

"Why do I push people away?"

Understanding the pushes and pulls of relationship conflict TLDP treatment for patient with co-morbid MDD and ADHD

Lyuba Megits, MD & Ann Wagner, PhD, LP, ABPP

Department of Psychiatry University of Minnesota & Minneapolis VA HCS

Goals

New Understanding - intense energy may push people away
New Experiences - feeling lovable, heard and understood while not having total control.

Examples

~ early treatment session~

C: How do I come across to people? How do I come across to you?
T: I'm glad you asked. Tell me about your interest in this.
C: I think people pull away all the time, when I am just trying to be helpful and very understanding and provide... accommodate everything that they need.
T: Sometimes, I also have the experience of pulling away. It usually comes up when your energy is intense and you begin to rearrange the furniture in here.
C: Yeah, but you know about all of my conditions....
T: Yes, and I do want to stay connected to you.
C: Well, Thank you for telling me. It's hard to hear, because I just want to be helpful. I think you would want me to be comfortable...

~mid-treatment session~

C: I thought about you and our work last week when I was with my friend's daughter.
T: What was that like?
C: Well, I corrected my friend's daughter behavior, and then I thought, oh my god, what if she is offended by this?
T: How did that feel?
C: It was scary. What if she was upset? But she wasn't she was ok with it.
T: And what if she was not ok?
C: She said she appreciated I asked and said she would tell me if she didn't like something I do.
T: What do you think of that?
C: It's fine. I think I can handle it. Everyone has a right to say what it is they like or don't like. I tell people what I honestly think all of the time!

~late-treatment session~

C: I was so shocked that [spouse] said that to me.
T: You didn't suspect that he would be upset?
C: No! I mean he knows me. He knows about my ADHD... about my energy... [sobbing a few minutes]
C: I never realized that I was doing all of this trying to prove myself, trying to prove that I deserved to be loved...

Course of Therapy

Patient initially presented late to appointments, would often speak with rapidity and intensity, and would have a difficult time tolerating hearing feedback without distracting herself, often by rearranging furniture and adjusting lights. This pattern shifted significantly throughout the course of therapy. The patient began to tolerate a lower energy in the room after establishing a therapeutic alliance and receiving countertransference feedback ("pushes and pulls" from patient effecting therapist's ability to feel connected) with a focus on CMP.

Overall, the pt's CMP was initially mostly focused on her high intensity energy that she brought to interpersonal relationships in an effort to be liked and accepted by her peers. We came to acknowledge that this type of relating had served her well as a young child with untreated ADHD when she needed to bring all her energy and focus to a task at hand or risk being distracted from her goal. However, this energy was no longer necessary and the intensity would push people away leaving the patient feeling bewildered as to why she was not accepted. She developed a good understanding as to why and how her intensity may be "too much" for others and she gained experience of being able to process experiencing our interactions in a calmer manner.

For example, she could tolerate me telling her that rearranging the furniture in the room pushed against boundaries making it challenging for me to stay connected with her in those moments. Toward the end of our treatment course, the patient developed a new friendship and she reported feeling "relieved" by having a new way of interacting with her friend. The patient would often check in about how her own comments were coming across, again demonstrating a new insight and a new experience of taking the time to consider others' reactions. This patient was genuinely interested in the feelings of her friend and also felt that having the pressure off from "proving herself" allowed her to have a better relationship.

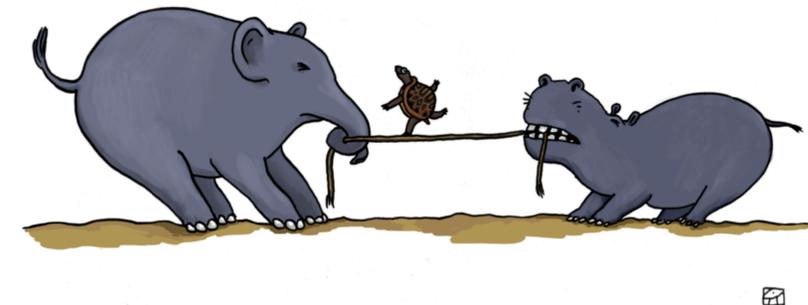
Conclusions/Termination Goals:

Patient achieved the main TLDP goals set forth of 1)new understandings and 2)new experiences. She gained a new understanding about the intense energy pushing people away and had a new experience of feeling accepted and appreciated, even when she was not in control and reported that this was associated with a great sense of relief. Overall, our therapy terminated with the hope of pt having flexibility to approach other relationships in her life such as with her spouse, offspring and siblings, with situation-appropriate level of energy/intensity and awareness of others' boundaries. Additionally, she no longer felt pulled to prove herself to be worthy of love by way of bringing intensity and problem solving to the relationships. She was able to experience a new friendship and enjoyed being more relaxed in the interaction. She continued to work through the ongoing difficulty with hyperactivity given the ADHD and having used it as a learned coping skill to avoid painful emotions related to interactions with others and giving up the need for control in those relationships.

Citation

- Levenson, H. (1995). *Time-limited dynamic psychotherapy: A guide to clinical practice*. New York: BasicBooks.
- Image courtesy of bur.org

Contact: Dr. Lyuba Megits : meg0002@umn.edu



Abstract

When co morbid major depressive disorder and attention deficit hyperactivity disorder co-occur in women, the latter can often be missed as a diagnosis and ascribed to the woman's "extroverted and chatty" personality. When ADHD is diagnosed in this setting it is treated pharmacologically, often with good success. In this case presentation we explore how time limited dynamic psychotherapy (TLDP) was used to therapeutically help treat difficulties in interpersonal relationships that stemmed from a history of an invalidating childhood, coupled with intense energy that came with ADHD, and led to a cyclic maladaptive pattern of "overwhelming" others during interactions, which left the patient bewildered and feeling alone and misunderstood as to why her attempts to "help others" seemed only to push others away. Through the use of TLDP theory and techniques, the patient was able to identify new understandings regarding her interactions and gain new experiences within therapy, which ultimately could be translated to the real world.

CMP Summary

Pt appeared to have a long-standing pattern of interpersonal conflicts involving her need to be in a position of control for fear of being rejected or being perceived as unlovable, with which she coped by distancing others using "steamrolling." She wished for "better interactions" with friends and was eager not to "blow it" while interacting with friends and coworkers. In this "tug of war" for power and control in any given situation the patient would use her intense energy with the idea of being understanding and helpful to others, only to be left with the experience of others pulling away from the patient.