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Managing Your Need in Relationships

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As a psychologist, I tend to hear the problem-side of relationships. And what I often hear when I speak with groups like this are comments such as "What do I do? My husband won't listen to me. He's tired of hearing about my problems."

I am not thinking just about husbands and wives: I am thinking about lovers, friends, children, siblings, and parents. I am also thinking about how the effects of post-polio syndrome can upset the balance in these relationships, and everyone has to get in balance again, often creating a new type of relationship.

In fact, one of the issues that we talk about in therapy is how to handle your dependency needs: how to have them and manage them in relationships; how to avoid letting them become a burden to you or to others; and how to avoid predicaments where anyone who says "I'm going to take care of you" gets into your life.

Another kind of relationship in which dependency plays a role that can cause conflict may occur when you are living with or caring for an elderly parent. In one such case, the person who had had polio started developing symptoms of post-polio syndrome as he aged. At the same time, his elderly mother was getting older and becoming more dependent. She began making more demands and did not understand that her child (now an adult) also needed some care. There may be people in similar situations here in this audience. We are all getting to that age where we are becoming caregivers of parents or older relatives. What do you do when all of a sudden your own functioning is being compromised, and yet you are expected to care for someone who does not understand or does not want to understand your new problems? There is no easy solution.

Relationships with children, of course, can be another source of stress. The direction that the stress takes depends in part upon the age of the child; but regardless of age, children — even if they are twenty or thirty

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Expanding Our Energy Spheres and Sources

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Are there days when you want to trade in your body? When I see children running around, I often comment, "I would pay for their energy," and think, "If only I had the energy, I would ..."

I struggle with fatigue, one of the most common characteristics of post-polio syndrome. It has interfered with my physical functioning, relationships, and career — the quality of my life. Although I have an energetic mind, feeling physically exhausted has forced me to make many adjustments in my lifestyle and aspirations.

Dealing with my body's limits has been depressing. When I feel discouraged or like a "victim of my body," I transform these self-defeating attitudes into productive strategies by focusing on what I 'want.' In this case, I want ENERGY — this intangible force allows me to do what I want and live my life in satisfying and fulfilling ways. Yet, unlike gasoline that fuels a car, unfortunately, I cannot purchase it directly.

This dilemma has provoked me to apply my professional skills to my own search for energy. As an employee assistance professional, I use a variety of approaches in coaching others with personal and career concerns. A combination of the following techniques has enhanced my resourcefulness and success in improving my health: Neuro-Linguistic Programming "Well-Formed Outcome" model's logical decision-making framework; Self-Acceptance Training's (SAT) emotional principles; and strategies employed by Masters and Johnson treatment program. They have transformed limiting aspects of myself into productive behaviors and desirable feelings.

These techniques recognize the value of looking at the big picture of life — of taking a holistic view — and searching for energy with the curiosity and imagination of a private detective. When I am distressed because of lacking energy, I assess the various parts of my life

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years old — do not like to see parents becoming weak, becoming less than the strong people they once were. Children are often slow to realize that parents need help and are unable to do what they once did. So there may be a lot of denial in the family that puts a lot of pressure on the relationship between parent and child.

When you experience a slowly progressive disability like the late effects of polio, it has an effect on the way you relate to others and they to you, particularly those with whom you live. As your condition changes, roles also begin to change. One difficulty is that your symptoms and needs may not always be obvious. You may dislike having to keep reminding others that you need assistance. Your family and friends may encourage you to continue to do things that are now difficult for you. They may be partly in a state of denial, having their own problems and anxieties in accepting your changing condition. Tempers can flair and resentments can build. What can you do?

- ◆ Keep the lines of communication open.
- ◆ Share literature about your condition.
- ◆ Talk with others about your situation and the changing roles.
- ◆ Look for ways to change behaviors. Find new ways of talking with and helping each other. Be an active participant in managing your needs.
- ◆ Set limits. Learn how and when to ask for help.
- ◆ Remind people if they need prompting. Do not expect others to always remember or anticipate your needs.
- ◆ Find people outside of your family and primary relationships for additional support. Be aware of your own feelings and those of others.
- ◆ Recognize others' contributions and show appreciation. Refrain from manipulation by laying guilt or referring to yourself as a "burden." Remind yourself that others close to you also have days when they may feel afraid, anxious, angry, and tired.

We are talking about empathy. A relationship is a unit in which feelings converge and diverge. It is a give and take. Keep reminding others of what you want and how you feel. You may become irritated when you have

already told people over the weeks or years that sometimes you get very tired. Do not take their forgetfulness as a personal insult. Just quietly learn gentle ways of reminding them again that you are feeling tired. Seek individual counseling or family therapy if problems continue.

Naturally I have a bias in this direction, being a therapist myself. I am concerned when I see the lists of treatment teams set up by some of the medical centers and I realize that no psychologist or other mental health professional is on them. The OT is on there; the PT is on there. Occasionally they include a social worker, which usually means someone to handle the practical matters related to benefits or placement. I ask all of you to urge your medical professionals to think more about your mental health — to have them not be afraid of emotions. A physician once said to me (in another context, as I work with people with various illnesses and conditions besides polio), "God bless them! Somehow they cope!" And I thought, "Would you say that of patents who had a pain in their leg or their back? No, you'd treat them or send them to a professional with experience in that area to help stop the pain."

Emotional pain can be dealt with as well. Problems in relationships can cause pain, too, and that pain can be dealt with by those with professional training. I hope that you will feel it a strength, not a weakness, on your part to seek help for any problems that arise in your relationships. □

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