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Psychosis as a Barrier to the Expression of Sexuality and Intimacy: An Environmental Risk?

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People diagnosed with schizophrenia and related psychotic disorders often have unmet needs around sexuality and intimacy issues. This can impact negatively upon a person's recovery and the need to lead a fulfilling and satisfying life. The aim of the current review was to explore the available qualitative literature that addressed sexuality and intimacy issues published between the years 2006 and 2016. Records were screened for eligibility. Finally, 56 studies that addressed the aims were included in the review. The main themes that emerged are briefly discussed. The implications for clinical practice and future research are presented.

Key words: psychosis/sexuality/recovery/environment/relationships/intimacy

Introduction

Several studies have highlighted the often unmet needs in intimate and sexual relationships among people diagnosed with schizophrenia and related psychotic disorders. If someone has difficulty forming intimate relationships or expressing sexuality, some basic psychological needs may remain unfulfilled and, in times of stress, there may be no significant other to turn to for support. This poses an environmental risk as single relationship status has been associated with low quality of life and correlates with a poorer prognosis for people with psychosis.[1]

The question remains why the needs of people with psychosis in the area of sexuality and intimacy remain unrecognized and unfulfilled and what might help in the establishment and maintenance of satisfying intimate relationships and the full expression of sexuality. Also, service providers and clinicians have shown an increased interest in the psychosocial aspects of psychosis and the supports, interventions, and treatments available to people who experience the condition.[2] Therefore, the main aim of the present study was to discover what is known about sexuality and intimacy among people with psychosis in order to highlight the factors that may underlie these often unmet needs. The secondary goal was to explore the current role of sexuality and intimacy in the field of research and clinical practice. Therefore, we performed a qualitative review of the literature on intimacy and sexuality in schizophrenia or related psychosis over the past decade.

Method

The review included literature on sexuality and intimacy among people diagnosed with schizophrenia or related psychosis published between 2006 and August 2016. The databases used included PUBMED and PsycINFO. A search strategy was developed using the Boolean operators AND/OR with the following search string: psychosis, schizophrenia, intimacy, sexuality, and romantic. Reference sections of articles were used to identify papers that may have been missed. Case studies, books, non-English articles, and articles that focused on psychotropic side effects in which sexual function was not the focus were excluded. The articles were checked for relevance and duplicate articles were rejected. The remaining 56 articles that addressed sexuality and intimacy issues and psychosis were logged and qualitatively classified. The search results are presented in a flow chart[3] (see figure 1). An indexed bibliography of all the articles is available from the authors.

Results

A content analysis of the selected studies identified several themes that will be discussed briefly:

Sexual Needs, Satisfaction, and Desires

A total of 7 studies addressed the needs, desires, and satisfaction of people with psychoses concerning intimacy

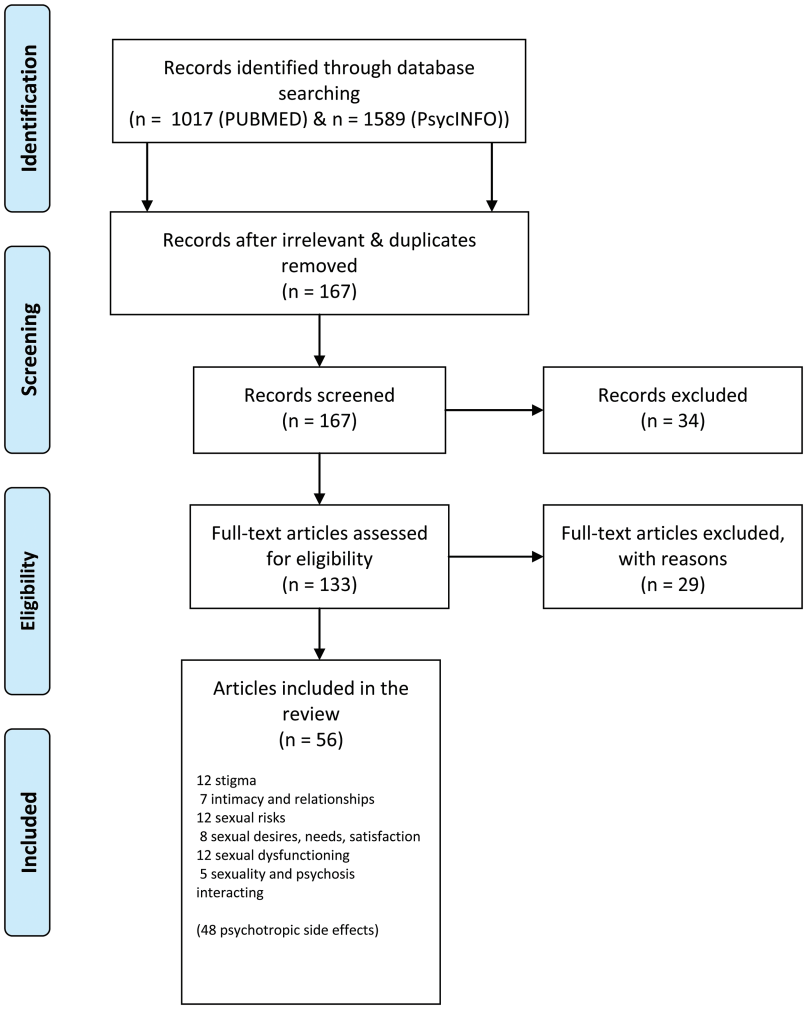

Fig. 1. Identification, retrieval, and inclusion of relevant studies.

and sexuality. All studies report sexuality and intimacy as unsatisfactory among people with psychosis, while the needs and desires did not differ largely from the general population. Clinicians often overlook these needs, even when patients express their need to talk about these issues.

Sexual Risks and Risk Behavior

In the 1980s and 1990s, it became known that people diagnosed with severe mental illness were at greater risk of sexually transmitted infections (STIs), including HIV, than the general population. In the past decade, little research exists concerning sexual risks and risk behavior among people with psychosis. The few studies that have been carried out reveal a need for preventive interventions targeting sexual risks among people with serious mental illness (SMI) such as psychosis. A recent review by Walsh et al[4] showed that, although effect sizes were extremely variable, there is some evidence suggesting that behavioral interventions have a potential to reduce sexual risks in people diagnosed with SMI. However, further high-quality research is needed in this area.

Sexual Dysfunctions

The available research regarding intimacy and sexuality issues shows that sexual dysfunctioning due to psychotropic side effects is the topic most studied. We found over 50 articles addressing this issue, even after excluding articles on antipsychotic side effects in which sexual dysfunctions were mentioned but with no particular focus. Discussing the specific interactions between types of antipsychotic drugs and sexual dysfunctioning in depth is beyond the scope of this review. We refer to a recent review by de Boer et al,[5] which provides an overview of current knowledge on this specific issue.

Stigma and Social Functioning & Intimacy and Relationships

Some studies show that about a quarter of the people with psychosis are confronted with prejudice and negative discrimination in the context of sexual and intimate relationships.[6,7] Self-stigma, the internalization of prejudice, can lead to social withdrawal and feelings of worthlessness in relation to sexuality and intimacy. The

increase in social isolation and feelings of sexual worthlessness decreases social functioning and opportunities for sexual and intimate engagement. This feature might be stronger for people living in the community compared to inpatients.[8] A related struggle that appeared common is the issue of disclosing psychiatric vulnerabilities toward a (potential) partner. Some commentators believe that staged and careful disclosure is preferred over non-disclosure. For many, the fear of rejection is a reason to avoid self-disclosure or even sexual or intimate relationships at all. Targeting the internalization of stigma among people suffering from psychosis seems an important aim in order to improve sexual self-concept, self-esteem, and social functioning in the context of sexuality and intimacy.

Sexual Fantasies

The nature of sexual fantasies among people suffering from psychosis is no different than that of healthy individuals even though there is some evidence suggesting that sexual obsessions are more frequent. Gender may play a role in the nature of symptoms with sexual content.

Sexual Orientation

Several studies revealed that in a state of psychosis, issues such as sexual orientation or gender become less defined. Sexual content of psychotic symptoms may or may not play a role. This could lead to gender confusion or experimenting with same-sex sexuality and intimacy. It is not uncommon that these feeling or actions lead to confusion or even shame afterwards.

Notably, we were able to identify only one study focusing on lesbian, gay, and bisexual (LGB) people and psychosis. The findings suggest that LGB orientation experiences are associated with psychotic symptoms, most probably due to discrimination and minority stress.

Sexual Trauma

A significant amount of studies have shown that childhood (sexual) adversities are a risk factor in the development of psychosis.[9] Also, after the onset of psychosis, the risk of being (sexually) victimized increases.[10] The decreased ability to consent among people suffering from psychosis[11] may play a part in this. Thompson et al.[12] showed that a history of sexual trauma was related to the experience of psychotic symptoms containing sexual content. This 2-way interaction points to the significance of addressing trauma in psychosis. The authors assert that clinicians should take the content of psychotic experiences very seriously in their work with patients. Even though there has long been caution with regard to the assessment and treatment of trauma in people with psychosis, recent studies show that it is both safe and effective to treat psychosis and comorbid post-traumatic stress disorder.[13] However, there remains a lack of studies that specifically address the impact of sexual trauma on the sexuality of adults living with psychosis.

Discussion

It is generally accepted by clinicians that sexuality should be approached from a biopsychosocial perspective (figure 2). From this viewpoint, it is recognized that biological, psychological, interpersonal, and sociocultural factors interact with each other in a dynamic system overtime, which may affect sexual function. In order to understand and address sexuality and related intimacy issues within the context of mental health care, all perspectives need to be taken into consideration. While reviewing the literature, the most noticeable finding is the relatively large representation of studies focusing on biological aspects of sexuality and intimacy such as psychotropic side effects and sexual risks like HIV and STIs (figure 3). Practice and research focusing on psychosocial aspects of sexuality is highly needed in order to develop strategies to address the often reported unmet needs in the field of intimacy and sexuality among people with psychosis. By viewing a (potential) intimate relationship as a significant part of a person's environment, it becomes evident that

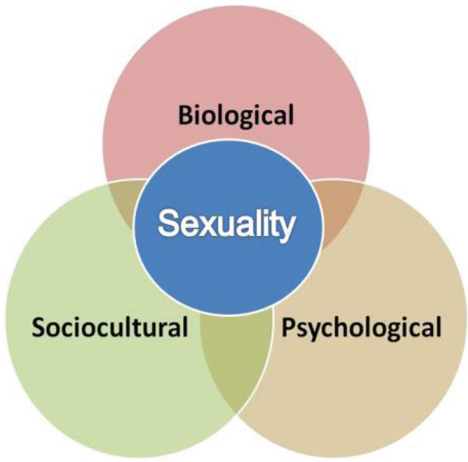

Fig. 2. Biopsychosocial model and sexuality.

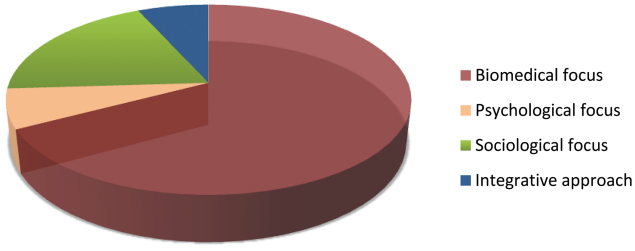

Fig. 3. The focus of articles on sexuality and intimacy and psychosis.

this area of life should be taken into account when trying to facilitate recovery and enhancement of the position of people with psychosis in society. This has clear implications for policy, research, education, and practice developments. This review reveals the opportunities that exist for interprofessional collaborations where plans of care contain all perspectives, including the subjective experiences of service users. This holistic approach to recognizing and supporting intimacy and the expression of sexuality can not only enhance our knowledge and understanding of the individual needs and concerns but help support people in a more empowering, fulfilling, and recovery-orientated way.

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