

Stress, fatigue and emotional exhaustion in intimate relationships

Tony Attwood says in his foreword to *The Partner's Guide to Asperger Syndrome: Having a relationship with a person with Asperger's syndrome can affect the partner's mental health* (Page 7)

Hans Asperger stated that *many of those* (with High functioning autism) *who do marry, show tensions and problems in their marriage.*

Stress is not the person's inability to cope with excessive workload or the controlling behaviours of bullying partners; stress can be as a consequence of the abuser's failure to contribute to a safe, loving environment in the home. Responsibility for bullying must lie with the bully.

Emotional exhaustion occurs when you have exceeded your capacity for emotional stress. Many of us feel it, even when we're not aware that we've exhausted our emotional reserves. Emotional exhaustion is usually manifested both by physical symptoms and a sense of being psychologically and emotionally drained.

Stress breakdown is a normal reaction to an abnormal situation, causing:

- exhaustion and chronic fatigue
- reactive depression
- guilt
- loss of interest
- loss of ambition
- anhedonia (inability to feel joy and pleasure)
- poor concentration
- impaired memory
- joint pains and muscle pains
- emotional numbness
- physical numbness
- low self-esteem
- shame
- embarrassment
- guilt
- fear

The word "breakdown" is often used to describe the mental collapse of someone who has been under intolerable strain. There is usually an inappropriate inference of "mental illness". A stress breakdown is a natural and normal conclusion to a period of prolonged negative stress; the body is saying "I'm not designed to operate under these conditions of prolonged negative stress so I am going to do something dramatic to ensure that you reduce or eliminate the stress otherwise your body may suffer irreparable damage; you must take action now" (Tim Field)

The person who suffers a stress breakdown is often treated as if they have had a mental breakdown; they are sent to a psychiatrist, prescribed drugs used to treat mental illness, and may be encouraged - sometimes coerced or sectioned - into becoming a patient in a psychiatric hospital. The sudden transition from a normal societal environment to a ward containing schizophrenics, drug addicts and other people with genuine long-term mental health problems adds to rather than alleviates the trauma.

It seems in an intimate relationship that an Ongoing Traumatic Relationship Syndrome (OTRS) can arise from any prolonged period of negative stress in which certain factors are present, including: seemingly no means of escape, entrapment, repeated violation of boundaries, betrayal, rejection, bewilderment, confusion, and - crucially - lack of control, loss of control and disempowerment. It is the overwhelming nature of the events and the inability (**helplessness, lack of knowledge, lack of support etc.**) of the person trying to deal with those events that leads to the development of OTRS. Situations which might give rise to OTRS include bullying, harassment, abuse, domestic violence, stalking, long-term caring for a disabled relative, unresolved grief, mounting debt.

Bully OnLine, the UK website by Tim Field reveals common experiences among those who feel bullied by constant, trivial nit-picking and destructive criticism, combined with a refusal to value, appreciate or acknowledge the performance, love and achievements of others. With adult intimate relationships, there may be no physical battering; it is more likely to be a case of long-term psychological attrition.

For a neurotypical in an intimate relationship with an adult on the autism spectrum there are many more challenges than would occur in a "normal" marriage relationship. The deficits (by definition) of those with High functioning autism create a situation where the sole responsibility for the emotional, social and spiritual life of the family falls onto the non-autistic partner. This creates extreme constant stress for the non-autistic partner.

Tony Attwood has written in *The Complete Guide to Asperger's Syndrome...For those adults with Asperger's syndrome who continue to have problems with executive function the neurotypical partner often has to take the responsibility for the family finances, budgeting and resolving the organizational and interpersonal problems that have developed in the partner's work situation. This adds to the stress and responsibility of the typical partner. (Page 313)*

In any relationship, there will inevitably be areas of disagreement and conflict...yet...the overwhelming majority of non-Asperger's syndrome partners stated that their mental health had significantly deteriorated due to the relationship. They felt emotionally exhausted and neglected, and many reported signs of a clinical depression. A majority of respondents in the survey also stated that the relationship had contributed to deterioration in physical health.

...the relationship was considered as contributing to improved mental and physical health by the majority of partners with Asperger's syndrome, but the reverse for the non-Asperger's syndrome partner (Page 310)

Nothing can prepare you for living with someone whose behaviour is unpredictable and devoid of any seeming emotional attachment. It is the most devastating, draining, misunderstood, and ultimately futile experience imaginable.

The vehemence with which a person denies the existence of their difficult behaviour is directly proportional to the resemblance of that person's behaviour to bullying. (From Tim Field)

If you live with bullying and psychological abuse you will not be believed. It feels like there is a light at the end of the tunnel but first you'll have to find the light switch and change the bulb before switching it on yourself. It is widely believed that will be no problem for you because targets of bullying are picked on for their competence and abilities. Targets of bullying often find themselves doing all of these tasks whilst those in positions of authority persistently abdicate and deny responsibility. (Tim Field)

The person being bullied develops coping strategies to deal with their oppressive environment, but eventually exhibits symptoms of "battering fatigue," living in constant fear of the next unpredictable outburst. For healthcare providers to screen and treat their patients adequately, it is imperative that they appreciate the complex and devastating psychological aspects of domestic violence, particularly the hidden consequences of psychological abuse.

At home, the person responsible for the controlling behaviours are intimidating and suffocating – outdoors, they are wonderful, caring, giving, and much-admired pillars of the community. Why this duplicity?

It is only partly premeditated and intended to disguise the abuser's acts. More importantly, it reflects their inner world, where the victims are nothing but two-dimensional representations, objects, devoid of emotions and needs, or mere extensions of him. Thus, to the abuser's mind, his quarries do not merit humane treatment, nor do they evoke empathy. Such people often behave as narcissists – steeped in grandiose fantasies, divorced from reality, besotted with their False Self, consumed by feelings of omnipotence, omniscience, entitlement, and paranoia.

In "The Verbally Abusive Relationship", Patricia Evans lists the various forms of manipulation which together constitute verbal and emotional (psychological) abuse:

- withholding (the silent treatment)
- countering (refuting or invalidating the spouse's statements or actions)
- discounting (putting down others' emotions, possessions, experiences, hopes, and fears)
- sadistic, sarcastic and brutal humor
- blocking (avoiding a meaningful exchange, diverting the conversation, changing the subject)
- blaming and accusing
- judging and criticizing
- undermining and sabotaging
- threatening
- name calling
- forgetting and denying
- ordering around
- denial
- abusive anger

Tim Field adds:

- wounding "honesty"
- ignoring
- smothering
- doting
- unrealistic expectations
- invasion of privacy
- tactlessness
- sexual abuse
- physical maltreatment
- humiliating
- shaming
- insinuating
- lying
- exploiting
- devaluing and discarding
- being unpredictable

- reacting disproportionately
- dehumanizing
- objectifying
- abusing confidence and intimate information
- engineering impossible situations
- control by proxy and ambient abuse

Bancroft says in *Profile of the Typical Abuser*:

The batterer is controlling; he insists on having the last word in arguments and decision-making, he may control how the family's money is spent, and he may make rules for the victim about their movements and personal contacts, such as forbidding them to use the telephone or to see certain friends.

He is manipulative; he misleads people inside and outside of the family about his abusiveness, he twists arguments around to make other people feel at fault, and he turns into a sweet, sensitive person for extended periods of time when he feels that it is in his best interest to do so. (The powerful, behaviour controlling intermittent reward) His public image usually contrasts sharply with the private reality.

He is entitled; he considers himself to have special rights and privileges not applicable to other family members. He believes that his needs should be at the center of the family's agenda, and that everyone should focus on keeping him happy. He typically believes that it is his sole prerogative to determine when and how sexual relations will take place, and denies his partner the right to refuse (or to initiate) sex. He usually believes that housework and childcare should be done for him, and that any contributions he makes to those efforts should earn him special appreciation and deference. He is highly demanding.

He is disrespectful; he considers his partner less competent, sensitive, and intelligent than he is, often treating her as though she were an inanimate object. He communicates his sense of superiority around the house in various ways.

The unifying principle is his attitude of ownership. The batterer believes that once you are in a committed relationship with him, you belong to him. This possessiveness in batterers is the reason why killings of battered women so commonly happen when victims are attempting to leave the relationship; a batterer does not believe that his partner has the right to end a relationship until he is ready to end it.

People have a need to believe in the empathic skills and basic good-heartedness of others. By dehumanizing and objectifying people – the abuser attacks the very foundations of human interaction.

Because of the distorted perceptions that the abuser has of rights and responsibilities in relationships, they consider themselves to be the victim. Acts of self-defence on the part of the battered partner or the children, or efforts they make to stand up for their rights, are defined as aggression against the perpetrator. Abusers are highly skilled at twisting their descriptions of events to create the convincing impression that they are the ones who have been victimized. Thus accumulating fictional grievances over the course of the relationship to the same extent that the victim does, which can lead professionals to decide that the members of the couple "abuse each other" and that the relationship has been 'mutually hurtful'.

It seems that CONTROL is the problem - not VIOLENCE.

Consequences of controlling behaviour on others

In the long term, such an environment erodes the victim's sense of self-worth and self-esteem. Self-confidence is shaken badly. Often, the victim adopts an angry, fearful, emotional response and thus renders themselves exposed even more to criticism and judgment. The roles are thus reversed: the victim is considered mentally deranged and the abuser seems to be the suffering soul.

Passive aggression which is a total lack of aggression or refusal to interact is as unhealthy for others as a surfeit of overt aggression.

The causes of trauma and severe stress have these things in common:

- an external cause - you cannot traumatize yourself, something or someone has to do it to you (this factor is important in cases of negligence and personal injury); suddenness or unexpectedness are key components
- violation - your body and/or mind are violated by an unexpected and unwelcome intrusion
- loss of control - the experience is unexpected, overwhelming and beyond your control (and would be beyond the control of most people)
- The violence committed by a serial bully is almost entirely psychological, for psychological violence leaves no scars and no physical evidence. Most commonly the violence takes the form of verbal abuse and emotional abuse including a simultaneous refusal to recognise value, acknowledge and praise others. Manipulation, isolation and exclusion are other favourite tactics, as is feigning victimhood or persecution, especially when held accountable.
- The objectives of serial bullies are Power, Control, Domination and Subjugation. These are achieved by a number of means including disempowerment, the stimulation of excessive levels of fear, shame, embarrassment and guilt, manipulation (especially of emotions and perceptions), ritual humiliation and constant denial. When you live with someone who is constantly denying what they said or did a day ago, or an hour ago, or even a minute ago, it drives you crazy. When the symptoms of injury to health start to become apparent, the bully will tell others you have a "mental health problem". You may be mad, but this is not mad insane, this is mad angry.
- Control is a common indicator of the serial bully at home - control of finances, control of movements, control over choice of friends, control of the right to work, control over what to think, and so on. All are designed to disempower.

"One would not expect a victim of rape to have to single-handedly identify, trace, catch, arrest, prosecute, convict and punish the person who raped them. Targets of bullying often find themselves doing all of these whilst those in positions of authority (including medical, psychological, psychiatric professionals) persistently abdicate and deny responsibility." (Tim Field)

Marital disharmony caused by these stressful interactions results in the target of the bullying becoming obsessed with understanding and resolving what is happening and consequently the experience takes over their life; partners become confused, irritated, bewildered, frightened and angry; separation and divorce are common outcomes.

Physical Effects of Stress

One highly active area of research is where psychologists have been studying the effects that stress and psychopathology have on the immune system. This research has found correlations between stress, depression and the immune system. Internal factors such as stress have been implicated in causing a deficient immune system because of the nature of the body's response in dealing with this problem. The capabilities of the immune system are diminished after frequent activation of the autonomic nervous system in the case of chronic stresses. The immune system is downgraded to be able to continuously functioning.

Cortisol is the primary stress hormone in the body. Cortisol is essential for immune function, inflammatory response, proper glucose metabolism, controlling the release of insulin for blood sugar maintenance and regulation of blood sugar. MayoClinic.com explains that cortisol also controls the body's response when the body senses danger, shutting down non-essential functions when necessary to deal with a threat. When the body continuously activates the body's stress response an overexposure to cortisol may occur. Over time, this can lead to heart disease, sleep problems, depression, obesity, memory loss, skin conditions and digestive problems

Cardiovascular diseases are another area where stress has a negative effect. If a person has an effective social support web, it has been shown to effectively increase the immune systems abilities. The cardiovascular system could also have a positive response to this type of social support. Having positive social support could aid in blood pressure regulation, thus reducing the probability of a heart or related disease.

Inhibition of emotions could be another stress factor negatively affecting health. Bottling up negative emotions seems to tie up resources of the immune system.

Using a coping strategy which involves a denial or assessing that a particular illness or stress is beyond the control of the individual can prove to be an ineffective strategy. The person tries to escape reality, and is unable to use their social network to help deal with their problem.

The National Institutes of Health explains that *cortisol levels fluctuate throughout the day and repeat on a 24-hour cycle, with the highest levels occurring between 6 to 8 a.m. and lowest levels at around midnight. Physical and emotional stress will affect cortisol levels and can skew results*
Cortisol in a nutshell, is one of our body's responses to stress. It is a hormone that is released by the adrenal glands during stressful times.

Cortisol activates in a brain region called the locus coeruleus, which sends norepinephrine to communicate back to the amygdala, and is responsible for repeated stress responses resulting in a destructive feedback cycle. Depression is often associated with hypercortisolemia as the high levels of cortisol influence the distribution of various types of leukocytes in the blood stream.

Treating stress

A simple blood test can determine the level of cortisol being spilled into the blood and therefore determine the amount of stress someone is feeling.

You can lower your cortisol levels by learning methods to *manage stress*. *Admit* you are stressed. Reality is a positive way to view the world. Practicing yoga, meditation, exercise and attitude adjustment therapy are all positive, easy ways to lower your cortisol level. Exercise, walking, gardening, playing/listening to music enhance dopamine levels and can also counteract the effects of cortisol. Talking with people in the same situation can validate your experience. Socialising with people who enhance your feelings of well-being is essential.

References

- *The verbally abusive relationship* Patricia Evans
- *Without conscience: the disturbing world of the psychopaths among us*, Robert D Hare, The Guilford Press, 1999, ISBN 1572304510.
- *Danse Macabre, The Dynamics of Spousal and Intimate Partner Abuse: Emotional, Verbal, and Psychological Abuse, Domestic and Family Violence and Spousal Abuse* Dr. Sam Vaknin
- *Brainwashing and battering fatigue Psychological abuse in domestic violence* Mega LT¹, Mega JL, Mega BT, Harris BM. Department of Psychiatric Medicine, Brody School of Medicine, East Carolina University, USA
- *Effects of Stress and Psychological Disorders on the Immune System* David B. Beaton Rochester Institute of Technology
- Extracts from Tim Field, author of *Bully in Sight*
- *How to Deal with Cyberbullying & Substance Abuse*
<https://www.inpatientdrugrehab.org/cyberbullying-substance-abuse/>
- <http://www.livestrong.com/article/263288-abnormal-cortisol-levels/>
- <http://www.life123.com/health/stress-management/effects-stress/understanding-stress-and-cortisol-levels.shtml>
- *The Partner's Guide to Asperger Syndrome* by Susan J. Moreno, Marci Wheeler and Kealah Parkinson, 2012, Jessica Kingsley Publishers, London. Foreword by Tony Attwood
- *Complete Guide to Asperger's Syndrome* Tony Attwood Jessica Kingsley publishing 2007
- MayoClinic.com