

MAIN in Crisis

Question

I am a foreign dad in his early 50's, a science teacher by profession, twice divorced and am in the middle of an emotional, financial, and psychological crisis. I have enormous debts to pay, no job security and most importantly, I am suffering from loneliness and low esteem. I frequently feel lonely even in a crowd and I feel empty and lost with not knowing what direction to take in my life. To assuage this loneliness, I resort to compulsive shopping, have a girlfriend for physical intimacy and loneliness, and also look on-line to find a life-partner. I feel obsessed with finding an ideal partner, I idealize women, and feel frustrated when they fall short of my standards. I admit to a long-standing nature of being a domineering man and want neither to be bossed around nor treated coldly by a woman. I have zero tolerance when it comes to being the subject of blame and I suspect that my defensive nature has caused relationships to fail and has alienated people. What's wrong with me? *Marc*



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Your story needs to be simplified into what are the underlying causes and what are the secondary results. The "Crises" are clearly the secondary results of the underlying problems and only focusing on them will not solve these problems (i.e., getting you a job will only help so much unless the problems in your self esteem and alienating others are also fixed).

Sorting out the underlying problems is a little complex with only the information you have provided so far. Let's list them up as, 1. uncomfortable feeling states (symptoms) like loneliness, emptiness, and low self esteem, 2. behaviors aimed at calming the feeling states like desperation for physical intimacy, obsession with the perfect women, and compulsive shopping, and, 3. long-standing personality traits to protect yourself from control or belittlement that back-fire on you.

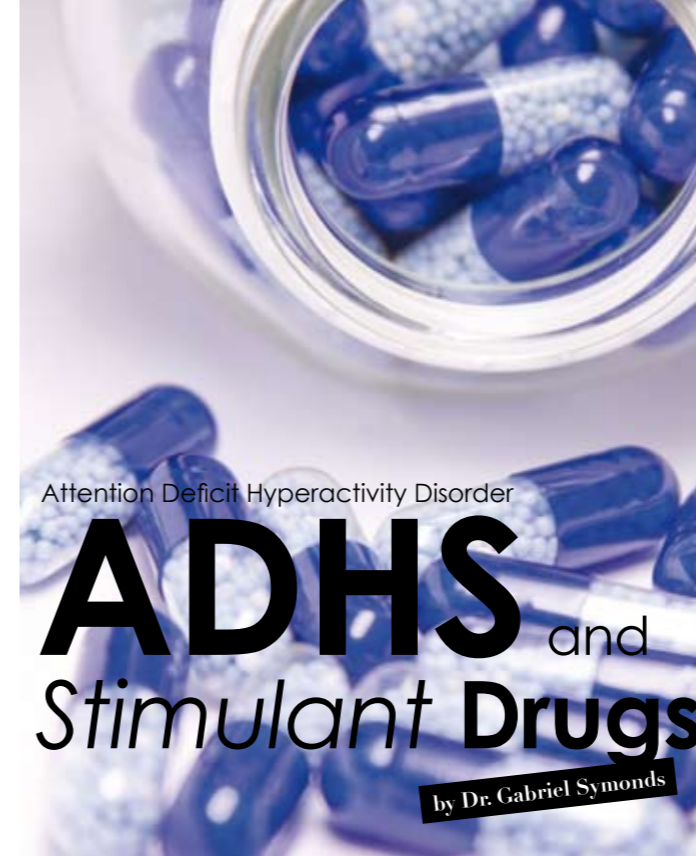
While more information about your history, symptoms, and the chronology of these issues is needed, it could be construed that you have either, 1. A disorder in personality style (the control and belittlement issues) that leads to social and occupational trouble that then leads to severe unhappiness and maybe an illness of depression (the uncomfortable feeling states) that then make both the personality style and social consequences worse, or, 2. An underlying illness of depression causing you to feel more lonely, empty, and have lower self esteem than is normal to have, and that inflames your feelings of being belittled or controlled (similar to a cold causing someone to be irritable easily), causing the secondary crises and thus a vicious cycle making the depression worse, etc.

You would need a professional psychiatric evaluation that looks at other associated symptoms (sleep, appetite, risk for suicide, etc.), history of mood problems, drinking and substance use, family history, medical history, your interpersonal style, and then to make a treatment plan on how to attack these complex issues that cause your social problems and subjective distress. ♦

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The discussions herein are meant as general information and advice only. Each person needs to make their own personal life decisions and to contact a mental health professional for consultation if deemed appropriate.

Send your comments to: editor@tokyofamilies.com



Attention Deficit Hyperactivity Disorder

ADHS and Stimulant Drugs

by Dr. Gabriel Symonds

Isn't it counter-intuitive that if a child is 'hyperactive' you can 'treat' this with a stimulant drug (Ritalin, amphetamines, etc.)? If someone is already 'hyped-up' why give him or her an 'upper'?

Ah, you see, stimulant drugs, when given to 'hyperactive' children, have a 'paradoxical' effect compared to that in adults, and actually calm such children down!

But is this true? It is now realised that the actions of stimulant drugs are the same in adults and children: in small doses they help concentration and alertness, but in large doses can cause hyperactivity.

In the 1940's and 50's stimulants were commonly used to treat depression and as appetite suppressants. ADHD was originally known simply as childhood hyperactivity disorder and was thought to be rare until the 1980's. At that time, according to a publication known as DSM III (Diagnostic and Statistical Manual of Mental Disorders, third edition) 'impaired attention' was added as a feature of the disorder. Hence, many more children were included in its diagnostic scope and treated with stimulant drugs. One recent study showed 8% of children aged 4 to 17 years had been diagnosed as having ADHD in the US. Can it really be true that so many children are psychiatrically ill in this way? And 56% of these were under medication. Did they really need it? Is the net being cast too wide?

It's easy to 'medicalise' boisterous or disruptive behaviour in children and for paediatricians to reach for a quick fix and prescribe psycho-active drugs. No one knows how these drugs work. The idea that they normalise a 'chemical imbalance' or are in some way specific to treating the condition does not stand up to critical examination – it is pure speculation.

Often, hyperactivity and other disturbed behaviours in children are due to emotional conflicts or relationship difficulties at home or school, and what is needed is for a concerned physician or therapist to work with the family to try to sort out the underlying problems. This takes time and trouble but is ultimately more rewarding than just giving medicines. Medicines do not solve the problem and at best control or ameliorate symptoms. Though this may be helpful in certain circumstances, it seems to me that some doctors may be over-ready to treat childhood behavioural difficulties with drugs. It is always wise to be cautious in treating children with drugs, because of the ever-present risk of side-effects. These include growth impairment, increased pulse rate and blood pressure, blunting of spontaneity and emotional responsiveness, depression, anxiety, insomnia, and addiction. ♦

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