else's. This can be damaging in relationships where one might feel they should not express emotions, and that their feelings are not being heard or validated. If we do not know how to express our emotions, we may instead be fighting them and trying to keep them down. We may also feel uncomfortable with others' emotions and end up sending a message that they cannot express emotions to us, which in turn hurts emotional closeness in relationships. Rather than simply disappearing the negative emotion may fester and each seemingly small pain adds to the point the*

*emotion boils over and can not be hidden. This can be dangerous depending how the emotion erupts, for instance, it could be in the form of physical violence, or a verbal assault.*

**Jacobsen: Thank you for the opportunity and your time, Dr. Robertson and Teela.**

**Dr. Lloyd Hawkeye Robertson: You're welcome Scott. My pleasure.**

**Teela Robertson, M.C.: *You are welcome.***