

An Ounce of Prevention

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Toxic Cocktails: Stonewalling and Gaslighting

Of all the pernicious relational patterns, two stand out: *stonewalling* and *gaslighting*. These unhealthy forms of manipulation show up in relationships between adults but also in adult-child connections where they do long-lasting damage. Unfortunately, children who experience either or both grow up to be adults who often have trouble recognizing those patterns in action because they are so familiar. Both are abusive, reflect an imbalance of power in the relationship (and the fact that one partner wants to take advantage of his power), and highly destructive. According to marital expert John Gottman, stonewalling is one of the four behaviors which are signposts that the marriage will fail and end in divorce.

Needless to say, while these behaviors are emotionally hurtful in adulthood, they have long-lasting effect on children and their emotional and psychological development

Understanding stonewalling

This pattern has been the subject of so much study that it has a formal name along with an acronym: Demand/Withdraw or DM/W. It describes the situation when one person wants to initiate a discussion about something important and the person to whom she is speaking reacts by withdrawing—refusing to answer, saying nothing or displaying derision, or perhaps even leaving the room. This is a classic power play guaranteed to make the person making the demand feel belittled, ignored, and enormously frustrated which, in turn, is likely to turn up the emotional volume if it's an adult doing the demanding. Unfortunately, that escalation is likely only to produce further withdrawal, because now the stonewalling person feels truly put upon and angry. It will surprise no one that in relationships where one person has an anxious/preoccupied style of attachment and the other has an avoidant style, the pattern of stonewalling can become a familiar fixture and a death knell for the relationship.

Depending on the dynamic of the household, children may find themselves either in the demand or withdraw position, each of which affects them in different ways. Children who grow up with hypercritical or controlling parents whose demands often are laced with derision or are abusive—“Why can't you be more like your brother?” “Aren't you capable of doing anything right?” “You should be ashamed of your grades; I am”—aren't able to defend themselves and withdraw the way a snail retreats into its shell at the sign of danger. Children of emotionally unreliable mothers who may appear caring one moment and then unavailable the next—leaving the child in a quandary about whether the Good Mommy or the Bad one will show up—also pull back at the first sign of discord. These children use withdrawal as a way of self-protection and grow up to be adults with an avoidant style of attachment.

And, yes, they tend to use stonewalling as a defense mechanism as adults because that's how they learned to cope with emotional flooding as children. Faced with a demand, especially an emotional demand—“I really want and need you to be more responsive to me,” “Can we talk about what's going wrong in our marriage?” “I really need you to be emotionally present”—he reverts to his childhood maladaptive ways of coping.

But children who find themselves in the demand situation face a different kind of vulnerability. They might be asking about a decision the mother made or anything else that she responds to as a challenge to her power and authority; the issue is less important than the way the dynamic rolls out. Mother who are controlling, combative, dismissive, or high in narcissistic traits may use stonewalling as a way of marginalizing, ignoring and dismissing a child. The message communicated is that the question the child is asking is unimportant or irrelevant, and that her feelings and thoughts

don't matter to anyone, least of all her mother. These messages become internalized and carried over into adulthood as “truths” about the self.

The abuse we grow up with is, for most adults, harder to recognize because we've unconsciously normalized it. My own mother stonewalled me and I had to recognize that she had before I was able to see it as destructive; while it still pushes my buttons, I know better now than to engage with anyone who stonewalls. That said, it takes terrific effort not to react.

About Gaslighting

This term doesn't come out of psychological literature but out of popular culture, derived from a 1930s play and then a movie *Gaslight* from the 1940s starring Ingrid Bergman and Charles Boyer. It describes behavior orchestrated by one person to make another doubt her own perceptions and, ultimately, her view of reality. Generally, for gaslighting to be a success, the person doing the gaslighting must have some kind of power over the other person—the victim might love or trust the perpetrator or need him or her—and the victim must have insecurities that the gaslighter can exploit. People with an anxious/preoccupied style of attachment, who worry and fret about signs and signals that they're about to be left or betrayed, present ideal candidates for gaslighting.

In adult relationships, gaslighting usually involves asserting that something that was said and done didn't actually happen—essentially, making it a game of it's “your word against mine”—or suggesting that the person imagined or misunderstood both the situation and its intention. Sometimes, gaslighting can include a subtle form of blame-shifting. For example, in my experience, when caught in a lie, my ex would suggest that it was really my problem because I had asked the wrong question.

While gaslighting an adult takes a certain amount of effort and the right circumstances, it's easy for a mother to do because of her unique position of authority and the control she exerts over the child and the little world she inhabits. Bluntly put, it's an abuse of parental power. Blame-shifting can be a part of gaslighting. For example, something gets broken or lost and the child's explanation—“the vase was slippery,” “I tripped and didn't mean to,” “I left the umbrella on the bus by mistake”—is dismissed and different motives are imputed: “You did it on purpose,” “You're never careful with anything,” “You're not capable of doing anything right.” Each and every one of these instances demeans the child, and leaves her to question her perceptions. Angry or hateful things said or done are denied out right—“You're making this up. I never said that!”—leaving the child to wonder if her thoughts and perceptions are to be trusted. I know I'm not alone in having worried about being “crazy” for long stretches of my childhood, thanks to my mother's gaslighting.

It's hard to overstate the damage done by gaslighting. Being told that you're lying or imagining things or that your own “sensitivity” causes you to misinterpret the world affects the child's core sense of self, especially coming from a parent. This damage is carried over into adulthood, along with maladaptive coping mechanisms, with lasting effect unless therapy is sought.

If you're in a relationship in which either stonewalling or gaslighting is being used to manipulate you, don't normalize it and seek help and guidance on how to deal. If either pattern was part of your childhood, know that you're especially at risk for both being treated this way and for having trouble seeing the pattern at work.

~By Peg Streep

<https://blogs.psychcentral.com/knotted/2017/03/toxic-cocktails-stonewalling-and-gaslighting/>

Introduction to Attention Deficit Hyperactivity Disorder in Adults

Have you ever had trouble concentrating, found it hard to sit still, interrupted others during a conversation or acted impulsively without thinking things through? Can you recall times when you daydreamed or had difficulty focusing on the task at hand?

Most of us can picture acting this way from time to time. But for some people, these and other exasperating behaviors are uncontrollable, persistently plaguing their day-to-day existence and interfering with their ability to form lasting friendships or succeed in school, at home and with a career.

Unlike a broken bone or cancer, attention deficit hyperactivity disorder (ADHD, also known as just plain attention deficit disorder or ADD) does not show physical signs that can be detected by a blood or other lab test. Typical ADHD symptoms can often overlap — or even mimic — those of other physical and psychological disorders.

The causes remain unknown, but ADHD can be diagnosed and effectively treated. Many resources are available to support families in managing ADHD behaviors when they occur.

ADHD, known in Europe and some parts of the world as *hyperkinetic disorder*, has been around a lot longer than most people realize. In fact, a condition that appears to be similar to ADHD was described by Hippocrates, who lived from 460 to 370 BC. The name Attention Deficit Disorder was first introduced in 1980 in DSM-III, the third edition of the Diagnostic and Statistical Manual of Mental Disorders used in psychiatry. In 1994 the definition was altered to include three groups within ADHD: the predominantly hyperactive-impulsive type; the predominantly inattentive type; and the combined type (in the DSM-5, these are now referred to as “presentations”).

ADHD usually appears first in childhood, but can also now be diagnosed in adults (as long as some symptoms were present in the individual’s childhood, but simply never diagnosed).

Recent steps forward in our understanding of ADHD include:

- ADHD is among the most common mental disorders among children — it is estimated to occur in 1 in 7 children in the U.S. It is one of the top reasons for referral to a pediatrician, family physician, pediatric neurologist, child psychiatrist or psychologist. ADHD is best diagnosed by a child psychologist or other child specialist in ADHD.
- ADHD is about three times more common among boys than girls.
- The symptoms of ADHD do not always go away — up to 60 percent of child patients retain their symptoms into adulthood. Many adults with ADHD have never been diagnosed, so may not be aware they have the disorder. They may have been wrongly diagnosed with depression, anxiety, bipolar disorder or a learning disability.
- ADHD has been identified in every nation and culture that has been studied.

ADHD is difficult for everyone involved to deal with. As well as the difficulty of living with the symptoms, wider society may face challenges. Some experts have linked ADHD with an increased risk of accidents, drug abuse, failure at school, antisocial behavior and criminal activity. But others view ADHD in a positive light, arguing that it is simply a different method of learning involving greater risk-taking and creativity.

ADHD may be accompanied by:

- Anxiety
- Learning disabilities
- Speech or hearing problems
- Obsessive-compulsive disorder
- Tics
- Behavioral problems such as oppositional defiant disorder (ODD) or conduct disorder (CD) in children and teens

Exactly what causes ADHD has not been pinpointed, though many professionals believe neurobiological and genetic elements play a role. In addition, numerous social factors such as family conflict and poor child-rearing practices, while not causing the condition, may complicate the course of ADHD and its treatment.

~ By John M. Grohol, Psy.D.

<https://psychcentral.com/disorders/adhd/introduction-attention-deficit-hyperactivity-disorder-in-adults/#intro2>

How Language Helps Us Cope with Negative Experiences

A new study demonstrates how people use the word “you” rather than “I” to help them cope with negative experiences or share an insight.

For the study, researchers from the University of Michigan conducted nine experiments with 2,489 people to understand why people use “you” not only to refer to specific others, but also to reflect on their own experiences.

“It’s something we all do as a way to explain how things work and to find meaning in our lives,” said Ariana Orvell, a doctoral student in the Department of Psychology and the study’s lead author. “When people use ‘you’ to make meaning from negative experiences, it allows them to normalize the experience and reflect on it from a distance.”

For example, “you win some, you lose some” would indicate that a person has failed in a situation, but by using the word “you,” they are able to communicate that this could happen to anyone, the researcher explained.

“Or saying that ‘when you are angry, you say and do things that you will most likely regret’ might actually explain a personal situation, but the individual attempts to make it something many people relate to,” Orvell said.

In one experiment, researchers asked participants to write about a personal experience: 201 were asked to make meaning from a negative event, 198 were asked to relive a negative event, and 203 were simply asked to write about a neutral experience.

Those in the meaning-making group used generic you more in their essays (46 percent used the word at least once) than those in the relive group (10 percent used the word at least once) and the neutral group (three percent used the word at least once).

The researchers also found that using generic you led people to view the event as more distant.

The researchers acknowledge that it may seem contradictory that a means of generalizing people at large is used when reflecting on one’s most personal and idiosyncratic experiences.

“We suspect that it’s the ability to move beyond your own perspective to express shared, universal experiences that allows individuals to derive broader meanings from personal events,” Orvell said.

The study was published in *Science*.

By Janice Wood

https://psychcentral.com/news/2017/03/26/how-language-helps-us-cope-with-negative-experiences/118133.html?li_source=LI&li_medium=hot-topics

Self- Help Corner:

Alcoholics Anonymous:	780-424-5900
www.alcoholics-anonymous.org	
Al-Anon/Alateen:	780-433-1818
Support Network / Referral Line:	211
Distress Line:	780-482-4357
Cocaine Anonymous:	780-425-2715

Informative Links:

The National Women’s Health Information Center:
<http://4woman.gov>

How to Discipline Toddlers

<https://childmind.org/article/how-discipline-toddlers/>