

Human Journals

Review Article

December 2021 Vol.:20, Issue:2

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Interpersonal Relationships in Individuals Struggling with Mental Illness



IJSRM
INTERNATIONAL JOURNAL OF SCIENCE AND RESEARCH METHODOLOGY
An Official Publication of Human Journals



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Submitted: 23 November 2021
Accepted: 28 November 2021
Published: 30 December 2021

Keywords: Mental illness, interpersonal relationships, social support, serious mental illness, psychiatric mental health nursing, trusting relationship

ABSTRACT

Background: It is known that mental illness has adverse effects on interpersonal relationships and that relationships are important to promoting mental health. However, limited research has been done on the experience of interpersonal relationships among those with mental illness. Understanding how people suffering from mental illness experience relationships is important to provide them with adequate support and care. **Purpose:** The purpose of this review was to explore how interpersonal relationships are affected by mental illness. **Method:** Information was obtained through an analysis of scholarly articles on this topic. **Result:** Findings indicate that individuals experiencing mental illness struggle in their relationships with friends, family, and romantic partners for a wide variety of reasons. Mental illness creates barriers to the emotional and physical intimacy required in relationships. **Conclusion:** These findings suggest that awareness and education about the barriers created by mental illness may be an important step towards improving the relationships of those with mental illness.



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INTRODUCTION

Maintaining healthy social interactions and relationships is an important aspect of health and is essential to human survival. Maslow's hierarchy of needs theory depicts love and belonging needs including affectionate relationships, affiliation, and love, only come third to safety and physiological needs in order of importance [1]. Organizations such as the National Alliance on Mental Illness (NAMI) emphasize the importance of social support for those with mental illnesses. Unfortunately, according to NAMI, one of the biggest challenges individuals with mental illness face is creating and maintaining healthy interpersonal relationships [2]. The American Psychological Association defines interpersonal relations as all interactions, connections, and patterns that are observed between two or more people [3]. The purpose of this literature review was to explore how interpersonal relationships are affected by mental illnesses. This includes familial relationships, friendships, romantic relationships, and any other interpersonal relations (see Figure 1). Research question: What are the implications of mental illness on interpersonal relationships?

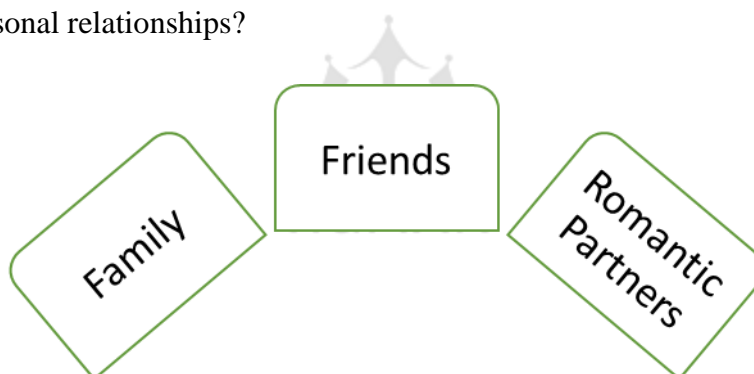


Figure No 1. Interpersonal relationships in mental illness are affected in three main areas.

BACKGROUND

The World Health Organization (WHO) report indicated that mental illness is increasingly prevalent around the world with an estimated 264 million people experiencing depression, 45 million people experiencing bipolar disorder, and 20 million people experiencing schizophrenia [4]. Mental illnesses have profound effects on an individual's mood, cognition, and emotions, creating barriers when it comes to interpersonal relationships. Interpersonal relations are important as they provide emotional and physical comfort by inducing feelings of social connectedness and teaching important lessons about the purpose of living. Having strong

interpersonal relationships improves resilience, the ability to manage stress, and feelings of security. Interpersonal interactions also decrease social withdrawal and feelings of depression, stress, and anxiety [5]. The importance and power of supportive interpersonal relationships are emphasized by Hildegard Peplau's theory of interpersonal relationships which is frequently used in psychiatric nursing to promote the mental health of patients [6].

Peplau's Theory of Interpersonal Relations

Hildegard Peplau is revered as the “mother of psychiatric nursing.” She introduced her theory of interpersonal relations to emphasize the importance of the relationship between the nurse and the patient to further health outcomes. She saw the art of nursing itself as an interpersonal process that works towards a therapeutic goal [7]. Peplau's theory of interpersonal relations identifies multiple stages of the nurse-patient relationship. As the nurse and the patient move through these stages, the patients' needs are identified, and the nurse's education and skills are used to help the patient achieve the established goals [6]. A trusting relationship between the nurse and patient is the cornerstone of nursing and allows for therapeutic interactions to occur (see Figure 2). The nurse plays many roles in the nurse-patient relationship. These roles include teacher, counselor, leader, and surrogate. Though the nurse and the patient are essentially strangers upon meeting, the ability of the nurse to view the patient objectively and nonjudgmentally empowers the patient to feel supported and accepted. These feelings are crucial to the therapeutic process [6].

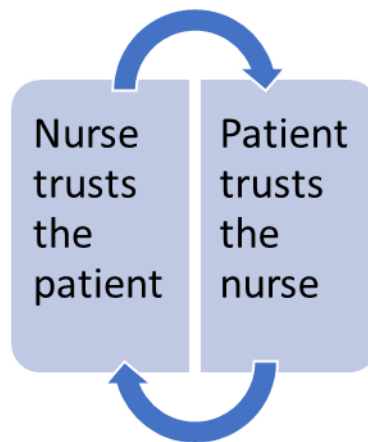


Figure No 2. A trusting relationship between the nurse and patient is the cornerstone of nursing.

Peplau's theory specifically addresses the relationship that occurs between nurses and patients; however, the emphasis on the power of relationships is widely applicable [7]. Humans seek to form relationships that make them feel supported and understood. Akin to nurses creating a therapeutic relationship to heal patients, friends, and family are often relied on as an integral part of an individual's support system. When experiencing mental illness, having a strong support system may be more important than ever, but also more difficult to achieve. Understanding how mental illness complicates the formation and maintenance of interpersonal relationships is necessary to improve relationships with those who are suffering from mental illness.

CASE STUDY

Three patients were observed from multiple psychiatric inpatient care settings and exhibited interpersonal relationship challenges within their lives. All these individuals felt a negative impact on maintaining social relationships while navigating the barriers created by mental illness. These case studies are brief overviews of the ways mental illnesses have impacted the interpersonal relations of these three patients.

Patient A

Patient A was a 32-year-old male who had been hospitalized with a diagnosis of bipolar I with psychotic features. The patient has the additional diagnosis of post-traumatic stress disorder (PTSD) with dissociative symptoms related to his service in the military. The patient joined the military immediately out of high school until an attempted suicide resulted in his discharge from duty. At the time, the patient had no psychiatric diagnosis. Growing up, the patient had been a victim of physical and sexual abuse at the hands of his alcoholic father and his aunt. The patient was seeking treatment for his mental health due to allegations made against him by his wife. She had claimed that he threatened to hurt her and in turn, she had threatened to file a personal protection order against him if he does not seek treatment. The patient expressed a deep sense of loss and confusion about this change in his relationship with his wife. He reported feeling unsure about who the "crazy one" is, and whether he threatened her as she claims he did. The patient also explained how his tendency to isolate himself from others has taken a toll on his relationships, especially with his mother. The only relationships the patient has been able to maintain have been his relationships with his two young children. The patient spoke lovingly

about his children, stating that they were his world, and he did not want to let mental illness get in the way of being their father.

Patient B

Patient B, a 65-year-old male admitted for suicidal ideation, was observed in the hospital. He had comorbid conditions of major depressive disorder, multiple sclerosis, and diabetes. Before admittance, he was in and out of the hospital for weeks due to catheter-associated urinary tract infections. During one of his most recent hospital admissions, the patient had a positive screening for suicidal ideation. He stated at the time that the several visits to the hospital had a “negative” effect on his mood. Furthermore, he expressed feeling like a “burden” to his family and friends with “[his] limited movement.” Growing up in a large family, the patient expressed family values as having high importance to him, regarding his six children and wife. However, his comorbid conditions have limited his independence and his ability to travel and visit his kids. This physical distance from interpersonal relationships and support were a huge factor in causing the patient to become suicidal and “lonely.” Overall, his mental health and medical conditions influenced his interpersonal relations, which in turn initiated his admittance into an inpatient facility.

Patient C

Patient C was a 71-year-old white male with a diagnosis of bipolar I disorder without psychosis. Following the patient's sudden non-compliance to his medications two weeks prior, a manic episode manifested and lead to the patient starting a threatening verbal altercation with family members. The stepbrother and sister subsequently evicted the patient from their house, leading the client to voluntarily admit himself into the psychiatric hospital. Throughout the day, the patient expressed having had four marriages that had all “failed.” His current wife is separated from him and in the process of filing for a divorce. The patient claimed that “none of them [the wives] were able to understand me.” Furthermore, he also described not having sex within the last two marriages at all, and how this had been, “extremely hard [on him].” On top of marital relationship challenges, the patient, “didn’t get along with family” and often had arguments with both his siblings and his father. The patient admitted that his sudden “mood changes” have made

it difficult to not act out at the moment. The patient also expressed anxiety over having to interact with his family again after two weeks of no contact.

LITERATURE REVIEW AND FINDINGS

Articles included in this literature review were retrieved from databases such as Wiley Online Library, ProQuest Central, ScienceDirect, Taylor & Francis Online, &the U.S. National Library of Medicine. Studies written between the years 2016 and2021were used to conduct this literature review. Information on interpersonal relationships in mental illness was found in literature about psychology, psychiatry, behavioral health, and nursing. This literature review contains information about the importance of interpersonal relationships to mental health and the different implications mental illness has on interpersonal relationships. Some studies acknowledged the potentially positive effects of mental illness on interpersonal relationships. These findings are also discussed.

Loneliness and Perceived Social Support

The effects of loneliness and poor perceived social support on mental health were investigated by Wang *et al.* [8]. To accomplish this, they conducted a systematic review of the literature. Their review found that poor perceived social support among people with depression causes worse symptoms, outcomes, recovery, and social functioning. While there is less research on the impact of loneliness on mental health, there is some evidence that loneliness causes more severe anxiety and depression symptoms and decreased remission. It is important to note that people suffering from depression were also found to be more likely to consider their social support inadequate and feel emotionally lonely. Overall, the researchers found that information on loneliness and social support is scarce related to psychosis, bipolar disorder, and anxiety [8]. Understanding the impacts of poor perceived social support on mental illness is important as mental illness does make interpersonal relationships more difficult to form and maintain [2]. Individuals who are unable to engage in strong interpersonal relationships may have an enhanced sense of loneliness and lack of social support.

Beginning in adolescence, social interaction and participation are critical for development into young adulthood, especially as this period overlaps with the onset and diagnosis of most serious mental illnesses (SMI) [9]. According to the Substance Abuse and Mental Health Services

Administration [9], SMI includes any mental illness that interferes with a person's ability to function [10]. Community engagement may play a significant role in the development of a strong social support system at this stage in life. Through conducting a literature review and focus group interviews, Thomas *et al.* [9] explored various community activities and participation interests of those with serious mental illness. They reviewed several studies linking perceived wellness to an increase in overall mental health. On one hand, the results found that greater community involvement, especially in events like volunteering, going to school, and group participation, correlated with an improved perception of recovery. On the other hand, the results discussed the focus groups led by researchers. The groups were recruited from two behavioral health programs, a coordinated specialty care (CSC) program and a residential program for young men at risk of experiencing homelessness. The participants had to be between the age of 18 to 26 years old, diagnosed with a psychotic or affective disorder, and provide a form of informed consent. Overall, the groups had similar findings to the literature review. However, a few new areas of participation were mentioned that had never been studied before: playing games, nature-related activities, exploring other communities, and traveling. Furthermore, these groups had more of an emphasis on participating in emerging technologies or current trends to socialize and fulfill community engagement [9]. This suggests multiple gaps between research and current information that need to be explored and studied.

Attitude Toward Social Touch

While community engagement has many benefits to mental health, people who struggle with mental health also struggle with forming the casual social relationships required during community activities. According to current research, people with depression find interactions less enjoyable, less intimate, and are socially avoidant. They also tend to find being sociable, assertive, and intimate with others challenging. It is believed that depression negatively impacts social skills, as opposed to poor social skills being a cause of depression [11]. Based on this knowledge, Tricoli *et al.* [11] wanted to investigate the role social touch has on interpersonal relationships among those with depression. Since an integral part of relationships is communication, both verbal and nonverbal, it makes sense that impairment in communication may contribute to poor interpersonal relationships. They gathered 147 participants between the ages of 21 and 71. Participants took 3 questionnaires which included the Beck Depression

Questionnaire, Inventory of Interpersonal Problems, and the Social Touch Questionnaire. These questionnaires served to assess the severity of each participant's depression, the degree of their interpersonal problems, and their attitude towards social touch [11]. The findings of the study concluded that individuals who were highly depressed had a less positive attitude towards the social touch and more interpersonal problems. They specifically disliked physical touch from people who were not well known. While they still found enjoyment in the touch of a loved one, their strong dislike of physical touch with less well-known people has the potential to negatively impact their everyday social interactions which may involve brief moments of contact such as handshakes. Participation in community groups and activities supported perceived mental health and recovery [9]. A lack of comfortability with communication and social touch may make it difficult for people with depression to reap the mental health benefits of community involvement, including building a social support network [11].

When individuals are diagnosed with mental illness, they may already have a support group made up of friends and family. Even when this support system is already established, the onset of a mental illness can challenge those relationships. Before an individual is formally diagnosed with a mental illness such as schizophrenia, they may experience what is referred to as first-episode psychosis. This is simply the first psychotic episode an individual experiences [12]. Even though it is just the beginning, first-episode psychosis has an association with social difficulties including interpersonal discomfort, loneliness, isolation, and poor perceived social support. It is suspected that stigma and symptoms play a role in this. Stigma, whether it is coming from others or the person experiencing the psychosis, may result in withdrawal from close relationships. Symptoms of mental illness such as paranoia, hallucinations, delusions, or abnormal behaviors may not be conducive to the maintenance of relationships. Additionally, individuals' symptoms may make it difficult for them to cope with social stress, causing them to self-isolate to prevent exacerbation of stress levels [12].

Researchers in London conducted a qualitative study on people between the ages of 18 and 34 to determine how first episode psychosis affected their existing friendships [12]. Three main themes were extracted from the interviews. These themes included “friendship losses,” friends during recovery,” and “moving on from here.” Friendship losses occurred due to the fear of negative reactions, being treated differently, damage to relationships because of paranoia or

behavioral symptoms, and being “left behind” as they sought treatment. Some of the participants intentionally distanced themselves from their friends to get away from negative influences such as drugs and alcohol and focus on their recovery. During recovery, participants acknowledged the benefits of having friends. Friends provided a distraction from their illness, helped them focus on the positive, encouraged them to continue living, and offered support without the pressure and expectations placed on them by family. Participants also acknowledged the additional value of a friend with whom they have a shared history. This shared history meant there was greater trust in the relationship. In newer friendships, however, some participants felt their mental illness strengthened the relationship as they learned to trust and their bonds grew [12]. Regarding moving on, the participants felt making new friends and forming new relationships were important. They expressed the necessity of making a conscious effort to open themselves up and seek out new people and opportunities. The participants also felt that pursuing romantic or sexual relationships allowed them to “grow up,” making up for a perceived stall in development during diagnosis and acute treatment of their mental illnesses [12].

Positive and Negative Impacts of Schizophrenia

Once diagnosed with a psychotic disorder such as schizophrenia, treatment is typically lifelong and continues to impact an individual's relationships for the rest of their lives. Another study provided a summary of the positive and negative effects of the diagnosis of schizophrenia on caregivers [13]. A systematic review and meta summary of qualitative studies on the experiences of caregivers for those with schizophrenia was conducted. They defined a caregiver as anyone 18 years or older who cares for a family member with schizophrenia. The study explored the negative impacts of schizophrenia that are experienced during the continuous care cycle. Before diagnosis, families often experience a series of traumatic events. Following diagnosis, they experience uncertainty and unpredictability, loss of expectation of life, and conflict in interpersonal relationships [13].

The positive impacts of caregiving involved the development of feelings of solidarity, admiration, compassion, and self-confidence among the family. The care of a family member is often viewed as a cycle due to the need for lifelong treatment and a high risk of relapse, even with medication [13]. The disruption to relationships caused by schizophrenia is not exclusive to the relationship between the family and the person diagnosed with schizophrenia. It extends to

the family's relationships with other caregivers, and even health professionals. Even though leading up to the diagnosis of schizophrenia, families are affected by traumatic experiences, the formation of deep understanding, affirmation, appreciation, and other positive feelings help support the individual diagnosed with schizophrenia achieve personal growth.

Sexuality in People with Serious Mental Illness

People living with mental illness maintain an interest in sexuality and recognize it as an important part of overall well-being. A meta-synthesis of qualitative research on the experience of sexuality among people with SMI indicates many barriers to sexual functioning. This meta-synthesis looked at the quotations of participants from 9 studies about their experience of sexuality with SMI [14]. The major barriers to the expression of sexuality identified by participants included the mental disorder itself, adverse effects of medications, support of close people, the individual's relationship with health, and stigma. Participants explained that the suspiciousness and difficulty understanding nonverbal communication that comes with some mental illnesses impairs the development of social relationships [14]. Sexual dysfunction, a common adverse effect of antipsychotic medication, and weight gain, both contributed to a loss of confidence that impaired expression of sexuality for these participants. Stigma results from a lack of knowledge and awareness regarding mental illness in the general public. This stigmatization is even worse for members of the LGBT community as they experience stigma surrounding both their mental illness and sexual orientation [14]. Not only do mental illnesses challenge the expression of sexuality, but they make it harder for people to find romantic partners.

In a meta-analysis, the connection between romantic relationships and mental health was reviewed [15]. The purpose of the study was to explore the correlation between close relationships and mental illness to discern if there is an effect on the likelihood of partnerships, benefits in intimate relations, and mental health. The findings for this review of research came from compiling a wide range of theoretical models, statistics, and previous studies. Overall, their findings concluded that people with better mental health have a higher chance of forming relationships than those who are mentally ill. Furthermore, a healthy intimate partnership has a positive impact on general mental health. Relationship type matters [15]. For example, a relationship with a higher level of intimacy, such as marriage, has greater psychological health

benefits than dating or cohabitation alone. Another finding of this study was that the connection between romantic relations and mental health is bidirectional.

Some romantic relationships among those with mental illness may be complicated by involvement in the criminal justice system. Within the criminal justice system, there is an overrepresentation of mental illness since the deinstitutionalization of psychiatric hospitals in the 1960s to 1970s. However, there is little to no research on interpersonal relationships and how they correlate with the rising mental illness population in the criminal justice system. Mulvey *et al.* [16] focused on exploring romantic relationships and mental illness in the criminal justice system. The purpose statement established the goal of the research to be exploring social factors such as romantic relationships, and how this affects mental illness in the criminal justice system. The research looked at over 100 semi-structured qualitative study interviews over 14 months to culminate their findings. Participants included people from the SMI probation caseload in Maricopa County, Arizona. SMI probationers were specially screened at the time of sentencing to ensure they fit the sampling criteria [16].

The findings of Mulvey *et al.* [16], concluded that approximately half of the 111 participants were involved in a romantic relationship (48%) while the other half were not (52%). The portion of the sample engaged in romantic relationships included both marriage and dating partnerships. Furthermore, all participants had experienced at least one relationship in their lifetimes. More women were found to be in a relationship, both marital and dating, than men. The researchers found that most of the men had stopped considering themselves a part of the dating pool. This was indicated by their closest connections being mostly non-romantic partners or family members. The men provided personal narratives explaining how they attempted not to pursue romantic relationships and considered them "negative" or "trouble." For instance, one participant said, "It just didn't work out. You know, I'm just trying to stay focused on not getting in trouble and staying on my medication.' He seemed overwhelmed with the notion..." [16]. Another participant states, "It's been years now. I decided to stay celibate and get my mind to separate from the negatives. Get away from the BS" [16].

Marriage is a special kind of relationship that is considered stronger than other forms of intimate relationship but is not spared by the effects of mental illness. Grover *et al.* [17] consider, in a comprehensive review, how bipolar disorder, bipolar personality affective disorder, and manic-

depressive psychosis can affect marital relationships. With no previous analysis of the effects this group of disorders may have on marriage, the purpose of this review was to compile all relevant research on this topic. In conclusion, there was limited data available on marital relations with bipolar disorder. Therefore, some of the data compiled were inconclusive regarding fertility rates and marital adjustment. However, women who were married tended to have fewer depressive episodes, while men who were married had no change compared to unmarried men. Additionally, sexual dysfunction occurred significantly more frequently among marital partners when one partner was diagnosed with bipolar disorder [17]. An important consideration is that erectile dysfunction is a common side effect of the antipsychotic class of medications typically prescribed to treat bipolar disorder and manic episodes.

Family Challenges Faced by Women

An interesting consideration in marital and family relationships is the way women's gender roles interact with mental illness. There are many expectations placed on women by families that unique to the expectations placed on men. In another study, Mizock *et al.* [18] used a qualitative, grounded theory approach to understand the unique challenges women with SMI face in their familial relationships. This study is one of the first to look at the experiences of women with SMI as opposed to the experiences of their caregivers. Twenty women with an average age of 50 participated in the study. The major themes identified in their responses included feeling disacknowledged, over-expectations, under-expectations, and role shift. Disacknowledgment referred to the tendencies of families to avoid or deny the women's experiences with SMI, resulting in feelings of rejection. Over expectations were placed on the women as they were expected to perform the caretaking roles women are typically portrayed in, despite their reduced ability to fill these roles related to their SMI. On the other hand, some women felt their abilities were underestimated by their families, hindering their recovery and development of self-esteem. The participants also discussed the major role shifts associated with their SMI. Some of the women turned down caregiving roles they were expected to accept, such as caring for aging parents, to focus on their mental health and recovery. As opposed to receiving respect and support for their decision, families looked down on the women for not fulfilling their predetermined duties [18].

Findings from this study illustrate how the cultural expectations that are placed on women damage their relationships with their families when they develop mental illness. These additional burdens make recovery more difficult. Family contact may have a positive effect on recovery including providing moral support, practical resources, and motivation for recovery, but these positive effects may be overshadowed by the negative effects such as family stress, judgment, the decision for forced hospitalization, and lack of understanding [18]. This new understanding of the unique challenges faced by women with SMI may help healthcare providers coach women about how to advocate for their needs and communicate with their families. It may also help families gain an understanding of the needs of these women and how they can be a positive, but also a negative influence on the recovery and healing process [18].

The Impact of Social Relationships in Bipolar

Another study used qualitative interviews to determine how bipolar disorder impacts social relationships and how social relationships impact the management of the bipolar disorder. The researchers interviewed 20 participants who all had diagnoses of bipolar I disorder or bipolar II disorder. This study was unique in that it explored the perspectives of those diagnosed with bipolar, whereas most studies have examined the perspectives of their caregivers [19]. Previous studies have shown that caregivers feel that bipolar disorder has profound negative impacts on relationships and this study indicated that people diagnosed with bipolar agree. All participants reported negative effects of bipolar disorder on social relationships, but they acknowledged some positive effects as well.

The negative effects of bipolar on social relationships included damaged relationships due to neither party recognizing the presence of the illness, being unable to detect dangerous social situations during a high, being treated differently by others, stigma from the media, and constant highs and lows making appropriate social functioning difficult to maintain [19]. Many people are not well informed about bipolar disorder and may assume someone with such a diagnosis is not capable of normal functioning at all or engages in behaviors that characters on television who are classified as bipolar participate in. The positive effects of bipolar on social relationships identified by the participants included elevated self-esteem during high periods, official diagnosis promoting understanding and communication between friends and loved ones, and lessons in coping with social challenges [19].

The participants of this study also discussed how social relationships help and hinder the management of bipolar disorder. Of note, over half of the participants expressed that people often attribute normal behaviors to their bipolar disorder. Individuals with bipolar disorder experience normal highs and lows separate from those caused by their bipolar disorder. The participants felt that friends and family consider any fluctuation in emotion or behavior to be a sign of a bipolar episode [19].

Poor Relationship Quality and Suicidal Ideation

When it comes to youth with bipolar disorder, interpersonal relationships play a significant role in their depressive symptoms and suicidal ideation (SI). Research regarding the association between interpersonal relationship quality and suicidal ideation (SI) among youth with bipolar disorder is very minimal. One study utilized cross-sectional data to examine the relationship quality among the peers and families of youth diagnosed with bipolar disorder [20]. They found an association between relationship quality in family and peer domains and current suicidal ideation. Youth who expressed current SI reported poorer relationship quality with family and peers compared to youth without SI. A similar study found that youth who experience greater severity of affective symptoms have worse interpersonal relationships. This information is important because one of the most common contributing factors to SI in this population is conflict in interpersonal relationships. Of special importance is the relationship with the family. As children progress towards adolescence, peer relations become more important, but the relationship with the family provides a foundation for these peer relationships. Family relationships are also an important source of emotional support and promote overall well-being [20]. These findings support the importance of the inclusion of a comprehensive assessment of interpersonal relationships when completing suicide risk assessments. Identifying conflicts in interpersonal relationships and including techniques to strengthen interpersonal relationships in the treatment goals may serve to effectively lower rates of SI and improve overall mental health [20].

SUMMARY

Through the review of the literature, in all different age ranges, populations, and diagnoses, mental illness presents significant challenges to interpersonal relationships (see Figure 3). It is

also evident that interpersonal relationships are an important factor in the management of mental illness and recovery. While few positive impacts of mental illness on interpersonal relationships are identified in the literature, they are inconsistent and far overshadowed by negative impacts.

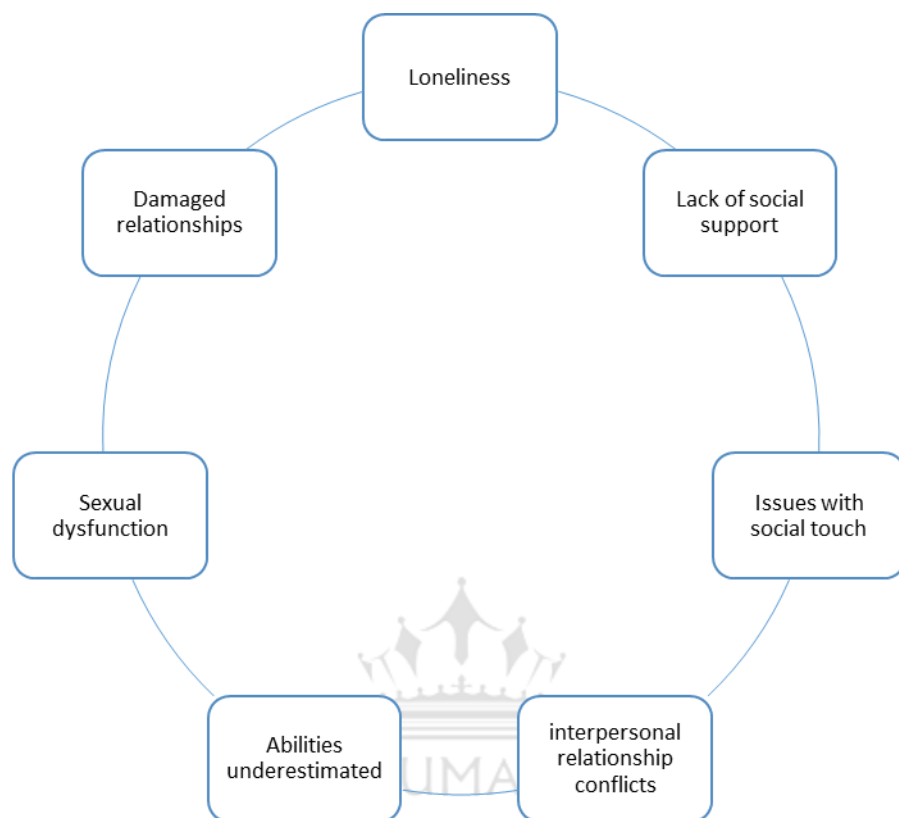


Figure No 3. Interpersonal relationship challenges faced by individuals struggling with mental illness.

DISCUSSION

Based on the findings from the literature review, interpersonal relationships and mental illness have a significant impact on an individual's wellbeing and recovery. While not every person with a mental illness struggles with interpersonal relationships, it is not uncommon. The barriers to forming quality relationships with others created by mental illness perpetuate poor social support and worsening mental health. Though some individuals can use the diagnosis of a mental illness as a means of bonding with others, forming more trusting relationships, and gaining an increased understanding of needs and behaviors, this is not the case for most people. The negative perceptions society has about mental illness and the behaviors of people with specific diagnoses

make it hard for people with mental illness to be open about their mental illness, not only with others but with their selves too.

Interventions regarding interpersonal relationships in mental illness are centered around educational and therapeutic approaches. Improving the interpersonal relationships of people with mental illness will help them feel supported and reduce the severity of some mental illness symptoms. Communication is an important part of relationships. Providing education on communication techniques to those with mental illness may help them identify a way to effectively communicate their feelings. Being able to communicate their feelings and navigate challenges in relationships can help them maintain relationships with those who are important to them. Additionally, education needs to be provided to the friends and family of people with mental illness to improve awareness and general knowledge of mental illnesses (see Figure 4). Having an improved understanding of mental illness, the experiences of people with mental illness, and the challenges of living with a mental illness may help friends and family connect with and support their loved ones. This education should also extend to the greater community to create community-wide awareness and acceptance of those who have a mental illness. Promoting a culture of understanding and acceptance may help strengthen interpersonal relationships and social support, positively impacting the mental health of everyone in the community.



Figure No 4. Steps toward improving relationships for the mentally ill and others.

CONCLUSION

Mental illness impacts interpersonal relationships, which are crucial in promoting mental health. With limited research, understanding how people suffering from mental illness experience relationships is important. After reviewing the literature, marital relationships, romantic relationships, community participation, sexual relationships, friendships, and other miscellaneous socializing all can be impacted. Overall, the findings suggest that awareness, education, and further research are important steps to improve the relationships of those with mental illness.

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Conflict of Interest	No conflict of interest
Funding Information	None
Authors' Contribution	Equal contribution by each author. All 4 authors read and approved the final manuscript.
Acknowledgement	None

