

## 4<sup>th</sup> Annual Michael Golds Memorial AD/HD Conference

### Can Your Marriage Survive AD/HD?

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(Due to time constraints – it is likely that only sections I-IV will be covered  
The other sections are included for the benefit of comprehensive information.)

**I. How does AD/HD create problems in a relationship? *Overall – the variety of problems are not significantly different from non-AD/HD couples. They are simply MAGNIFIED!***

A. The negative aspects of AD/HD are played out most powerfully in the intimate relationship. In the person's work life he/she will employ his/her best efforts at compensating for the symptoms of AD/HD. These Herculean efforts cannot be maintained full time in the intimate relationship, and the greater manifestation of symptoms will inevitably be felt.

- i. The non-AD/HD partner confused by the whys and where fore's of symptom expression.
- ii. "Compensation" for AD/HD symptoms occurs primarily under survival circumstances (job) or high stimulation context (natural brain aide). Partner attributes the disparity of coping abilities to not be loved.
- iii. Misunderstandings between partners around action and reaction to symptoms are magnified.

**B. While couples with one or more partners having AD/HD often feel discouraged** – Let's take a lesson from the turtle and the hare – **AD/HD couples can win the race** –when their awareness and commitment to compensate for the handicap is combined with developing effective communication and other coping skills.

**C. The "gift" in the pain of AD/HD is that AD/HD couples may be more likely to seek help.** When this happens they can overcome obstacles that other couples may allow to go untreated until it's too late. Perseverance and determination win the race!

**D. What does the research say about the danger signals in ALL marriages?** A look at these indicators can help AD/HD couples see the imperatives for coping. Primary researchers – John Gottman, Ph.D. and Colorado group, Markman, Stanely, & Blumberg, Ph.D.s highlight the fact that *how a couple handles conflict is one of the single most powerful predictors of a marriage surviving or not.*

**Commonality among research shows that couple's headed for divorce are manifesting the following problems...**

- i. Having inability to effectively manage escalation during conflict
- ii. Demonstrate predominating dynamics of female criticism, male defensiveness
- iii. Stonewalling and contempt
- iv. Inability to make repair attempts
- v. Harsh startup versus soft startup around relationship "issues"
- vi. Negative perception or "filters" (negative perception in the subtext that accompanies interactions)
- vii. Overall greater degree of negativity than positivity –in healthy relationships there is a 10/1 ratio of positive to negative interactions (these may include nonverbal gestures and tone)

**E. What is working when a relationship is going well? A few highlights –**

- i. A matching of conflict style – Gottman
- ii. An understanding and acceptance in realizing that partners are inevitably choosing a particular set of "irresolvable" problems that will need to be managed for the future of the relationship-Gottman
- iii. The ability to establish a dialogue with the perpetual problems that communicate acceptance of each other and an active coping rather than the condition of "gridlock" –Gottman
- iv. Positive affect in the service of conflict de-escalation – Gottman
- v. Ability to use strategies than manage conflict effectively –Colorado group
- vi. Effective communication and conflict management – all relationship experts agree is the most vital!

## **II. What do these findings mean for AD/HD couples?**

- A. Preliminary research conducted by Arthur Robin, Ph.D. and myself show that many of the most significant problems are not unlike the non-AD/HD couples, but are magnified around the symptoms of AD/HD.
- i. Misattribution (attaching the wrong meaning to a behavior) occurs on both sides with partners misinterpreting each others actions and response
    - a. He/she doesn't listen to me – *I'm not important.*
    - b. S/he always forgets what is important to me. *s/he doesn't love me.*
    - c. S/he is always criticizing me – *I can't ever please him/her.*
  - ii. Defensiveness, contempt – surrounding the repeating patterns
    - a. AD/HD partner becomes increasingly unwilling to talk about his/her AD/HD behaviors and unwilling to problem solve – feelings of shame and inadequacy (not always conscious).
    - b. Non-AD/HD partner becomes increasingly unwilling to work as a team – feeling “it's no use,” developing feelings of resentment, contempt, and abandonment – *burnout from over functioning.*
  - iii. Harsh startup – critical approach to the difficulties of AD/HD on both sides of the relationship coin.
  - iv. Defensiveness and “countering” dynamics that lead to escalation.
  - v. Escalation and overall greater degree of negativity are the two most toxic components that are increasingly pervading the relationship.

***B. AD/HD couples are similar to non-AD/HD couples except for the intensity and chronic nature of these patterns that exist surrounding the AD/HD symptoms.***

### III. Medication may be a life raft that assists with communication and other vital coping skills. (communication and medication – vital and often inseparable)

- A. For individuals or couples who are medically unable or philosophically opposed to utilizing medication –he/she may need reassurance and encouragement that the other tools of behavioral skills and coaching can make an equal difference –they simply become an absolute daily imperative.
- B. Partners may be stuck in the power struggle with this issue
  - i. AD/HD partner may be resistant to trying medication with feelings of apprehension and fear.
  - ii. Non-AD/HD partner may be overly focused on meds as a panacea.
  - iii. A variety of different feelings and expectations may exist which are important to talk about.
    - a. Both partners need to **become your own experts understanding the pros and cons of the use of medication as well as the choices and talk through your feelings about it** (utilizing dialogue skills – to be presented).
    - b. Recognize each other's differences regarding readiness and pacing –the AD/HD partner working with a proactive coping stance and the non-AD/HD partner working with patience and opting out of the "parental" role.
    - c. Partners communicating their different realities regarding how the medication (*feels* to the AD/HD partner) and (how the medication effect is *observed* by the non-AD/HD partner).
    - d. Recognize that the AD/HD partner is primary decision maker – it is his/her body.
    - e. Recognize that the non-AD/HD partner is often a more objective observer of the effectiveness of meds.
    - f. Work as a team with the use of meds –identifying periods of "washout" from meds and avoid "issue" discussions. Check in on this before embarking on these discussions.
    - g. Troubleshoot the management of when meds are taken and prescriptions refilled.

**IV. Communication is the bridge (SKILL) to dealing with the issues surrounding AD/HD. It is the “splint” that will allow the repair to begin. The development of these skills may be the skills that save your marriage creating an atmosphere of safety and respect underneath your differences.**

A. Learning (takes time and many efforts) to recognize **that psychological preparation for an “issue discussion” is an absolute priority!**

**i. Recognize the “hot button” moments and avoid these times for having “issue” discussions – AVOID...**

**a. During defensive escalation – call a Time Out.**

b. While doing something else, i.e. driving.

c. During transitional moments, i.e. just before leaving for work or going to bed at night.

d. As mentioned before during “wash out,” or non-med times.

**ii. Avoid circumstances that “set-up” escalation, especially for AD/HD partner...**

a. DO NOT talk to each other from another room.

b. DO obtain eye contact.

c. DO NOT talk to each other while on the phone.

d. DO NOT try and remind or discuss any important detail with the AD/HD person while he/she is doing something else – It is an illusion that it will register (may be true for either partner).

e. DO schedule communication for relationship discussions.

f. Have a system of reminders for communication – write down agreements, and/or the place where you left off with a dialogue and explicitly review it together.

**B. Commit to ground rules for “fair fighting” and entering into an “issue” discussion:**

- i. Learn to use the TIME OUT ground rule to prevent escalation.
  - a. Use it only for prevention of escalation – not avoidance.
  - b. Realize that the use of a time out needs to be followed by a Time In to discuss the issue.
- ii. Partner with the “upset” is the person responsible to initiate dialogue.
  - a. Initiating means a request to talk, offering the *topic only (no content)* plus a suggested time (time & topic is an “in court” serve).
  - b. The receiver of the dialogues request has veto rights reg. the time –only if he/she offers an alternative time (within 24 hours – 48 at the outset).
  - c. Partner who requested the dialogue has responsibility to remind.
  - d. Honor the agreement to prohibiting distractions – TV, phone, etc.
  - e. Decide min. and max. framework of time for dialogue & turn taking – assign time keeper.

**C. Utilize some for of “dialogue, active listening, speak-listener technique”**

- i. This structure levels the playing field for both partners as communication becomes more conscious.
- ii. Alleviates the painful symptoms that exist in AD/HD relationships.
  - a. Self-regulation of impulses and inattention for AD/HD partner – competency and self-esteem.
  - b. Non-AD/HD partner begins to feel heard and valued.
- iii. *Discuss one topic at a time only – **this will take experience and practice*** but little progress will occur until a certain ability for this is mastered!!!

- iv. Sender/receiver responsibilities – modify for AD/HE partner
  - a. Shorter “sends”.
  - b. Allow for variation and flexibility with validation and empathy.
- v. The use of validation and empathy –Hendrix’s imago.
- vi. Reprograms the power struggle from an either/or, right/wrong attitude to a collaborative, same team approach.
- vii. Assign a gate-keeper and both work on “prompts” for facilitating.
- viii. Call “fouls” on yourself or partner when one interrupts or uses other types of fouls – i.e. nonverbal, mocking tone – etc.
- ix. Give each other some “slack”- especially person in the listener (worker) seat.
- x. *Talk through feelings first – problem solve second – another tough one to learn!***
- xi. ***Call a time out if escalation begins*** and can’t be redirected through calling a foul. Return to dialogue later – after a cooling off period.

**V. Insight work develops deeper connection – re-opening the mystery of each other and renewing the passion!**

- A. Psychology of attraction – imago connection. Unfinished business of childhood is the glue of attraction and later becomes the source of the power struggle.
  - i. Primary caretakers from childhood – positive & negative traits are source of unconscious picture we replicate in a partner in order to finish childhood – unconscious plan for achieving wholeness.
  - ii. Themes in the AD/HD-Non-AD/HD relationship include –lost self and wounded self issue that must be worked on together –same therapist (cautionary note) relationship therapist does not become or start off as individual therapist to either partner.
  - iii. Complementary defenses are often the fuel of the power struggle:
    - a. One partner’s “big deal” is the other partner’s “mountain out of a mole hill” – the dead end game of the power struggle (alienation and invalidation).
    - b. AD/HD couples power struggle combines neurological and psychological differences.

- c. Issues need anchoring in a deep understanding of each partner's unmet need & childhood wounds – brings empathy (healing agent).
- d. AD/HD couples are inevitably at different stages of internalizing what it means to have this disorder and continuing to battle (in different ways) their denial.
- e. Rage or intense anger (regardless of AD/HD intensification) is always connected to archaic anger – childhood wounding/shame.
- f. Feelings of shame are excellent signals for going deeper.
- g. Often feelings of shame are connected to history of AD/HD symptoms and the painful messages connected to them.
- h. Movement towards the middle and greater balance with regards to psychological defenses and neurological deficits.
- i. Deeper understanding transforms distrust & devaluing to trust and respect for each other's "survival badges".
- j. The awe and mystery of deeper understanding renews the passion and compassion.

B. Romanticizing efforts towards increased passion:

- i. Share regular appreciations that are connected to a feeling/emotion.
- ii. Exchange lists of "caring behaviors" the create feelings of being loved.
- iii. Identify pleasurable activities and schedule them into life.
- iv. Each partner share his/her primary love language - *Five Languages of Love*.



C. Appreciate and deal with sexual problems and issues:

- i.* Proactively and honestly discuss with each other the degree of satisfaction that each partner feels with his/her sexual relationship:
  - a.* Due to issues of shame, embarrassment or just plain shyness, couples will often have great difficulty discussing this issue and may need the help of a therapist.
  - b.* A matter of fact approach to the subject will help any couple discuss whether or not there are issues.
  - c.* To sensitize each other to different touch sensitivities – can utilize a massage-mirroring technique.
  - d.* Recognize that certain sexual issues commonly occur for couples with AD/HD.
    - a.* Difficulty coming to orgasm, coming to orgasm too quickly, desire discrepancy – different needs in terms of frequency, impotence.

D. Dialogue with your partner to begin the process of deeper understanding of each other's needs:

- i.* Remember that "dialogue" is the key to each partner understanding the different realities of one another and developing empathy, understanding, and successful compromise

**VI. Working as a team from both sides of the coin:**

- A. Make continual efforts to work through the resistance to the tools most badly needed – organization aids – this is a life long journey!!!
  - i.* Daily planners, well placed or ingenious reminder cues, organizer for home and office, checklists before leaving home.
  - ii.* Planning for the handicap – i.e. taking more time to drive somewhere new (with a map in hand).

## B. Use organization tools of “Time Management”

- i. Scheduled sessions for family planning and communication re:
  - a. Relationship maintenance – emotional sharing, quality time, physical intimacy.
  - b. Special projects – house, or personal – creatively schedule into the week and Mr. & Mrs. “Fix it” hour for needed repairs.
  - c. Family time – i.e. family fun, family routines.
  - d. Parenting discussion, coping with AD/HD children – teaching dialogue format for family discussions.
- ii. Utilizing organizational tools together and individually:
  - a. Utilize coaching sheets with daily and weekly goals.
  - b. Separate your family and relationship goals from your individual goals.
  - c. Utilize separate coaching support for individual goals or you will overwhelm your relationship.
  - d. Establish family routines within your own unique comfort zone for flexibility.
  - e. Use conscious and intentional communication when any maintenance task or family routine is changed, and continue to problem solve and tweak changes in your coping skills. i.e., write them\*down and verbally check in with partner.
  - f. Weekly “partnering” sessions to review goals set for the week – often a weekly or 2 x weekly check in to go over your “numbers” regarding finances.
  - g. Strategize for dealing with the weaknesses in your system as you discover them.

C. Delegate tasks that tap into each partner's strengths instead of weaknesses – Soar with your strengths as a team!

- i. Problem solve who feels they would like to do what in the relationship – realizing that you are on a journey together – continually modifying and improving your agreements if they don't work.

D. Remember support and team effort are the name of the game:

- i. Tap into the infuse your relationship and family with healthy models that support and reinforce your awareness and proactive efforts.
  - a. attend state and national conferences, support groups, seminars and classes.
  - b. research and tap into the flourishing world of coaching – utilize professional and nonprofessional people to provide support, inspiration and accountability for different AD/HD issues. This is a necessity not a luxury!**
  - c. Coaches of all kinds, and professional organizers have a continually developing toolbox of ideas and supports that are invaluable – Go shopping!

### **Resources:**

*A.D.D. & Romance: Finding Fulfillment in Love, Sex, & Relationships*, John Halverstadt, M.S., 1998, Taylor Publishing Co.

*Getting the Love You Want: A Guide for Couples*, Harville Hendrix, Ph.D., reprint 2001 Owl Books

*The Five Love Languages: How to Express Heartfelt Communication to Your Mate*, Gary Chapman, Ross Campbell, 1992, Northfield Publications

*Difficult Conversations: How to Discuss What Matters Most*, Stone, Patton, Heen, & Fisher, 2001, Penguin USA.

# **Thank you for attending the 4<sup>th</sup> Annual Michael Golds Memorial Conference.**

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We hope you'll join us again next year!!!

Information on the 2004 Michael Golds Memorial Conference  
Should be available by mid-Summer 2004 at [www.chaddmi.com](http://www.chaddmi.com).

Keep up on what's new in the Michigan Area World of AD/HD:  
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