

# Close Relationships, Intimacy, and AD/HD

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AD/HD is no longer viewed as a children's illness, but as a syndrome continuing into adulthood. The adult symptom picture usually includes less pronounced hyperactivity and more problems with inattention, distractibility and forgetfulness. AD/HD adults are also likely to have frequent mood swings. Possibly because of the difficulty in coping with AD/HD, many adults become involved with drugs and alcohol. Many AD/HD adults report this is the only way that they can "slow down" and feel "halfway normal." Adults with AD/HD often

develop depression. In view of these symptoms, it is not surprising that many adults with attentional problems are referred by their spouse for AD/HD evaluation and treatment. These adults may arrive at the office with a frustrated, angry husband or wife who voices complaints such as: "He never remembers family outings." "She won't follow through on errands." "He doesn't finish projects in the house." "She won't sit and formulate a plan for dealing with the kids." Often, spouses have given the AD/HD adult an ultimatum, "find out what is wrong with you, get treated, or else..."

While most of the descriptive information on AD/HD is focused on the classroom and work setting, these same symptoms can lead to frequent emotional outbursts, destructive anger, and dissolved relationships at home. Some researchers report that AD/HD adults are more likely to be divorced than those without AD/HD.

Many of us in choosing a long-term partner may unconsciously be looking for someone who complements our own personality. A shy, withdrawn man may feel drawn to a vivacious, outgoing woman to fill a personal void.

While AD/HD is often described in negative terms — a lack of attention, memory and life direction — AD/HD often has some positive characteristics such as spontaneity, creativity and a zest for new experiences. These are often the qualities that were attractive to the non-AD/HD partner. Similarly, AD/HD adults may have initially been drawn to their husband or wife because of their patience, endurance and goal-directed focus. As one AD/HD man put it, "I was really drawn to Susan because she knew what she wanted out of life and knew how to get there. I thought that she could provide me with the focus I've never had."

While differences may be some of the "sparks" that begin a relationship, with time they often become a source of considerable conflict.

Forgotten anniversaries, missed children's birthday parties, impulse buying, and bouts of short-lived anger and irritability may quickly take a toll on even the most loving relationship. Partners of AD/HD adults complain that their spouses make major purchases such as a new refrigerator or car without consulting them first. Family activities may be chosen in the same way. A vacation cruise, to begin next week, may be reserved without consulting wife or children, and without appreciating that family members may have their own work or school schedules.

The AD/HD adult's distractibility and problems focusing may unintentionally distance them from their spouses and children. Intense, brief, angry outbursts may be frightening — particularly to children. When the AD/HD adult puts a fist through a glass door panel because the key doesn't work, or becomes frustrated with the ice maker and breaks it further rather than fixing it, family members become anxious and confused. Typically the AD/HD individual is genuinely surprised and puzzled about the impact these episodes have on those closest to them: "C'mon get over it, let's move on," they say.

Intimacy may be difficult because AD/HD adults may have difficulty genuinely knowing their partners. They may be drawn in part because of the novelty of a new person. This initial attraction may be based on superficial attraction, (appearance, a shared hobby) rather than their values or personality. Over a brief time, the attraction wanes and the AD/HD adult is often in search of someone else with the explanation that the relationship "just didn't feel right" without knowing why. This impressionistic approach to relationships leaves the other partner feeling confused, frustrated and alone. This feeling of being alone may also permeate the AD/HD adult's social life, "There's an emptiness in me — I don't know how to fill it." "I have many acquaintances but no one really knows me — it's lonely to be in a house full of people or on a date and feel a wall between me and everyone else."

Problems with distractibility and maintaining focus may also create frustration in the bedroom. The AD/HD adult may have difficulty paying close attention to their partner during sex. This inattention may leave the partner feeling alone — "it's like he's not with me." As a result, the deeper meaning of sexuality in a long-term relationship may not occur. Stimulation, rather than an underlying expression of closeness to the partner, may be the primary force in sexual intimacy. This pattern may in turn lead the AD/HD adult to seek multiple partners in an undirected drive for novelty and new sensations. Hallowell and Ratey also noted that this drive for stimulation may contribute to extramarital affairs among AD/HD adults. Again, these are likely to be impulsive, brief relationships that occur independently of their ongoing commitment to their spouse.

### **When AD/HD Becomes Part of an Unhealthy Relationship**

When evaluating children for AD/HD, it is not uncommon to hear a parent to say, "I'm worried about my son's distractibility because his father is AD/HD." The verb "is" implies that the symptoms are the husband's personality. The challenge posed by inattention and distractibility overshadow the partner's identity, including their positive characteristics.

In long-term relationships that include a partner with previously diagnosed AD/HD, the syndrome may become an unhealthy defining feature of the couple. Because of one or both partners' personal conflicts around dependency and control, relationships may develop into a one-up one-down pattern. The non-AD/HD partner becomes the rational adult in relation to the AD/HD partner who is erroneously perceived as chronically irresponsible and undependable. The partner's forgetfulness, impulsiveness and difficulties with task completion may become magnified to stabilize the marriage as a patient-caregiver relationship.

Over time, a spouse may give up on their AD/HD partner and develop a separate life while remaining physically, but not emotionally engaged in the relationship. Hallowell and Ratey note that the AD/HD adult, after years of criticism for forgetfulness, not listening, and poor communication, may also give up and develop a separate lifestyle from a life partner.

### **Relationship Skills**

How can AD/HD adults have satisfying relationships? The answer: Communication!

While love may play an important role in choosing a long-term partner, romantic feelings alone will not sustain a relationship. Enduring and satisfying marriages include partners committed to the daily effort required for relationship success. Richard Stuart, a marriage and family therapist, emphasizes the importance of clear, concrete and specific communication. A good first step is using "I" statements in which the partner speaks from his or her own frame of reference. ("The trash-can in the kitchen is overflowing. I would appreciate it if you would take the trash out.")

Distressed couples often communicate with "you" statements. "You" statements automatically create a climate of defensiveness. ("You haven't taken the trash out! You're so lazy, you don't think you need to lift a finger around this house...") A common expectation, particularly of couples who have been together a long time, is that one person should be able to "read" the other's mind. While many of us in long-term relationships are able to respond to our partner's unspoken needs and wishes, periodically we fail miserably. In relationships in which "mind-reading" is expected, anger and resentment will frequently build to destructive accusatory explosions.

Couples should also avoid criticizing their partner's personality. Statements such as "You're never interested in me, you don't care about my needs," or "You are so selfish and self-centered," will by themselves create conflict. These labels also have a degree of permanence, making it difficult for a spouse to "see" alternative, generous, thoughtful behavior. It's important to remember that the AD/HD adult typically has suffered a long history of negative labels such as "lazy," "irresponsible," "never follows through" or "no direction in life," beginning in childhood. When a spouse uses these labels, they may unfortunately become self-fulfilling prophecies in a marriage.

One of the most difficult skills to learn is conflict containment. When emotions are high, it becomes challenging to use many of these common skills. In addition, if one partner feels angry or irritable about something else such as a hard day at work or a flat tire, it is best for them to "cool down" before discussing a serious problem. This guideline should not be an excuse to

"stonewall" and refuse to address an issue. Instead, a wife should say, "I'm sorry, right now I can't really talk about this, I'm still very upset about what happened today at work. I'd like to wait and talk about it after dinner." However, it's very important that the person who wants to delay be able to state specifically when they will have this discussion. Simply saying, "Not now! I'm just really fed up with everything!" is not helpful.

In the process of conflict resolution, it is important that the more distressed partner be able to speak openly without interruption. Typically, the degree of anger, frustration or hurt will gradually dissipate if they can simply listen closely and try to understand the feelings expressed. Once the feelings have begun to "wind-down," the listener should factually summarize the issues causing distress. The next step should be trying to find an agreed-upon solution for the problem so the same conflict does not arise over and over.

A final skill is to be sure to attend to the small affirmations that make relationships work. The AD/HD adult, while genuinely wanting to do things for a spouse, may have difficulty prioritizing. They should use their day planner or appointment book to remember to do small things to show they care. ("Bring flowers home today." "Call husband at work and tell him I love him.") While this may seem to take the romance and spontaneity out of a relationship, relying solely upon "spur of the moment" loving feelings may not be practical in a long-term relationship with busy spouses, particularly in a family with children.

As many happily married people remind us, "relationships are hard work." This job is even more challenging when one or both partners have AD/HD. It's particularly important that the disorder is not used as a way of devaluing or "putting down" an AD/HD partner. In particular, because of their history of feeling misunderstood, criticized and socially isolated, the AD/HD adult deeply appreciates the love and caring of a life partner. Fortunately, the heart of a successful relationship, communication, is a skill that can be learned. The sustained work required to listen well and clearly convey one's desire to support is well worth the effort.

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