



Intimate Relationship Roles and Individuals with Psychiatric Disabilities

Intimate relationships are those traditionally associated with terms such as significant other, spouse, partner, or boyfriend or girlfriend. These relationships can be long-term or short-term, heterosexual, homosexual, or nonsexual. Intimate relationships are viewed as an essential part of human experience and generally contribute to a person's overall well-being.

People with mental illnesses (who are often called mental health "consumers") may shy away from forming intimate relationships with another person. Consumers have identified reasons for this such as wanting to "protect" the other person from the effects of their illness; medication side effects, including decreased desire or arousal; weight gain (also a common side effect), resulting in lowered self-esteem; and/or concerns about reproduction and parenting. Additionally, many consumers feel a need to hide their mental illnesses when trying to establish new relationships because of the negative beliefs, prejudice, and discrimination (stigma) associated with a psychiatric diagnosis.

In an article in *New York City Voices*, Deborah Hudspeth states:

Consumers are more vulnerable than those with other maladies, because they suffer not only physically, but also emotionally. Just when consumers most need to be loved and cared for, they are the least able to attract, nurture, and support loving and caring relationships.

Mental health providers and family members often discourage the development of intimate relationships, either implicitly or explicitly, due to concerns that the individual: 1) may make bad decisions in whom they choose to have relationships with; 2) may be taken advantage of or abused; 3) may not be able to "handle" the stress of such relationships, resulting in worsening symptoms of their illness and hospitalization; or 4) may have children who have mental illness as well (based on evidence that children have a higher likelihood of developing a mental illness if one of their parents has had one).

Yet many of these concerns are not unique to individuals with a mental illness and there is no evidence that people with psychiatric disabilities cannot sustain meaningful intimate partnerships. Patricia Deegan, Ph.D., a well-known consumer advocate, has observed that someone like Elizabeth Taylor (married eight times, twice to Richard Burton) exemplifies the fact that anyone can make bad decisions about intimate relationships. It has also been noted that about half of all marriages end in divorce regardless of mental health complications.

Most everyone experiences some degree of stress in intimate relationships, and the "health" of those relationships that do succeed may not always be optimal. Additionally, where childbearing is concerned, every potential parent has genetic and environmental characteristics associated with risks to the health of their children.

People with mental illnesses deserve the opportunity to take the same risks as we all take, and have access to the same rewards as we all have, in these relationships.

Intimate relationships can be promoted by speaking openly and supportively about relationship matters, focusing on major issues such as the following:

- **Barriers** to intimate relationships (and discouragement from other sources). Addressing barriers includes acknowledging that intimate relationships are an important source of happiness and well-being for everyone and combating perceptions that added risks should prevent people with mental illnesses from developing intimate relationships.

- **Social interaction** (e.g., dating) should be encouraged, and settings that enable such interactions should be supported wherever possible.

- **Education.** Individuals with mental illnesses report receiving little or no education about how to establish and maintain relationships or how to address their questions or concerns about their own sexuality. The discussion of intimacy needs to be encouraged in an open, honest, and positive way.

- **Medication and sexual side effects** should be respectfully discussed and steps should be taken to address these problems with physicians when necessary.

- **Ongoing supports** for the development and maintenance of intimate relationships should be made available in the form of support groups, relationship workshops, etc.

For more information see the following resources:

www.newyorkcityvoices.org/2003janmar/relationships-issue.htm

www.intentionalcare.org/articles/articles_sex.pdf

www.hdhc.ca/pub/mh%20sexuality%20report.pdf

www.nolongerlonely.com

