

SELF-ESTEEM AND HUMAN RELATIONSHIPS

7. EMOTIONAL DEPENDENCY

7.1. Unresolved Feelings: Causes & Symptoms

Most of the time, the body processes the chemical changes associated with emotions satisfactorily, enabling us to “let go” of any psychological or physical effects of the emotion. Sometimes, however, emotional response patterns can unconsciously become “stuck” in the body, especially if you are overwhelmed by the incident or experiencing a physical deficiency at the time. In such a case, we are unable to process that particular feeling and become stuck with an emotional response that is doomed to repeat itself. This stuck emotion creates a mind-body loop, in which an undesirable feeling, belief or situation triggers an emotion that in turn creates stress and perhaps physical ramifications, as well. This is our human conditioned response often called unresolved feelings/emotions. Unresolved feelings are generally negative and that’s why they need resolving. They are feelings that you either ignore and repress or have not had a chance to express. Many people have unresolved feelings about their childhoods, especially if they grew up in broken homes. Rather than confronting their problems, they push them back and pretend to move on. As others have mentioned, unresolved feelings may also refer to a past crush, fling or significant other. If you never got a chance to tell someone how you really felt, you may have unresolved feelings for them. While family relationships can bring support, joy, and other wonderful benefits into our lives, these relationships can also bring stress, particularly when there’s unresolved conflict. Because it’s more difficult to let go of conflicted relationships with family than it would be if these relationships were mere friendships, unresolved conflicts with family members can bring additional stress at family gatherings. And this sense of strain can usually be felt among other members of the family as well.

Without an apology or other form of resolution, the trust on both sides is compromised, and may not know what to expect from this person in the future. Also, references or reminders of past conflicts can sting and create new pain. Once a conflict has gone on awhile, even if both parties move on and remain polite, the feelings of pain and mistrust are usually lingering under the surface, and are

difficult to resolve. Bringing up old hurts in an effort to resolve them can often backfire, as the other party may feel attacked. Avoiding the issue altogether but holding onto resentment can poison feelings in the present. Unresolved emotions will always seek expression at some time during your life span. You can be a hundred, and on your dying bed, when the totality of any unresolved issues in your life will be of the utmost importance in that moment in time. Understanding how emotions such as anxiety, depression or panic correlate with unresolved emotions is of vital importance as a developing human being.

People with unresolved emotions deal with them differently. There can be occasional outbursts of anger and the need to control, due to having feelings inside that they can no longer keep repressing. The emotions deep within can surface later as feelings of anxiety, panic and depression so overwhelming at times that sufferers express an inability to sleep, or to do the routines they had normally done for so long. Many people choose this method of repressing emotions as a means of surviving their traumatic ordeals, unfortunately repressing does not allow any type of healing to occur, emotions are powerful energies that can easily become stagnated in the body, left unresolved long enough it will find a way to manifest itself some way. It may be through illness or disease. It may be psychosomatic, but it will find a way of expressing at some point in the life span. Unresolved issues and emotions can set us back developmentally. If we choose not to address and heal, we do not progress. Feelings are our greatest indicators of what we need to address, often difficult when the memories are traumatic and extremely painful, but none the less necessary for healing the wounds. Depression, anxiety, panic attacks, they are all indicators of a deeper problem, and having ruled out any physical or pharmacological origin, it will always come back to unresolved emotions.

7.2. Personality Disorders

Personality disorders are a class of mental disorders characterized by enduring maladaptive patterns of behavior, cognition and inner experience, exhibited across many contexts and deviating markedly from those accepted by the individual's culture. These patterns develop early, are inflexible and are associated with significant distress or disability. The definitions may vary some according to other sources. Personality, defined psychologically, is the set of enduring behavioral and mental traits that distinguish human beings. Hence, personality disorders are defined by experiences and behaviors that differ from societal norms and expectations. Those diagnosed with a personality disorder may experience

difficulties in cognition, emotiveness, interpersonal functioning or control of impulses. In general, personality disorders are diagnosed in 40-60 percent of psychiatric patients, making them the most frequent of all psychiatric diagnoses. These behavioral patterns in personality disorders are typically associated with substantial disturbances in some behavioral tendencies of an individual, usually involving several areas of the personality, and are nearly always associated with considerable personal and social disruption. A person is classified as having a personality disorder if their abnormalities of behavior impair their social or occupational functioning. Additionally, personality disorders are inflexible and pervasive across many situations, due in large part to the fact that such behavior may be ego-syntonic (i.e., the patterns are consistent with the ego integrity of the individual) and are, therefore, perceived to be appropriate by that individual. This behavior can result in maladaptive coping skills, which may lead to personal problems that induce extreme anxiety, distress or depression. These patterns of behavior typically are recognized in adolescence and the beginning of adulthood and, in some unusual instances, childhood.

There are many issues with classifying a personality disorder. There are many categories of definition, some mild and some extreme. Because the theory and diagnosis of personality disorders stem from prevailing cultural expectations, their validity is contested by some experts on the basis on invariable subjectivity. They argue that the theory and diagnosis of personality disorders are based strictly on social, or even sociopolitical and economic considerations. Personality disorder is a term with a distinctly modern meaning, owing in part to its clinical usage and the institutional character of modern psychiatry. Physicians in the early 19th century started to diagnose forms of insanity that involved disturbed emotions and behaviors but seemingly without significant intellectual impairment or delusions or hallucinations.

Towards the mid-20th century, psychoanalytic theories were coming to the forefront based on work from the turn of the century being popularized by Sigmund Freud and others. This included the concept of character disorders, which were seen as enduring problems linked not to specific symptoms but to pervasive internal conflicts or derailments of normal childhood development. These were typically understood as weaknesses of character or willful deviance, and were distinguished from neurosis or psychosis. The term borderline stems from a belief that some individuals were functioning on the edge of those two categories, and a number of the other personality disorder categories were also heavily influenced by this approach, including dependent, obsessive-compulsive

and histrionic, the latter starting off as a conversion symptom of hysteria particularly associated with women, then a hysterical personality.

7.3. Emotionally Dependent People

Dependent personality disorder is one of the most frequently diagnosed personality disorders. It occurs equally in men and women, usually becoming apparent in young adulthood or later as important adult relationships form. People with this disorder become emotionally dependent on other people and spend great effort trying to please others. Also, these people tend to display needy, passive, and clinging behavior, and have a fear of separation. Other common characteristics of this personality disorder include:

- Inability to make decisions, even everyday decisions
- Avoidance of adult responsibilities by acting passive and helpless
- Intense fear of abandonment
- Oversensitivity to criticism
- Pessimism and lack of self-confidence
- Avoidance of disagreeing with others for fear of losing support or approval
- Difficulty being alone
- Willingness to tolerate mistreatment and abuse from others
- Tendency to be naïve and to fantasize

Although the exact cause of this disorder is not known, it most likely involves both biological and developmental factors. Some researchers believe an authoritarian or overprotective parenting style can lead to the development of dependent personality traits in people who are susceptible to the disorder. A diagnosis of this disorder must be distinguished from borderline personality disorder, as the two share common symptoms. In borderline personality disorder, the person responds to fears of abandonment with feelings of rage and emptiness. With dependency personality disorder, the person responds to the fear with submissiveness and seeks another relationship to maintain his or her dependency. If most or all the symptoms are present, the doctor will begin an evaluation by taking a thorough medical and psychiatric history and possibly a basic physical exam. Although there are no laboratory tests to specifically diagnose personality disorders, the doctor might use various diagnostic tests to rule out physical illness as the cause of the symptoms. If the doctor finds no physical reason for the symptoms, he or she might refer the

person to a psychiatrist, psychologist, or other health care professional trained to diagnose and treat mental illnesses. Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a person for a personality disorder.

7.4. Emotionally Dependent Partners

Relationships flounder when one or both partners are emotionally dependent on the other partner for their feelings of worth, lovability, safety, and security. When you abandon yourself and make your partner responsible for your pain and your self-worth, then you are stuck trying to have control over your partner taking care of you, doing for you and what you need to be doing for yourself. When you are not loving and valuing yourself, you do not have love to share with your partner. You are constantly trying to get love rather than share love. Trying to have control over getting the love that you need to be giving to yourself is what creates most relationship problems. When each person in a relationship decides to learn how to take responsibility for their own feelings, they can then come together to learn, grow, play, and share love. This is much more fun than trying to get love.

7.5. Emotionally Dependent Relationships

Codependency is defined as a psychological condition or a relationship in which a person is controlled or manipulated by another who is affected with a pathological condition, typically narcissism or drug addiction. In broader terms, it refers to the dependence on the needs of, or control of, another. It also often involves placing a lower priority on one's own needs, while being excessively preoccupied with the needs of others. Codependency can occur in any type of relationship, including family, work, friendship, and also romantic, peer or community relationships. Codependency may also be characterized by denial, low self-esteem, excessive compliance, or control patterns. Narcissists are considered to be natural magnets for the codependent. It was subsequently broadened to cover the way that the codependent person is fixated on another person for approval, sustenance, and so on. As such, the concept overlaps with, but developed in the main independently from, the older psychoanalytic concept of the passive dependent personality attaching himself to a stronger personality.

Some would retain the stricter, narrower dictionary definition of codependency, which requires one person to be physically or psychologically addicted, such as to heroin, and the second person to be psychologically dependent on that behavior.

Codependency describes behaviors, thoughts and feelings that go beyond normal kinds of self-sacrifice or caretaking. For example, parenting is a role that requires a certain amount of self-sacrifice and giving a child's needs a high priority, although a parent could nevertheless still be codependent towards their own children if the caretaking or parental sacrifice reached unhealthy or destructive levels. Generally a parent who takes care of his/her own needs (emotional and physical) in a healthy way will be a better caretaker, whereas a codependent parent may be less effective, or may even do harm to a child. Another way to look at it is that the needs of an infant are necessary but temporary, whereas the needs of the codependent are constant. People who are codependent often take on the role of mother hen. They constantly put others' needs before their own and in doing so forget to take care of themselves. This creates a sense that they are needed. They cannot stand the thought of being alone with no one needing them. Codependent people are constantly in search of acceptance. When it comes to arguments, codependent people also tend to set themselves up as the "victim". When they do stand up for themselves, they feel guilty. Codependency does not refer to all caring behaviors or feelings, but only those that are excessive to an unhealthy degree.