

DISORDERS THAT AFFECT RELATIONSHIPS

Not all relationship problems result from unhealthy patterns of interaction. Sometimes, one person has a disorder that has a direct impact on his or her partner. The better a spouse is able to recognize such disorders, the less chance there is of intensifying them. Mark any of the problems described below that may be affecting your relationship.

DISORDERS

— **Chemical dependency** is one of the most common problems affecting relationships. It often goes unrecognized because the substance abuser is still able to work and is competent in many ways. Spouses who have been accused of being too tense or unreasonable often think they are overreacting. The truth is that whenever someone else's use of drugs or alcohol is a problem for you, it is time to get help! Self-help groups such as AL-ANON and NAR-ANON address many of the problems non-using spouses face. Telephone listings for these organizations are found in most community phone books.

— **Sexual compulsions** are another kind of addiction that have a tremendous impact on relationships. Normal differences in sex drive and interest can usually be worked out through empathy and good communication; but, when one person has a sexual compulsion, he or she can make demands or show interests outside the home that have a devastating impact on the relationship. Learn to recognize the signs of sexual addiction:

- A person feels compelled to have sex repeatedly within a short time period.
- Sexual activity becomes the only or main way a person has to relax or feel loved.
- Sexual interests cause a person to feel empty or remorseful afterward.
- Pursuit of sex interferes with family life, friendships, work, or school.
- Partners are pushed to engage in unwanted sexual activity.
- Contact with one's spouse is replaced by such sexual activities as masturbation, pornography, chat rooms, massage parlors, telephone sex, or affairs.

Realizing that your partner's sexual preoccupations have little to do with how much he or she loves you can free you from feeling unloved or inadequate. Take a firm but sympathetic approach by standing up for what is right for you sexually and setting limits on what you will not tolerate.

— **Sexual dysfunctions** such as premature ejaculation, impotence, sexual aversion, underactive interest, underarousal, and inhibited orgasm can also cause relationship problems. Usually, these conditions are more easily recognized than sexual compulsions and there is less confusion about who needs help. If your partner has such a problem, it is important to realize that it is not a reflection of your attractiveness and that you cannot solve it by badgering him or her to be more sexual. If you are unable to resolve sexual differences on your own, persistently request that you and your partner seek help.

— **Obsessions and compulsions** that are nonsexual also affect relationships. When a person is overconcerned with safety, tidiness, germs, and order, the whole household can be affected. Feeling as though you can never meet your partner's standards may be an indicator that an obsession is operating. Seek help to distinguish between obsessions and standards that fall within the normal range. Let your partner know that compulsions can be treated with medication and therapy. Even if your partner won't get help, recognizing obsessions for what they are will relieve you of the pressure of trying to satisfy them.

- **Depression and moodiness** may go undetected in their milder forms. Your partner may be tired, withdrawn, unmotivated, and have little sexual desire. You may feel rejected or frustrated with this lack of initiative. At other times, your partner may show increased interest in sex, spending money, traveling, business ventures, new projects, religion, or talking, and cause you real concerns about his or her poor judgment. It is important to know that mood disorders are biochemical in nature and are very treatable. Assure your partner that feelings of hopelessness or (unrealistic) fears of losing “high energy” are part of the disorder and encourage him or her to seek help. Recognizing mood disorders for what they are will help you have more realistic expectations and develop your own sources of support for periods when your partner has little to offer.
- **Attention deficit (ADD) and hyperactive disorders (ADHD)** are often missed in adults. One partner’s forgetfulness, disorganization, distractibility, impulsiveness, moodiness, restlessness, and temper may cause the other to become increasingly critical. The person with ADD withdraws, criticism mounts, and the added stress increases symptoms. Often, spontaneous ADD people and organized perfectionists are drawn to each other because they seek what they lack in themselves. This can greatly compound problems.
- **Personality disorders** can significantly impair relationships and employment. People with this problem have a self-image that is dependent on the actions of others. They scrutinize their partner to find out if they are loveable, good enough, or safe. Their ability to look inside themselves for the cause of distress is limited, and they avoid painful emotions with anger, blame, distancing, fantasy, or addictions. In a no-win fashion, they vacillate between feeling abandoned or suffocated, thinking they’re superior or worthless, and fearing intimacy or isolation. Two personality disorders are especially toxic to relationships:
 1. **Erratic personalities** seem to have stormy relationships with everyone. They may be unpredictable, engage in self-destructive behavior, act impulsively, avoid being alone, change moods wildly in just a few hours, and think in extremes (good/bad, black/white). At the same time, their passion and intensity can (initially) make them enticing. If your spouse has such a problem, it helps to avoid the extremes of withdrawing from or trying to control him or her. Over time, he or she may become more moderate. Long-term therapy and medication can help these people achieve more stability.
 2. **Defiant personalities** have so little empathy for others and knowledge of right and wrong that fulfilling relationships (and therapy) are impossible. They may relate to others only to get sex, money, or power and be irresponsible, unlawful, violent, aggressive, impulsive, dishonest, reckless, or unfaithful. The more pronounced these traits are, the less hope there is of change. Because they know how to charm and con people, it may be difficult to face how destructive a relationship with them can be. The spouses of such people need to face their own addiction to control or “save” their partner.