Romantic Relationships Among Persons with Lived Experience of Mental Illness

A CONKER project
CONsumers for Knowledge Exchange & Research
Intimate Relationships...

“[C]an be a source of pleasure and enjoyment, contribute to a person's sense of community, and provide support. In general, intimate relationships contribute to a person's well-being” (Temple University Collaborative on Community Inclusion).

However, persons with mental illness may find it particularly challenging to form intimate relationships.
Many consumers feel a need to hide their mental illness when trying to establish new relationships because of the negative beliefs, prejudice, and discrimination associated with a psychiatric diagnosis. In addition, mental health providers and family members sometimes discourage the development of intimate relationships, either implicitly or explicitly (Temple University Collaborative on Community Inclusion).
Caregiver concerns:

- That the individual may make bad decisions in whom they choose to have relationships with;
- That they may be taken advantage of or abused;
- That they may not be able to handle the “stress” of such relationships;

Yet……..

These concerns are not unique to persons with mental illness (Temple University Collaborative on Community Inclusion).
The CONKER study

- Twelve mental health consumers recruited for interviews. Recruitment through advertisements in Vancouver MH team waiting rooms and on consumer e-mail listservs.
- Many more applicants than could be interviewed, especially women.
- Inclusion criteria: 19 years or older, diagnosed with a mental illness, been in or are in a successful romantic relationship for six months or longer, i.e. we wanted to hear examples of success and how clients overcame obstacles.
- UBC ethics board review and approval.
Participants

- Seven women, five men
- Average age = 45.
- Ten identified as Caucasian, one as Chinese and one as Indo-Canadian.
- While all had been in formal psychiatric care not all were currently receiving treatment.
- When asked “do you think of yourself as someone who lives with a mental illness?” half replied “yes” and half were more equivocal.
Sexual Orientation of Participants

Seven Females:
- 5 heterosexual, 1 bisexual, 1 previously heterosexual now gay

Five Males:
- 3 heterosexual, 2 previously heterosexual now gay
What makes for a successful relationship?

Many participant answers to this could apply to any intimate relationship, i.e. the importance of trust, loyalty, open communication, compromise, safety, closeness, similar interests, commitment, honesty, reliability.

It may be, however, that the importance of these becomes more pronounced among persons who have found trust and closeness difficult to achieve, especially given histories of trauma.
Important to be able to “let your guard down.”

“It means allowing myself to be vulnerable so perhaps expressing some of my mental health concerns with them when I’m absolutely positive not many people who don’t have mental health issues can really empathize with some of the symptoms, so that’s a big trust factor.” (Int. #9 – 3)
Benefits of a relationship

- “Improved self-esteem…..a sense of purpose and accomplishment”
- “Brought me out of myself”
- “Stability…..security”
- “Emotional support……can talk about our day together”
- “Finances…..sharing resources”
- “Positive relationships are a great source of healing and can overcome a lot of pain” (Int. #12 – 6).
Obstacles to forming relationships

- Poverty (lack of funds and associated stigma).
- Low self-esteem/poor self-image/low confidence/shyness (“confidence is sexy”).
- Symptoms and experience of the illness itself (anxiety, depression, withdrawal).
- History of trauma & rejection; issues around trust.
- Stigma & prejudice around mental illness.
- “I don’t have the gift of the gab.”
- English as a second language.
- “My doctor disagrees with me wanting to have a family” (Int. #10 – 8).
Disclosure of mentally ill status

“A lot of people….understandably don’t want to self-disclose because of this stigma.” (Int. #9 – 10)

I’ll wait to tell a partner “because I’d rather have them see me as a person [first] before seeing me as a person with mental health issues.” (Int. #6 – 7)

“I’m not even telling some my closest friends that I have a mental illness [so] there’s no way in hell I would tell [a potential partner] straight off the bat.” (Int. #5 – 11)

“Being in and out of hospital all the time makes me scary to potential partners.” (Int. #4 – 4)

“How much do I put in the [dating] ad….and how much do I save for later, you know trying not to scare people off …..but I don’t want to be dishonest either.” (Int. # 4 – 4)
Dating persons who also have a mental illness

“People….who have personal experience with depression [are] more understanding and recognize symptoms like irritability and isolation as not necessarily things to do with them.” (Int. #9 – 7)

“There’s a good understanding of when each other is having a bad day or gone a bit manic or whatever so we allow for that….giving each other space when you need it.” (Int. #6 – 3)

“People that have mental health issues are tough to handle.” (Int. #10 – 4)

“We got together but it didn’t work for us because he was at a place where at the time he wasn’t taking his medication and he was not as balanced.” (Int. #3 – 13)

“In the psych ward it’s....easy to form bonds with people that are kind of artificially close.....a false impression.” (Int. #4 –8)

“There was….deep, deep trauma and….painful feelings….and [she] could cry continuously for long periods of time and so it’s not really possible to have a social outgoing relationship with a person in that condition.” (Int. #12 – 14)
Connecting with people

To disclose or not?

“Disclosing in advance has worked for me, or at least at times it has – I think it scared some people off but the people that it didn’t scare off were the ones worth keeping.” (Int. #4 – 8)

“I waited maybe a couple of months before telling him that I had a mental illness because I didn’t want that to interfere….I wanted him to get to know me first.” (Int. #5 – 9)
“Friends of friends.”

“We met at work….being able to see that same person on a regular basis and in a familiar context.” (Int. #5 – 11)

“I meet new friends at the mental health centres....like the Coast Resource Centre downtown.” (Int. 6 – 5)

“I was very antisocial until I moved into the Coast building....we have dinner hour, we have coffee hour, we all know each other….I let these people into my life and they’re my good friends now.” (Int. #7 – 4).
Connecting online

“I met him on ‘OkCupid.’” (Int. #3 – 5)

“I met him through my blog….it’s a way of meeting someone who fits your interests….of disclosing things about yourself without having to have the awkward conversation.” (Int. #4 – 6)

“I meet people online chatting….if there’s someone who has shared interests you can go into a private chat….you get practice composing sentences and voicing your thoughts…. [although] some people are better at chatting online than in person.” (Int. #6 – 5)

“I convey my true voice through writing.” (Int. #9 – 10)

“[You should] set up a website for mentally ill people in Vancouver or BC…. [where people] could go and talk and relate to each other….there’s nothing like that on the internet.” (Int. #7 – 15)
Managing your mental health

“I’ve learned to manage my condition better…. early in my life I had abuse as a child that led to really poor relationship patterns and it just took so many years to recover and work through that…. through self-education, learning a lot about my disorder, learning how to manage it….sleep is so important, and getting the right medications (Int. #4 – 10)

“With shyness I think a lot of what worked for me was more like systematic desensitization, so just putting myself into situations where I would feel awkward or unsure of myself or just really kind of pushing myself to the limits in my social interactions.” (Int. #5 – 6)

“They gave me pills that helped stabilize me.” (Int. #7 – 13)

“Professional counseling really helped me gain my confidence so I wasn’t so nervous about meeting people….I had a better sense of boundaries.” (Int. # 8 – 6)
The role of the MH system

Almost all participants said they were talking, or had talked, with their MH service provider about relationships, and found this to be helpful.

Participant #2 spoke of relationship counseling as a “resource that is lacking.”

Participant #8 spoke about the need for teaching social skills to help the isolation of some clients. This person suggested having more “fun” activities sponsored by the MH system, ones where you could bring a friend.

What do you think?