heretohelp
Mental health and substance use information you can trust

BC's Mental Health and Addictions Journal

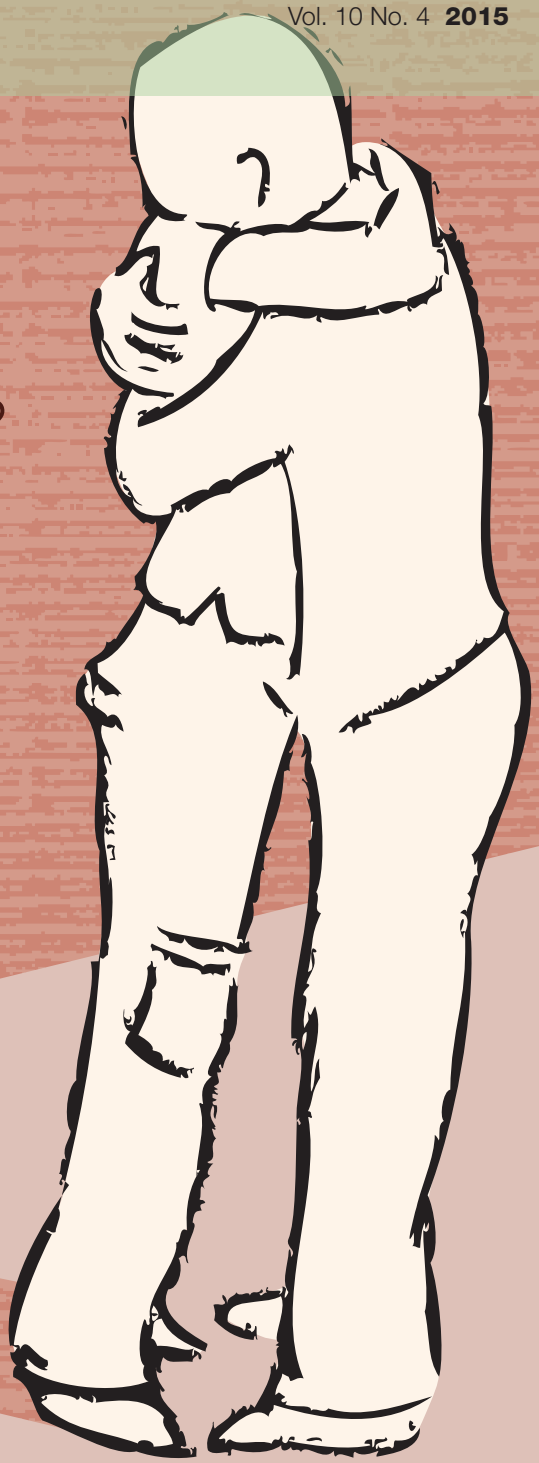
visions

Vol. 10 No. 4 **2015**

couples

believing in hope again

is there love after the psych ward?



visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental illness or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and addictions issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Addictions Information and funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority.

editorial board	Representatives from each BC Partners member agency, guest editor, and external members Astrid Egger, Inamarié Oppermann, Amanda Slaunwhite, Lori Swanson, Kerri Johnston and Tara Wolff
editor-in-chief	Sarah Hamid-Balma
substantive editor	Vicki McCullough
coordinators	Paula Vaisey and Stephanie Wilson
design	Sung Creative/Jennifer Quan
layout	Paula Duhatschek
issn	1490-2494

subscriptions and advertising

Subscriptions to Visions are free in BC to those experiencing a mental illness or substance use problem, their families, and any service provider. For those outside BC, subscriptions are $25 for four issues. Visions electronic subscriptions and back issues are available for free at www.heretohelp.bc.ca/visions. Advertising rates and deadlines are also online.

bc partners and heretohelp

Heretohelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of seven non-profit agencies working together to empower people to improve their quality of life by providing good quality information on mental health, mental illness and substance use. We represent AnxietyBC, British Columbia Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Family Services of the North Shore's Jessie's Legacy Program and the Mood Disorders Association of BC. BC Partners work is funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority.

photography disclaimer: Photographs used for *Visions* are stock photographs only. Unless clearly captioned with a descriptive sentence, they are not intended to depict the writer of an article or any other individual in the article.

The opinions expressed in this journal are those of the writers and do not necessarily reflect the views of the member agencies of the BC Partners for Mental Health and Addictions Information or any of their branch offices.

Cover photo: @iStockphoto.com/kevinhillillustration
Pg 3 photo: @iStockphoto.com/jodie777

footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions.

we want your feedback!

If you have a comment about something you've read in *Visions* that you'd like to share, please email us at **visions@heretohelp.bc.ca**, or you can mail or fax us at the address to the right. Letters should be no longer than 200 words and may be edited for length and/or clarity. Please include your name and city of residence. All letters are read. Your likelihood of being published will depend on the number of submissions we receive. For full guidelines, please visit www.heretohelp.bc.ca/visions

heretohelp

contact us

mail	c/o 1200 - 1111 Melville Street, Vancouver, BC V6E 3V6
phone	1-800-661-2121 or 604-669-7600
fax	604-688-3236
email	bcpartners@heretohelp.bc.ca
twitter	@heretohelpbc

background

experiences and perspectives

alternatives and approaches

letters to the editor

I have recently become a reader of *Visions* through my role as Executive Director of the BC Association of Clinical Counsellors. Thank you for producing such a wonderful resource for the community. I was especially appreciative of the last issue on housing.

I have been involved in housing issues for many years through employment, as a board member and as a committee member involved in researching and developing housing strategies for women. I have seen first-hand the challenges that many and varied communities of people face as they seek safe, affordable housing. Fortunately, I've also experienced the turn-around in a neighbourhood, once resistant and frightened about a new housing program coming to their community, to then being supportive and good neighbours.

The stories shared in the housing issue—stories of anguish, despair, unbelievable courage and ultimately stories of hope—provide encouragement that we can make a difference in the lives of people needing supports and housing. The need for a safe place to call "home" is critical to so many aspects of life and growth, highlighted by the personal and courageous experiences of the authors in this issue.I look forward to ongoing learning through the work of *Visions*.

—Carolyn Fast, Victoria, BC

editor's message

Couples, Spouses, Partners, Significant Others—whatever terms you prefer, this issue of *Visions* looks at mental health and substance use experiences in the context of our romantic/intimate relationships. It was the winner in our last reader poll. And, well, it's about time.

It's easy to forget that this issue of *Visions* is part of our ongoing commitment to look at some aspect of the theme of families every eight issues. Why? Because 'families' in our sector is often shorthand for parents and their children (including adult children). But there are many other family relationships. Couple relationships—along with siblings, friends, extended families—are pretty invisible. Yet for some groups and some conditions, spousal caregivers are actually the dominant supporters (dementia and postpartum depression are just two obvious examples). So how can we forget the vast numbers of people living with mental illness or substance use problems who are also spouses and partners? And their partners? How can we forget that that relationship affects the well-being of everyone in a family—in both helpful and potentially harmful ways?

The last time we looked at anything in this area was a 1999 issue of *Visions* called Sexuality, Intimacy and Relationships. What came out in that issue 16 years ago perhaps gives us a clue to why intimate relationships are still neglected when we talk about recovery, families and well-being. Maybe somewhere there is still a seed in our service system and society that romantic relationships, sex, intimacy, are either not important to people with mental illness and addictions…or too difficult…or more of a luxury. Our poll results disprove that.

Our Mind/Body issue recently challenged us to look at the whole person physically. Well, this issue challenges us to look at the whole person socially. Social support and relationships are central to human happiness. And they take hard work. So in the coming pages let's talk about not just living with mental illness but *loving* with mental illness. It's time.

Sarah Hamid-Balma

Sarah is Visions *Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division*

Mental Illness in Couple Relationships

AN UNDER-RECOGNIZED ISSUE IN THE MENTAL HEALTH SYSTEM

Pierre Imlay, MEd, RMFT

The impact of mental illness on a couple's relationship has often been an overlooked dynamic in both the public media and academic journals. Traditionally, people have examined and written about how an individual's mental illness affects their parents, or conversely, how a parent's mental illness affects the child.

©iStockphoto.com/MmeEmil

Pierre is a trained Marriage and Family Therapist and on the board of the BC Association for Marriage and Family Therapy. He has worked as a family justice counsellor, providing counselling and mediation to couples going through the separation process. In employee assistance plan (EAP) settings, he has also counselled couples experiencing a wide range of issues such as anxiety, depression, addiction and child-related concerns. Currently, Pierre works at Langley Mental Health providing short-term couples therapy, intake and group therapy

This oversight is in part due to the traditional practice of mental health professionals focusing on symptoms within the individual, and overlooking the patterns of how individuals relate to each other in a couple relationship.

However, it has been known for a long time by those working in the field with couples that individuals who have a mental illness can have a negative impact on their spouse's mental health, and vice versa. At times, both partners in a relationship can be struggling with symptoms that have developed as a result of the original illness in one of the partners. In fact, research on psychiatric illness in the couples relationship has found a positive correlation between one partner having a mental illness and the other partner also suffering from a mental illness.[1]

Relationship stress goes both ways

In my career as a therapist, I've worked with couples in various settings. I've witnessed first-hand the curative effects that a healthy relationship can have on an individual struggling with mental illness. Healthy relationships serve as a buffer to help the individual ward off both physical and mental health conditions.

On the other hand, it's well recognized that relationship stress with a partner can negatively affect the person who is struggling with a mental illness and make the condition worse. The stress in the relationship can impact their physical functioning as well.[2]

I've often seen the negative effects of relationship stress on people who struggle with depression, anxiety and related disorders. An individual will have been struggling with one of these conditions for quite some time. The partner may initially spend a lot of time taking care of that person and working hard to maintain the relationship. This pattern can go on for years. But it often happens that the caregiving partner grows tired of this role, because they've been ignoring their own needs. The result is that the partner may end up slowly retreating from the role of caregiver, or may react in angry outbursts. This can make the other person's original symptoms worse.

Meanwhile, partners who are providing care to their spouse with a mental illness have been found to exhibit signs of burnout identical to that found in nursing staff at psychiatric hospitals.[3] The person providing care may spend much of their time focusing on the suffering of their partner. They may follow prescribed treatment programs that focus on healing the partner but ignore their needs. Their mental health often deteriorates, and they may experience changes in their daily functioning, including poor sleep and appetite. They may also develop thoughts of shame and hopelessness as they begin to feel less effective in helping their partner and don't see their partner's recovery moving forward.

When couple relationships are under stress, partners begin to physically and emotionally distance themselves from each other. They tend to avoid each other, and when they do come together, it's often strained, resulting in restrained or surface-level conversations. The basic quality of working together as a unit to tackle common problems is torn apart as both partners feel an increased level of frustration and despair.

If one or both of the partners is struggling with a mental illness, these negative emotional reactions are often intensified. At a behavioural level, individuals tend to isolate themselves, may turn to alcohol and drugs to numb difficult emotions, and sometimes turn to having extramarital encounters. When the marital stress is at its peak, there's a greater likelihood of substance misuse, movement toward divorce and male aggression.[4]

Get help to get (back) on track!

It's important for couples to get help in order to get their relationship back on track before the situation reaches crisis proportions. Sadly, many couples who go to couples therapy have been experiencing these dysfunctional patterns of relating to each other for a long time. I've met many couples who enter treatment at this later stage, and by this point in time, at least one person is feeling less hopeful than the other person and is looking for a plan to exit the relationship.

There are times when continuing on in the committed relationship is detrimental to the health of both people involved, not to mention to the children, if children are involved. Finding a way to separate that, though painful, won't be destructive can be another option for the couple to pursue.

At one time, I was a mediator in the family court system. One of my central tasks was to help separating couples develop separation and parenting plans. These plans are meant to establish a post-relationship framework for how the two people will relate to each other in terms of separating resources and co-parenting children.

for footnotes go to www.heretohelp.bc.ca/visions

In couples with mental illness, the same planning process applies. However, it can be more challenging, because the emotions that get triggered tend to be more intense, and the individual's coping strategies are more limited. Often, these clients are overwhelmed by the legal procedures involved in the separation process, and benefit from the support of therapists, legal advocates and other healthy family members.

The mental health field is becoming more aware that marriage often brings a mixed bag of stressors and rewards to all those who embark on the journey. For people with mental illness, these stressors are even greater. Yet, even with the presence of mental illness, committed relationships can benefit from interventions that help the couple get back on track and help to improve, or at least stabilize, mental health symptoms. Couples therapy can help partners improve their communication and problem-solving skills, and refocus on strengths to enhance their resiliency.

Some marriage and family therapists have argued that premarital education can be an effective way of preparing people for marriage by teaching them basic skills they'll have to use in their marriage. Premarital education programs include modules on finances, healthy communication, dealing with conflict and planning for parenthood. Some organized religions require that spouses take a premarital course if they want to get married in their church.

Most marital researchers and therapists agree that having a clear idea of what you want for yourself and in your relationship is important for the health of both the committed relationship and the individuals. This applies regardless of the degree of mental illness, or whether mental illness is even present.

A healthy view of the couple relationship includes having reasonable expectations of the rewards that marriage brings, and recognizing that it still requires personal effort by both parties to make it work. v

relationship stress Q&A

How do I know if my spouse is struggling with a mental illness, or if they are just reacting to some adverse event that is putting stress on our marriage?
There is a difference between having a persistent mental illness, and having a temporary stress reaction to an adverse event (i.e., job loss, marital separation). Often with the adverse stress reaction, the person is able to return to normal functioning once the stress has passed or the person has been able to learn some new skills or way of coping with the stress.

My spouse is struggling with a mental illness. How do I help my spouse but at the same time make sure I don't burn out in the process?
Being able to set some boundaries for yourself is important. Over-functioning on your spouse's behalf can lead to burnout, and will reinforce to the spouse that they can't do anything for themselves.

Could my spouse be suffering from a mental illness if they are violent toward me and others?
Separate the behaviour from the cause. There is a relationship between abusive behaviour and mental illness (i.e., antisocial personality disorder), but some aggressive behaviour is reactive, or a learned pattern of coping.

If I develop mental health symptoms myself as a result of supporting my spouse, should I just get help for myself or should we try couples therapy?
It's important for each person to get help for themselves, along with getting help for the relationship. Partners also need to find some of their supports outside the relationship and not expect that all their emotional needs will be met by their partner.

How can we get help for our marriage when children are involved? Do couples therapists treat children as well, or are children best treated by a separate therapist?
Some marriage and family therapists will treat the whole family as a unit, while others may see the children separately as part of the treatment. Still other therapists work just with the couple.

When do I know that everything has been tried and that I should begin to look at a separation?
Couples therapy can help the couple heal the relationship. At the same time, couples therapy can help spouses develop more awareness, and this awareness may include recognizing that the relationship can no longer continue.

I Wanted to Cry

Allen Lam

Postpartum depression (PPD) is a type of depression that occurs after childbirth and is a serious mental health issue. Many people believe it only affects mothers, but fathers are affected too.

Allen has lived in Vancouver for the last 40 years, and has been with his wife Emma for nearly 20 years. Their son is eight years old. Allen works in the private sector, while Emma completed her social work degree and does outreach work for the provincial government

But who knew? When my wife Emma was pregnant, we took the time to learn everything about pregnancy and childbirth, including about PPD. None of our reading and none of the medical professionals we talked to ever mentioned anything significant about fathers getting PPD. By the time I realized I had depression, our family had nearly broken apart.

Postpartum husband

Emma became depressed shortly after our son Brendan was born. I saw a mother who was extremely anxious, overly exhausted and constantly feeling guilty. Naturally, I tried to 'fix' the situation—because I am a man, and a man must be physically and emotionally strong. When my wife was too tired to make dinner, I made dinner. When the laundry needed to be folded, I folded it. When Emma needed to sleep, I took our son out for a walk. I thought this would fix my wife's exhaustion and anxiety, but it didn't.

As it became more and more evident that I couldn't fix my wife, I became more and more exhausted and frustrated. I was angry and confused. I didn't feel like a confident man anymore, and I lost the urge to be intimate with my wife. I felt I was losing my identity as a man and as a person. I just wanted to ignore the problem and have it go away.

Prior to having a child, my wife and I were typical modern professionals. I worked in the corporate world, and

for footnotes go to www.heretohelp.bc.ca/visions

she ran her own business. Our social lives were very active: we saw our circle of friends regularly and enjoyed eating out weekly.

I wanted that life back. I had read all the right books and taken all the right prenatal classes, but nothing prepared me for the loss of the life I had before becoming a father.

I wanted to cry and give up being a father. But I was afraid to acknowledge those thoughts and feelings in myself—it wasn't becoming of a man and father to feel those things. I pushed them down so deep that I couldn't feel anymore. I pulled away from my family and started to spend more time outside of home, socializing and looking for companionship. It nearly destroyed my family.

Both of us on the healing road

The healing finally started when my wife joined a weekly support group at Pacific Post Partum Support Society (PPPSS). She had learned about this life-saving non-profit agency from the parent and infant drop-in group she attended at the local health unit. At first, PPPSS provided weekly scheduled support over the telephone, and then offered her a place in one of their support groups when a spot became available.

During Emma's depression, she had strong thoughts about ending her own life. The postpartum counsellors at PPPSS referred her to SAFER (Suicide Attempt Follow-up, Education and Research), a service funded by Vancouver Coastal Health. Through this service, Emma saw a counsellor once a week.

Emma's experience with the counsellor led her to encourage me to see a counsellor too. The old me would have sneered at the thought of seeing a counsellor, because that would've meant I was mentally and emotionally weak. But, with my life and my family in shambles, what did I have to lose? A family friend who is a counsellor recommended someone for me to see.

My counsellor and I looked at my family history, and this was an eye opener. My parents were the model of how I behaved in my marriage. My father was the one who fixed everything. When my mother wanted something done, he would do it. I translated that as something I needed to do to keep my wife happy.

I never saw or heard my parents talking about their own emotions and feelings, so it was difficult for me to connect with Emma on an emotional level. I never understood how to properly reflect upon my own emotions and to share them with others.

Conflict resolution in marriages was also something I never learned growing up. I thought a perfect relationship is one without any conflicts, because my mother and father kept them behind closed doors. I now know that every relationship has their problems.

I also grew up believing I had to be perfect to be accepted. I never got any attention unless I got a perfect score at school or when I got accepted into UBC, and they liked talking about how other children succeeded in school or extracurricular activities.

The most powerful part of the sessions was allowing myself to feel all my repressed emotions—allowing myself to feel vulnerable for the first time. That was a game changer! I learned that allowing others to see my emotions was not about being weak, but being strong. I hadn't told anyone how much of a difficult time I had with our newborn and in my marriage, because I wanted to have that 'perfect' family. Now, I have the confidence to express my exhaustion and frustration and then ask for help when it's needed.

Eventually, as Emma and I continued to heal, we started seeing a couples counsellor and learned the power of listening, of empathy and of vulnerability with each other. We explored in detail about how postpartum depression was affecting us as individuals, as a couple and as a family. We learned to acknowledge each other's feelings and to offer each other support by listening, not by trying to fix the 'problem.'

Now, when Emma is having a difficult time, I listen and validate her

I had read all the right books and taken all the right prenatal classes, but nothing prepared me for the loss of the life I had before becoming a father.

feelings, instead of instantly trying to fix the problem. Now, when I get angry at Brendan, I take time to reflect upon the situation and then talk to him about the emotions each of us was experiencing.

PPD affects every family member

Another part of not being prepared for fatherhood reflects the gap in our health care system that uses a medical lens and focuses solely on delivering a healthy baby. When I accompanied my wife to see health professionals during her pregnancy, the focus was always on mom and baby's physiological health. Whether it was at prenatal classes or the hospital, or during the community nurse's postnatal home visit, everyone gave their full attention to Emma and Brendan.

I have no issues with the amount and quality of medical care the system provided to deliver us a healthy baby, but there was no psychological or emotional support for Emma or me. Society and the mainstream medical profession don't give enough attention to how pregnancy, birth and PPD can affect every family member.

©iStockphoto.com/szefei

We need a health system that takes care of the whole being, for moms and dads as well as babies, to ensure that our young families thrive.

As whole human beings, we are equal parts physical, emotional and psychological. We need a health system that takes care of the whole being, for moms and dads as well as babies, to ensure that our young families thrive. v

for footnotes go to www.heretohelp.bc.ca/visions

Still Invisible

ELDER CARE NEEDS TO RESPECT LGBT SENIORS

Chris Morrissey

For about a year, I noticed that Bridget was forgetting things. "Where are we going?" "What am I supposed to be doing?" And her personality was changing. "No I don't want to sit there!" We had a family with a four-year-old child staying with us for several weeks. "Make her keep quiet." "She can't have any toys around. Tell her to pick everything up."

©iStockphoto.com/EyeJoy

Chris is a retired, white, 72-year-old lesbian whose partner has dementia. Chris has been a member of the City of Vancouver Seniors Advisory Committee for several years. She and her partner of 37 years are very active in the LGBT community

"Honey," I said, "I think that maybe something is happening to you. Maybe you should see the doctor." Bridget ignored me. A few weeks later, again I suggested a visit to the doctor. And this time she said, "Okay, if you want me to go, I'll go." Our family doctor gave Bridget a referral to the geriatric program at the hospital.

After an interview and the mini mental test, the doctor said. "You have mild memory loss. Come back in a year."

One day, two months later, I came home and the house was full of smoke. I found a pot of potatoes on the stove that had boiled dry. The pot was all black. Another day when I came in, I heard water running somewhere in the house. Bridget was outside in the garden. Good thing that there was no stopper in the sink! Bridget became scared when she realized what she was doing.

We got another referral to the geriatric doctor. We came out of the doctor's office holding hands, walking in

silence. Bridget asked, "Do people die of dementia?" I didn't know how to answer that. It was the first time she had said "dementia." It took her many months before she could say it again.

From closet to cover girl

Saying "dementia" was as difficult as it had been to say "lesbian."

Bridget and I have been together for 37 years. When we first realized we loved each other, we were both Roman Catholic nuns. Homosexuality wasn't even talked about in the church and is still forbidden. Until 1990, homosexuality was still considered to be a mental illness. The closet we hid in was very deep and very dark.

Facing Bridget's disease, we looked around for resources for us as a lesbian couple. We couldn't find anything. There was the Alzheimer Society of BC, which provided workshops and support groups for many groups of people, but nothing just for members of the LGBT community. We wanted a group where we wouldn't have to think about being careful about what we say. Where we shared a common history and culture and where people would understand our experiences without us always having to explain.

I had conversations with Patrick, a gay man and a volunteer with the Alzheimer Society about the needs of LGBT people and dementia. As a result, the Alzheimer Society began a support group, and *Xtra*, the LGBT newspaper, did a front-page story to raise awareness of dementia in our community. Bridget became a cover girl!

No choice but residential care

Dementia is an incurable, progressive disease. "Yes, Bridget, people do die of dementia." Medications prescribed to help slow down the disease didn't work for Bridget. Her disease advanced quickly.

Bridget developed what is called sundowning, where behaviours are affected by the time of day. She began turning night into day, and her inability to get in and out of bed on her own meant we both were up and down several times a night.

I became exhausted. I couldn't keep doing this so I took her to the hospital. They tried medications to change her sleep patterns. She began to have trouble walking. By the time she came home, she needed two people to assist her getting up and down off a chair, in and out of bed, and on and off the toilet.

Most people in our lives wanted me to put Bridget into residential care—my eyes are filling with tears as I write this—but I was scared about what it would be like for her and me as lesbians. Would we be welcome if I showed her affection openly? Would I have to hide the fact that I loved her? Would they shun us? Would they be homophobic? Would the staff know how to intervene if there were conflicts or snide comments?

I brought Bridget home. Vancouver Coastal Health (VCH) provided us with home care workers for only four hours a day: two hours in the morning to get Bridget up and two hours at night to get her into bed. For her afternoon nap, I was alone.

Suddenly, three weeks later, Bridget was unable to stand up. I took her back to the hospital. She stopped eating, lost a lot of weight and got weaker and weaker. Everyone thought she had about three months to live. She moved into hospice. Then, suddenly, she began eating again, compulsively. She wasn't going to die as soon as everybody thought. The doctor said she was "medically stable" and couldn't stay in the hospice.

Once again, residential care loomed large. I really wanted Bridget to come home, but I knew I'd only get four hours a day of help from VCH—and now she couldn't walk. A health care worker came to the hospice to assess Bridget for the "first available appropriate bed." I was expecting a several-months wait, but two

We wanted a group where we wouldn't have to think about being careful about what we say. Where we shared a common history and culture and where people would understand our experiences without us always having to explain.

for footnotes go to www.heretohelp.bc.ca/visions

©iStockphoto.com/Jacek_Sopotnicki

For us, everything feels bland here. All the pictures and decorations are in pastel colours. A few rainbows around the place would colour things up!

weeks later she was offered a bed in a facility operated by a not-for-profit organization and funded by VCH.

What is an 'appropriate' bed?

I struggle with the VCH "first available appropriate bed" policy. I suspect that what VCH calls "appropriate" is not the same as I perceive it to be—the policy does not consider our sexual orientation. In Vancouver Coastal Health, elder care that respects LGBT seniors does not exist.

The VCH assessor said, "Things are much better now. After all you have the Pride Parade." However, I constantly hear: "Is she your sister?" "Oh, you are such a good friend." Often when we're sitting in the lounge, Bridget asks, "Will you put your arms around me?" I do. We hold hands, and I kiss her. I have no idea how the workers or the other residents will respond.

Almost all the residents are heterosexual and many also have dementia. They grew up when lesbians and gay men were considered criminals and mentally ill. And what about the workers? Recently, a worker compared our sexual orientation to her brother's alcoholism. Workers have told me the Bible says that being lesbian is sinful and abnormal.

Health system, not caregivers, needs to educate

As a result of LGBT people organizing, laws have been changed and the human rights of LGBT people are protected. Few residential care homes, however, have written policies or practices that are inclusive of LGBT people. Our relationship will not be acknowledged. And the health care system doesn't provide us with sufficient help for me to care for Bridget at home.

There are already LGBT people in the system, and there are many more to come. But in Vancouver Coastal Health, elder care that respects LGBT seniors does not exist. We are caught in a system that doesn't require publically funded programs to have LGBT competency training. This is important for the resident, their partner and their friends.

It's not my job, as a caregiver and partner of someone needing care, to have to educate workers. Yet, unless I make it happen, we will continue to be invisible.

For the last 25 years, Bridget and I have lived and volunteered with LGBT members of our community. It feels strange and uncomfortable to be in a heterosexual, heteronormative environment. The first few days Bridget was in the facility, the label on her can of ginger ale said "Mrs." And, though no one has made any negative comments, I notice that I feel tense when we hold hands, when I kiss her. We hung a rainbow ornament* on the Christmas tree and it disappeared the next day.

For us, everything feels bland here. All the pictures and decorations are in pastel colours. A few rainbows around the place would colour things up! v

*The rainbow flag has been a symbol of lesbian, gay, bisexual, and transgender social movements since the 1970s.

Believing in Hope Again

OVERCOMING DEPRESSION AND ALCOHOL ADDICTION IN A RELATIONSHIP

Violeta and Frank

Violeta and Frank have been married for eight years. They live in South Surrey with their dog Kira. They are pursuing a career in the counselling profession, and currently facilitate a Mood Disorders Association of BC support group for couples in Surrey. They enjoy camping, travelling and movies

In the beginning

Violeta: I met Frank nine years ago, when he was working and travelling in my home country, Peru. I was very drawn to this handsome, intelligent, knowledgeable, creative, compassionate, adventurous and funny man.

Frank: Violeta was and is a beautiful, kind-hearted woman. We dated for six months in Peru and were apart for six months before Violeta came to Canada and we got married. Her deep spirituality and gentleness continue to attract me.

It came to this...

Frank: It was 2008. I again found myself lying on the floor, feeling helpless to overcome my dependency on alcohol and my depression. My body felt tired. I had pains in my chest. I'd lost most of my social support, as I'd cut friends and family out of my life. I didn't want to talk to anyone or go anywhere. I was nearly always in a bad mood. My mind was filled with negative thoughts and a mess with anxiety and memory loss.

The depression had been there from an early age. At 15 I found alcohol, and friends who loved alcohol. An unhealthy cycle began, where the worse I felt, the less I did, and the less I did, the worse I felt.

When I met Violeta, I did my best to hide this side of myself. In Peru, the drinking was minimal; I wasn't in a depressive state. When I was back in Canada, I had recurrent depressive episodes and my drinking increased. After Violeta arrived, I drank alone—went camping, went to bars or waited

for footnotes go to www.heretohelp.bc.ca/visions

for Violeta to leave the house. There was a lot of lying, secrets and arguing on a day-to-day basis.

My relationship with Violeta, the one person who truly cared for and loved me, was severely affected. Understandably, she became resentful of my selfish behaviour—I wasn't the husband and friend she needed and deserved in her life.

Violeta: When we first met, I didn't have any idea about Frank's addiction to alcohol. Then, maybe I just didn't want to realize that he was struggling with it. He was depressed and always wanted time alone. By the second year of our marriage, arguments and shouting happened constantly. I felt resentful, disappointed and hopeless.

Whenever Frank was sober, we'd discuss our feelings, negative behaviours and thoughts. I instigated this, because I wanted a healthy relationship. Most of the time Frank agreed to discuss our problems. Some days, he remembered what had happened the night before so he apologized and promised me it would never happen again. But other days, he blacked out and didn't remember anything, which made me feel helpless and angry. I just couldn't believe how such an intelligent, trustful and understanding man could hurt himself in this way.

It was very difficult to see the man I loved feeling so depressed, losing hope and having health problems. I was very stressed out. I wanted to fix Frank's addiction by myself, without asking for the help of family and friends. And I really wanted to tell them that Frank's dependency on alcohol, isolation and anger was making me feel depressed and very sad too. But I felt ashamed to talk about it with them. Dependency on alcohol is a serious problem in Peru, but nobody in my family has this problem.

> One session with a marriage counsellor helped us figure out ways to face our challenges on our own. We learned to share more of our feelings with each other, and to not judge or shame each other.

Many times I wanted to give up on my relationship and run away, go back to Peru, thinking life there would be less painful and stressful. But somehow I realized that I'd come to Canada not just to marry and help Frank, but also to help myself. I believe that, on a spiritual level, everything happens for a reason. The problem in our marriage allowed me to realize that I always wanted to be in control of everything and that I always tried hard to meet other people's needs instead of my own. "Things need to change," I thought.

The turnaround

Violeta: One day, four years ago, when we were calm and serene, Frank and I decided to discuss the consequences of alcoholism, not only in our marriage, but in our individual lives. We were both aware and understood that change for the better was needed.

I expressed that I missed the kind, responsible and fun guy I had first met and that I felt like I was losing my husband and a good friend who had always supported me and made me laugh whenever I felt homesick and sad. I told him I'd leave him if things didn't change.

Frank expressed feeling very sorry and that he wanted to change. I loved Frank deeply and didn't want to abandon him during this difficult time, so I encouraged him to seek help from a professional.

Frank: I knew that I'd probably die the way I was going, if I didn't change my life. Violeta's love and compassion for my well-being made me appreciate that this relationship was good and worth living for. I told her I loved her, I wanted to live and I wanted to live with her. I asked her to forgive me and she did.

The way back

Violeta: We knew we needed to shift our attitudes—to communicate and be aware of our issues. We also needed to get other people involved in our healing and get support from the community. Frank was terrified to seek help from a professional. He felt ashamed, but never resisted the idea, because he realized how dangerous his health and situation had become.

What resources do we have to cope with this problem? we wondered. Fortunately, we found many resources in our community. One session with a marriage counsellor helped us figure out ways to face our challenges on our own. We learned to communicate and share more of our feelings with each other, and to not judge or shame each other.

Frank: With Violeta's help, a team effort in health care was started, and I committed to the process of recovery. I learned about addiction and mental health. I understood that it was necessary to completely change my life, including the physical, emotional, psychological and spiritual aspects.

Violeta improved my dietary habits, with the help of more vegetables and herbal medicine. She also helped me in my spiritual life, with prayer and meditation.

On the psychological and emotional side, I took advantage of the support offered in my community. I took courses on cognitive-behavioural therapy (CBT) and mindfulness awareness that were offered through the group therapy program at Peace Arch Hospital in White Rock. Both helped me change my old patterns of thinking. In 2014, I also became involved with the Mood Disorders Association of BC (MDABC), an organization that offers support groups across BC.

I learned about goal-setting from the Peace Arch Hospital group therapy program, MDABC, reading self-help books and exploring spirituality. With Violeta's continued encouragement, I set small goals for myself and built on those slowly over the long-term. For example, I wrote a daily journal tracking my food and alcohol intake, exercise time, meditation time, music time, depressive thoughts and feelings, etc. This gave me a daily discipline and the ability to notice small changes over time, which helped me to not be discouraged by relapses. I got back into biking, hiking, camping and enjoying nature. I built up a social network again. I returned to playing music, which continues to be a passion of mine.

Frank's tips

- As Dr. Gabor Maté, a doctor in addiction, states, "The issue isn't why the addiction. But why the pain?" Therapy can help you find out what that pain is that feeds the addiction.
- Be brave and honest with yourself. Ask for help. You're not the only one suffering.
- Believe in yourself, in your partner, in others, and something greater than yourself too.

We made it!

Violeta: I truly believe that a team effort and a willingness to start anew was vital for the recovery of our overall health, the decrease of Frank's addiction and depression and the improvement of our marriage.

I felt very lonely trying to cover up this problem, but now my family knows and they are supportive. Having a spouse with any kind of addiction or mental health problem is nothing to be ashamed of. I finally understand that, through awareness and education, the stigma and fear associated with addiction and depression can be overcome.

I always knew that Frank had a big heart and that he was more than his mental health and addiction struggles. Together, we set up goals for our healing journey and encouraged each other to get the support from our families and the community. Now we believe in hope again.

Frank: I've had occasional relapses, but today I'm generally in a much healthier and happier state. With better overall health, my addiction to alcohol and my depressive symptoms are largely in control. My thoughts are clearer and my emotions are kinder. I've learned to love and take of myself and Violeta. My relationship with Violeta has improved immensely—she now has a husband and a partner in her life.

The various therapies and support have helped me to face my problems and issues, gain confidence and decrease my feelings of shame. I've learned to think differently about myself—my life and my problems are not the centre of the universe anymore. I needed to change my lifestyle from one of self-centredness to one of connection, especially with

continued on page 32

Is There Love After the Psych Ward?

Victoria Maxwell, BFA, BPP*

I've been with my husband Gord for 14 years and married to him for eight. Nine years before I met him, I was diagnosed with my mental-illness trifecta: bipolar disorder, anxiety and psychosis. It took me five years to actually accept that I had mental illness. So when I met Gord, I'd had about four years of recovery under my belt.

Victoria and Gord on the Sunshine Coast.

Victoria is a sought-after speaker on the lived experience of mental illness, recovery and dismantling stigma. She lives with bipolar disorder, anxiety and psychosis, and for over 14 years has presented one-woman stage shows and workshops across North America. She lives with her husband Gord on the Sunshine Coast. See www.victoriamaxwell.com

Bachelor of Fine Arts / Bi-Polar Princess

Telling the person you're dating about your mental illness isn't like admitting you're left-handed, or even vegetarian. You can't casually say, "Oh yeah, by the way I don't eat meat, but I have had a couple of psychotic breaks." Well you can, but I wouldn't recommend it. Not on the first date.

When I was in the initial stages of recovery and first started dating, I went through a misguided phase of "honesty is the best policy." I was so honest that I'd spill the beans—not on a first date, because there usually wasn't one—but when I'd meet a guy at a party. It was like I was at an AA meeting (except no one else was): "Hi, my name's Victoria and I have mental illness." Didn't leave the kind of first impression I was aiming for.

No one wants to admit it, but there's only so much listening, so much support a partner can do and give. Mental illness—severe depression, in particular—has a cutthroat way of dismantling empathy. The self-loathing I battled while depressed was the unwanted third party in my relationship. Like acid, it slowly dissolved my connections.

With mania, my electric anger and unpredictable behaviour created not only fear, but resentment. The newness of each relationship couldn't bear such extreme stress.

Even the best, most well-established relationships have difficulty weathering such storms.

When I dated Peter,** I was wrestling with both acute symptoms and denial of my illnesses. One day, we were in the sardine-can-sized living room of Peter's walk-up apartment. He said something harmless, but I was in the throes of mania—pressured speech, flight of ideas, anger co-mingling—and his comment seemed like a gauntlet thrown down in challenge. I yelled something back. Wide-eyed, Peter tried to calm me down. (Note to partners: Do not say "calm down" to someone who needs to calm down, especially if that someone is in a florid mania. It will have the exact opposite effect you intend it to have.) He moved closer. I yelled louder. And pushed him, with both hands full force on his wagon-wide chest, yelling even more loudly and with more vitriol.

We'd been seeing each other for only a few weeks. He had been so kind and so tolerant, but this aggressiveness was not okay. Nor should it ever be. When I became more lucid, Peter told me not to call him anymore and said I wouldn't be hearing from him.

I'd like to think if I had prepared him, had told him what kind of behaviours might occur, the relationship might've lasted longer. But that's expecting a lot of someone in the new stages of a relationship.

So when I met Gord on a film set (me, a movie stand-in; him a lighting operator), I played things smooth. Okay, smooth isn't exactly how you'd have described me, but I did decide to do things differently.

Doing it differently was easier than it had been in prior years. I was now more adept at managing my illnesses. And the episodes I did deal with were infrequent and far less severe. I wasn't afraid that my illness would implode relationships, like it had in the past.

With Gord, I had a modicum of recovery, few symptoms, and as a result, some confidence. I didn't feel like I was at the mercy of my mental illness, so was less afraid it would do me in. Overall, the more comfortable I am with my mental illness, the less likely others will feel awkward.

Telling Gord was still nerve-racking though. I liked him. This could be a deal breaker. But, if the relationship was going to become something more, I owed it to him and to myself to be authentic.

What gave me the signal that it was okay to share something so intimate with him? He had taken the lead and divulged something almost as vulnerable—something I've held close to my heart and chest ever since. Gord was willing to take an emotional risk. And I didn't run away. I followed suit and hoped he'd stick around too.

A few dates in, after dinner, we were lying on our stomachs, head to head on a grassy knoll outside

**pseudonym

"surfing" the currents

- I tell Gord as soon as I feel a shift—when I'm anxious, depressed or hypomanic. The act of sharing helps lessen the impact of the symptoms on myself as well as our relationship.
- Gord has permission to tell me when he sees something amiss. When I'm anxious: constant fidgeting, cracking my knuckles or picking my toes. When I'm hypomanic: filling the water jug to almost overflowing and rising before dawn. When depression is creeping near: dark shadows haunting my face. Gord sees these signs more clearly than I do and almost always sooner. He then reminds me what I can do to re-centre myself.
- I see a therapist, so Gord doesn't become one by default. He's supportive, but he's not my therapist. He's my husband, and I want it to stay that way.
- Gord's health and well-being is just as important as my health. He lets me know when he's not able to support me. So then I can find help from other sources, such as journalling, talking to a friend or praying
- The support is reciprocal: I give as good as I get. But Gord has outside sources of help too: sometimes a close friend and sometimes his own counsellor. That way neither one of us gets drained too much.
- Gord and I cuddle, watch movies and make meals together. We also argue, worry about our future and complain about relatives. Blessedly, our relationship is like any 'normal' long-term relationship.

for footnotes go to www.heretohelp.bc.ca/visions

a waterfront market. I thought I'd swallowed my tongue. All moisture in my mouth had completely vanished and seemed to be making my nose run. Oh god, oh god. Just spit it out!

"I was diagnosed with bipolar disorder awhile ago." I decided to hold off on the psychotic part. Then I added, "Thought you should know." I nodded once, abruptly. This was not how I'd rehearsed it.

He looked at me: "What, like a mental illness? You seem pretty normal to me."

Is that a good thing? I asked myself. Yes. Yes, it is. I think.

"Well, I'd like to think I am." That's a solid, 'normal' response, right? "And I take medication for it." Crap. Maybe that wasn't necessary.

Gord pursed his lips. "Why? You don't seem like you need medication."

I tried to wring some moisture out of my tongue, which seemed to have become a dried-up towel. "Well, that's probably because it's working. Because most of the stuff I do is working: exercising, eating healthily, getting lots of sleep, seeing a counsellor..."

What was happening? I couldn't stop my mouth from blurting out the... Truth. Aaaggghh! As I obliviously babbled along, he moved closer and kissed me.

He told me he didn't really care, that I seemed fine, and really, it was a bigger deal that I didn't have a car and lived in North Vancouver, because he'd have to drive me home all the time. Seriously. He said that.

Gord was spared my most outrageous and frightening behaviours. No psychoses, no psych wards. He met me first, not the illness.

I still ride waves of minor ups and downs, and Gord rides them with me. Mindfulness teacher Jon Kabat-Zinn has a great quote: "You can't stop the waves, but you can learn to surf." Over the course of our relationship, we've created ways to help each other surf the currents of the sometimes calm, sometimes wild bipolar waters (see sidebar). v

a few words from Gord

It's a big thing to let someone else monitor your behaviour. Victoria lets me do this. I can freely say when I see mania or depression. This is not something we actively agreed on; it evolved organically out of the tenderness and caring we have for each other. It keeps me involved and gives me a sense of being a support and part of her wellness. It's not always fun to hear that you're a bit "spazzy," as we jokingly call the effect of her hypomania, but Victoria appreciates being told and knows I'm doing so in a loving way.

One thing I've had to cope with is concern about the reliance on medication. My fear is that one day a heartless drug company will stop producing the almost-magic drugs that help keep Victoria stable. If I could buy a 20-year supply, I would.

From This Day Forward

Marion Gibson, BA

For better, for worse, for richer, for poorer, in sickness and in health—these are vows that many people make when they commit themselves to another individual in marriage. But how deeply do people think about what these commitments might, in reality, look like?

In 2013, Marion published her memoir, Unfaithful Mind, *detailing her journey through the onset and treatment of her husband's mental illness. She volunteers at the BC Schizophrenia Society and is planning to return to school for graduate training in mental health and addictions. Marion lives in beautiful Victoria, BC*

©iStockphoto.com/ProArtWork

For better, for worse, for richer, for poorer, in sickness and in health—these are vows that many people make when they commit themselves to another individual in marriage. But how deeply do people think about what these commitments might, in reality, look like?

Let's consider "in sickness and in health." Our health is something many of us take for granted until something bad happens. And, does our idea of sickness and health include our mental health? Do we respect those vows of commitment when the person we love most is diagnosed with a mental illness?

I'm married to someone who has mental illness. My husband suffers from a delusional disorder. John didn't have this illness when we met as teenagers 30 years ago. We dated, pursued our education and married in our early 20s. We were a 'normal' hard-working couple raising a family. Then, in October 2011, just six months short of celebrating our 20th wedding anniversary, mental illness found its way into our lives. It came with an immeasurable force, creating chaos and instability. Our relationship has been tested in every way imaginable.

The day the sky fell

The first time John experienced a psychotic break, I was on a business

for footnotes go to www.heretohelp.bc.ca/visions

trip in Toronto. He thought I was trying to kill him by poisoning our water supply. He wrote a message to the police, hid it in our home, dialed 911, and then called me to tell me what he'd done. A dozen emergency responders arrived at our home, searched for evidence and weapons, and after 45 minutes convinced John to get into an ambulance and go to the hospital. The medical staff assured him he wasn't poisoned and four hours later sent him home.

I arrived home that evening—scared, confused, unbelievably tired and at a loss about what to do. John and I tried to talk to each other, but it didn't go well. He was distant and angry, and there was a wild look in his eyes. Who was this man and what had he done with my gentle, kind, soft-spoken husband?

Life as we'd known it—gone!

We tried to keep up the daily routine of working and looking after our children, but the next four months were a living hell.

We could barely stand to be in the same room as each other, and separation and divorce were frequent topics of conversation. Arguments about infidelity, poisoning, spying and untruths became a daily battle. John accused me of engaging in indiscretions with male friends, co-workers, neighbours—basically, any man I'd ever met. He even asked for paternity tests on our three children. In social settings I was afraid to talk to men for fear of triggering "delusional John." I even started taking one of the kids grocery shopping with me, for an alibi.

Initially, John was obsessed with getting medical confirmation of a physical or environmental cause of his illness. On the up side, this meant that getting him to see professionals wasn't a problem. But this was not my 'old' John. In December 2011 he found Jesus for a short time—an unlikely switch for my scientist husband who leaned toward atheism. By then he was on an antipsychotic medication prescribed by our family doctor.

Antipsychotic medications are very powerful drugs and can cause personality changes. John's initial medication was sedating and made him appear unemotional and detached. Seeing these changes in John was daunting, to say the least. We had always been each other's best friend, lover and soulmate, and our bond was being stretched way too thin.

John took a three-month leave from work. Luckily, he had health benefits through his employer. I was unable to continue working fully in my role with a family business—I couldn't put two coherent thoughts together.

Not sure what was happening and with no clear diagnosis, I found it difficult to explain things to John's and my family. When this all started, I thought only street people who fry their brains with drugs got mental illness.

And this wasn't something we felt comfortable going to friends with either, since John and I both experienced feelings of shame and embarrassment. The stigma surrounding mental illness makes many people—including us—uncomfortable and at a loss for words. Not sharing information with family and friends led to isolation and loneliness.

This was not a healthy situation for any of us—John, me or the kids. We needed professional help.

There's no quick fix

That first psychotic break catapulted us into the abyss of BC's overloaded mental health system. Getting needed specialist help was not in the cards for a very long time. Our family doctor did his best with medication but his knowledge is limited. He also made numerous referrals to psychiatrists, which were either rejected or only resulted in one-off sessions.

John had two 48 hour stays in the hospital; neither resulted in any follow-up specialist care. The first stay in 2011, resulted in a prescription for Ativan (anti-anxiety) and a recommendation to see our family doctor. The second, at the end of February 2012, at least resulted in a change in medications that was more effective and reduced the horrible side effects (agitation and restlessness). But if there's a loving wife at home and a warm bed to sleep in, the mental health services are happy to send a patient home.

Antipsychotic medications take a long time to work effectively; trial and error and patience are required to find the right medication. It took over two years to find a caring psychiatrist who John could see regularly, and who was willing to try different medications and closely monitor my husband's progress.

> We were able to take a long-planned family trip to Costa Rica, where we renewed our wedding vows. And, yes, "in sickness and in health...until death do us part" was part of the vows we reaffirmed.

'In sickness'— renewing our wedding vows

Mental illness in any form affects both partners in a relationship. Both of us were confused and frightened about our future together. While I was terrified at what was happening to my husband, he was 10 times more terrified. John was keying into the fact that something was going wrong with his brain—a horrifying realization.

But in April 2012, we were able to take a long-planned family trip to Costa Rica, where we renewed our wedding vows for our 20th anniversary. And, yes, "in sickness and in health... until death do us part" was part of the vows we reaffirmed.

How did that happen, given the previous five months?

A first glimmer of hope came in December 2011, when John emailed me the first poem he'd written for me since our dating days. "You are a mirror of my soul... As I was looking at you, the mirror made me see my own darkest dreams, not what you really are." The poem concluded with "I will always love you." At first I was angry, stunned and not ready to forgive and forget. But on re-reading I began to feel that John was still there somehow, and I knew I couldn't give up on him then.

Also, I knew that if John recognized how sick he was and asked for help at the hospital, I could forgive him. This recognition happened in February 2012. When, one day, his delusional thoughts included one of the children, John knew something was seriously wrong with him. He chose to go back to the hosptial, even though he'd hated his last visit there. Imagine, in psychosis, you're put in a strange environment peopled with many others having 'strange' experiences...

The new antipsychotic drug worked a lot better. John returned to work full-time in March. And some semblance of our old life seemed possible.

Re-jigging the relationship and life together

Over time, we both tried to learn as much as we could about mental illness, delusional disorder and antipsychotic drugs. And I published a memoir, *Unfaithful Mind*, about the first year and a half of our journey. Writing our story helped me make sense of it all, and I wanted to record what had happened, for our children. In a short time, my naïve ignorance of mental health had shifted and I became an accidental mental health advocate. When John isn't in a nasty psychosis, he has supported me in this endeavour.

One year after John's initial psychotic break, I began attending a support group for spouses of people with a mental illness facilitated by the BC Schizophrenia Society. Every month I take away different positive outcomes: renewed energy, the understanding that other people suffer too, or feeling uplifted by sharing my experience with others.

We haven't had much success with counselling. It seems hard to find a practitioner who has the background and skill to work with this kind of mental illness and the realities of our now 30-year relationship. We're considering mindfulness practice and cognitive-behavioural therapy (CBT). We're hoping CBT may at least help John deal with the ongoing unwanted thoughts when he's not in full-blown psychosis.

Psychosis still rears its head every four months or so. Each new round—our last just in January 2015—brings a crushing and devastating force to our relationship. The nature of the delusions attack my character and my heart. It has been challenging to not take them personally.

But we're still happily married and cherish our relationship, although some aspects of it have changed. Sadly, we struggle with trust from time to time. John's medication helps a lot, but it doesn't completely eliminate all the bad thoughts spurred by the illness. Walking on eggshells around John has become a habit for me and our children. When John notices I'm sidestepping issues, or engaging in superficial small-talk, he begins to

continued on page 36

My Partner Has a Mental Illness...

BC SCHIZOPHRENIA SOCIETY, VICTORIA'S SPOUSAL SUPPORT GROUP

Susanne Dannenburg, RSW and Hazel Meredith

Any couple relationship, whether dating or a committed partnership, has its proverbial ups and downs. But what about when there is the extra challenge of dating or being the spouse/partner of someone who has a mental illness?

©iStockphoto.com/asiseeit

Susanne is the family counsellor at BC Schizophrenia Society, Victoria Branch (BCSS Victoria). She provides holistic and recovery-oriented information and support to family members, including spouses who have a loved one with a mental health challenge. Susanne facilitates three support groups at BCSS, including the spousal Strategies and Support Group

Hazel is Executive Director of BCSS Victoria, has over 20 years of clinical and administrative experience in non-profit and public-sector mental health, and is a board member with Psychosocial Rehabilitation Canada. Hazel works from a recovery-oriented perspective

As with physical health issues, a mental illness can present extra challenges that can destabilize a relationship. Things can be very challenging for the partner without a mental illness, who may assume more of a caregiving role. He or she can find themselves isolated and unsure about how to manage their relationship, especially when their loved one is struggling.

We encourage people who are in this type of relationship to reach out and try a spousal support group like the one we host at our recovery-oriented BC Schizophrenia Society, Victoria branch (BCSS Victoria).

Our spousal support group—a safe place to discuss unique issues

The Strategies and Support Group has been running for about six years and was started by Dana Lewis, a former family counsellor with BCSS Victoria who had received many requests for such a group. The group welcomes people whose partners or spouses have a mental illness, including schizophrenia, bipolar disorder and major depression, with or without addictions. The group meets once per month every last Thursday of the month from 7–8:30pm at no cost to attendees.

We provide a safe space where group attendees come together to find hope and revitalization. It can be hard to share thoughts and feelings with friends and family, especially for the unique issues that arise when it comes to intimate relationships, but in the spousal support group there are, as one participant says, others "who get it without me having to explain everything, and there's the safety and comfort of not being judged."

Common themes invariably arise in this group, such as anger, communication, sexual intimacy, enabling, finances, children, and whether or not to stay in the relationship.

Anger

If the partner with the mental illness isn't working on his or her own self-care and recovery, their spouse can feel overwhelmed, and the dynamic in an equal partnership shifts out of balance. The spouse becomes the caregiver, and roles and boundaries become cloudy.

Some group participants have shared that they feel like they are in a parent-type role. This can be unpleasant and lead to feelings of frustration in both spouses, especially as communication becomes more challenging. For example, the caregiving spouse may feel like they are nagging instead of being supportive—they may be using the word 'should' instead of asking a question.

It can be especially hard when a loved one is not exploring ways to take responsibility for their personal mental wellness. Some examples of taking responsibility for personal mental wellness include: attending a Wellness Recovery Action Plan (WRAP®) course, accessing a local peer support program such as our Recovery and Hope Support Group, or attending an addiction recovery group in the community, such as Life Ring or Umbrella Society.

Communication

In the Strategies and Support Group and in family counselling, we offer information on communication tools—notably, Nonviolent Communication (NVC). Also called Compassionate Communication, NVC was developed by Dr. Marshall Rosenberg.[1]

NVC encourages people to engage in empathic listening, which entails stating one's observation, expressing a feeling and need through "I" statements, and then making a request to the partner. Compassionate Communication deepens the understanding of each other's experiences in a respectful and peaceful way. Courses are offered at local recreation centres and colleges, or can be learned directly through couples counselling with a counsellor trained in NVC.

Sexual intimacy

When one partner is in a caregiver role, and sometimes in a parental rather than a partnership role, it can interfere with a couple's intimate relationship. This can be an awkward topic to talk about but support group members can safely express their feelings of frustration, resentment and anger about this situation.

Side effects from medications can also affect sexual desire and performance. When this is the case, we encourage couples to have a conversation with their doctor, as well as to seek counselling with a practitioner who understands psychotropic medications.

for footnotes go to www.heretohelp.bc.ca/visions

Enabling

Talking about boundaries can lead to talking about enabling or co-dependency. Enabling can be helpful when supporting a loved one to live and grow, but it can be unhelpful when approaches inhibit growth and may even prolong or worsen the situation. For example, doing things for a spouse that the spouse is capable of doing for him or herself can inhibit growth and undermine self-confidence. This co-dependent state occurs when an ill spouse becomes overly dependent on the caregiving spouse, including for approval and even identity.

Whether we are supporting or enabling our spouse is a tough question. Pat Deegan, a thought leader in the field of mental health recovery, puts forward the idea of a 'continuum of care.'[2] This looks at caregiving on a continuum from being involved a little or not at all on one end, to being overly involved in relation to how ill or well the other spouse is on the other end. For example, if your partner just had a psychotic break, you may be very involved in getting your partner's care needs met (e.g., attending meetings, driving to appointments, etc.). Conversely, when your partner is feeling stabilized and able to do more things for him or herself again, you will become less involved. It's important for the caregiving spouse to track these changes and adjust the amount of care being provided at any given time.

Finances

Financial struggles can present a huge challenge in these relationships. If most of the focus in the partnership has been on the illness, finances may not have been top of mind, and may have become neglected. Or there may have been some financial mismanagement taking place, which can also be common on the part of the person struggling with a mental illness. Also, at times, the spouse/partner may be the only wage earner, which can create extra stresses in a relationship and cause further imbalance.

Financial struggles need to be discussed with the partner who is unwell, but a partner may find it challenging to bring up such issues. Support group members can assist in creating strategies to help.

Children

If children are involved in the relationship, questions such as these arise: "Can I leave my child or children in the care of my spouse while I go to work?" and "What will happen to the children if he can't cope, or gets really ill while I'm not at home?" In the support group, spouses can share their experience and any fears of having child protection authorities called.

To address these kinds of questions and alleviate fears, we discuss preventative measures such as a Ulysses Agreement[3] or the crisis plan component of WRAP®. These tools both provide advance care planning for children's care if and when a spouse becomes unwell or relapses.

Couples can get help with creating such an advanced care plan through specialized family counselling, as is offered at BCSS Victoria branch. They also can receive information on educational activity and support programs for their children, such as "Kids in Control" (BCSS) or "Free to Be Me" (BCSS Victoria).

The involvement of children in a relationship may also be a motivator for an ill spouse to seek support, especially if she or he still has limited insight into their mental illness. In the group, we talk about identifying "leverage." Leverage motivates a person, who doesn't yet have insight into the fact that they are ill, to seek help. For example, one spouse told her husband, who at first was unaware of his psychosis: "If you want to come back into the home to be with me and our children, you need to go see your doctor for help."

This may seem like a severe request from a spouse, but it was the only tool she saw available to her and it

what our support group participants have to say

"This group gives me support, strength, encouragement and direction when dealing with the challenges of having a husband with the mental illness of bipolar."

"The spousal support group is giving me the tools and encouragement to get back on my feet after supporting my ex-wife for over 20 years, and to find out who I really am."

"I know I'm not alone and there's no need to explain as I know others here understand. That is very comforting!"

worked. Her husband of over 20 years still lives with his wife and children, happily. Despite some continued challenges and setbacks, he is moving forward on his recovery journey.

Do I stay or do I go?

Whether to stay or leave a relationship troubled with these challenges is often broached in the group. Anger, resentment and hopelessness can not only cause a big rift in a relationship, but can also cause the caregiving spouse to become burned out and depressed.

Healthy self-care strategies that can help avoid or reverse such relationship breakdowns are shared in the group. These may include joining a yoga class or meditation group, starting a new hobby, or getting together with a friend on a regular basis.

Exploring self-care can lead to exploring reasons for staying in a relationship or for leaving it. Group members often struggle with feelings of guilt and fear, stating things like, "If he had cancer, I wouldn't leave him." Their biggest worry is, "How will he [or she] manage without me?"

There's no one right answer—only you know what is right for you as a spouse or partner. In the group we talk about what might be deal breakers for someone considering change and what can one accept and live with, provided we engage in good self-care.

questions to ask yourself

- Are you helping or enabling?
- Are you nagging or making suggestions?
- Are you treating your spouse as a child or as an adult partner?
- Are you using the word "should" or asking questions?
- Are you neglecting your own needs, while telling your spouse to take better care of him or herself, or are you modelling self-care?
- Is your partner in crisis or had a recent relapse, or is he or she stable and able to do things for him or herself?
- Bottom line: If you are feeling resentful, you are likely doing too much!

If these questions sound familiar to you, and you want more resources, join our Strategies and Support Group or read a resource we like called the Spouses Handbook at www.bcssvictoria.ca.

Taking care—together

Both people need to be working on the relationship together, and couples need to explore what is right for each partner. Solutions will depend on the mental health challenge, length of relationship, financial challenges, whether children are involved, and other such factors. To help with this, another resource that many people have found helpful is the Spouses Handbook,[4] developed in Ontario and available on our website at www.bcssvictoria.ca.

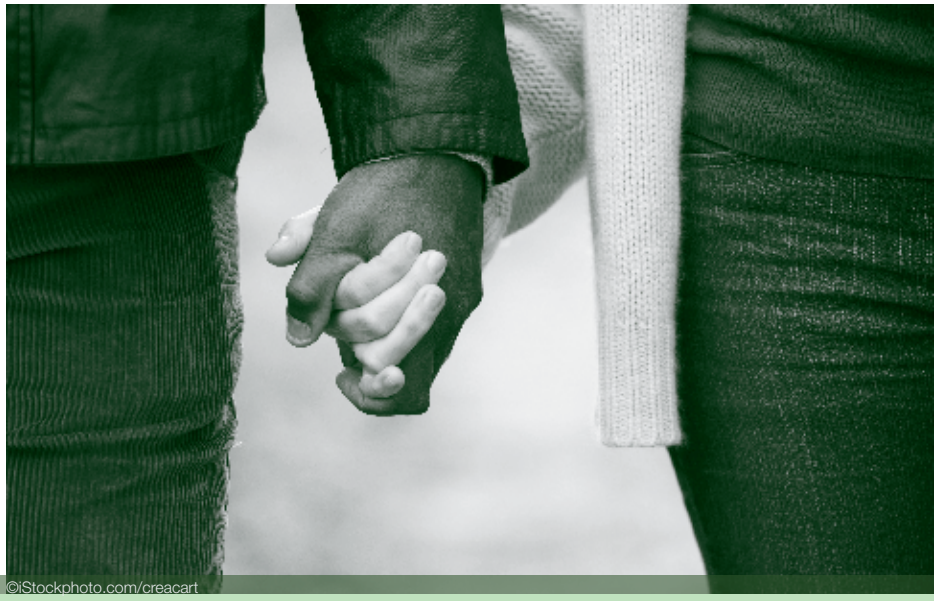
Ultimately, people may choose to continue living together or to live separately. But overall, the goals for the loved one are to be taking as much responsibility for his or her health and wellness as possible. Goals for the caregiving spouse are to engage in, and model, their own self-care and closely monitor and adjust the level of caregiving. v

for footnotes go to www.heretohelp.bc.ca/visions

Sex, Intimacy and Mental Well-Being

Daniel Kline, MA, MCP, RCC

For many adults sexuality forms an integral and cherished part of their lives. Whether that sexuality is expressed with a partner, with several partners, or solely with ourselves, our sex life can be a source of meaning and great pleasure in our lives.



Daniel is a counsellor with Dr. Bianca Rucker and Associates, a sex and relationship therapy practice in Vancouver. He also works for BC Society for Male Survivors of Sexual Abuse. Trained as a sexual health educator by Options for Sexual Health, Daniel advocates for sex positivity and wellness

According to the Canadian Mental Health Association, 20% of us will struggle with mental illness in our lifetimes.[1] That means that even if you don't struggle with mental illness yourself, it's likely that mental illness will affect your life through someone you know or love—including those we may be sexually intimate with.

Does a struggle with mental illness mean losing one's cherished sexuality? No, it certainly doesn't. But many people struggle far more than necessary because they don't have the information and support they need to address the challenges that can arise around sex and mental well-being.

Sex is a matter of mind

We often think of sex as something our bodies are doing, but a lot of our sex life takes place in our brains. It's important to realize that, for all genders, our thoughts and feelings play a vital role in getting us turned on and keeping us that way.

Anxiety or depression can strongly affect arousal and can definitely ruin the mood sometimes. Anxiety and other related mental health struggles can make it hard to be relaxed enough to have or enjoy sex, overshadowing it with a host of worries or intrusive distractions. When we are very unwell and struggling just to function, sex is rarely at the top of our mind.

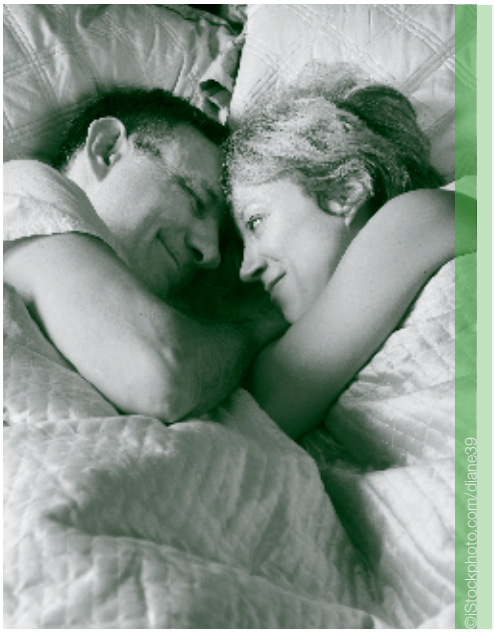
The struggle with mental illness in a variety of forms can hurt a person's self-esteem and make them feel unworthy of sexual attention. For example, a person may have an unrealistic view of their own body and may actively seek to deny or discipline the body as a way of coping. In these cases, it's important to be critical of the beauty norms we are shown by the media, step away from the practice of measuring or defining ourselves, and to seek to rediscover our love and appreciation for our bodies and our sexual selves.

Substance use may put limitations or restrictions upon one's sexual interest. Some drugs can affect your brain in ways that make you less able to feel pleasure from sex for periods of time after their use.

Substance use can be a problem when it leads to sexual behaviours one may not feel proud of. Under the influence of drugs, you may do things that you regret, such as having sex with someone you wouldn't have while sober, or doing things you normally might be uncomfortable with; such as being filmed or photographed during sex, or having sex in public spaces. These personal-boundary transgressions can lead to shame and loss of self-esteem and cause conflict in relationships.

Additionally, addiction or mental health problems like mania may be associated with intentionally seeking risky situations such as having unprotected sex with strangers or seeking ever escalating levels of violence, humiliation, and bodily harm (both in real life and in the pornography one is consuming). This can impact a person's ability to find interest in having sex with their steady partner, because the sought-after thrill or risk is no longer present.

The social stigma of mental illness and addiction can make finding partners difficult for some. It's important that we work together as a society to promote inclusive and supportive attitudes around addiction and mental illness.



Real sex includes creativity and laughter, but also confusion, mistakes, clumsiness, misunderstandings and varying intensity of desire.

Medication can affect sex too

It's important to know that some medication for mental illness may have side effects that can affect sexuality. For example, several antidepressants can inhibit arousal. Other medications may cause weight gain or temporary impotence, both of which can impact a person's sexual self-confidence. As a patient, you have a right to know about those effects.

It's a good idea to ask your doctor about the impact of your medication upon your sexuality and to strategize with them about what is best for your individual situation. With good treatment and communication, however, there's every reason to believe your sex drive will come back.

If you find it difficult to talk to your doctor, it might be worth connecting with a sexual health clinic. Clinic staff can give you some advice on how to broach the topic and give you names of clinicians with particular training in this area of concern. A list of clinics throughout BC can be found on the Options for Sexual Health website at www.optionsforsexualhealth.org.

Sensuality can help sexuality

Sex is not the experience depicted in movies, whether from Hollywood or the porn industry. Sex is far more complex.

Real sex includes creativity and laughter, but also confusion, mistakes, clumsiness, misunderstandings and varying intensity of desire. These are all healthy parts of sexuality, and

for footnotes go to www.heretohelp.bc.ca/visions

> Sex positivity is the assertion that sexuality is fundamentally a good thing in life and not something naughty, shameful or only healthy in certain types of relationships

by creating space for all of these in our relationships, we make it harder for anxiety and negative thoughts to undermine our sexual well-being.

If my clients are finding sex stressful, or if they are struggling with arousal or orgasm, I often suggest they take the pressure out of sex. I suggest they do this by committing to be sensual with a partner without planning to have things end in penetrative sex or orgasm. This means focusing on sharing different types of pleasure and intimacy with your partner. These can include back rubs, intimate massage, tickling, hugging, synchronized breathing or just holding each other while naked.

By changing the "end point of sex," we allow ourselves to explore the variety of experiences that exist when we sensually relate to another human being. And, we take the anxiety-inducing focus off erections, penetration and orgasms.

For people whose partners are struggling with mental illness, several common concerns can arise. When your partner's struggle is affecting their desire level, it's hard to not get frustrated or feel like you've done something wrong. Sometimes these frustrations and fears can leave you doubting your attractiveness or desirability. This can hurt the self-esteem of both parties and really impact intimacy and closeness in the relationship.

In these cases, it's really important to open up lines of communication and to recognize that the illness, not the other person, is getting in the way of you both having a great sex life. By allying with each other against the influence of the mental illness, you can work together to overcome the isolation and blame that mental illness feeds upon.

Be tentative and sensitive to your partner's anxieties around mental health when you are beginning this conversation. It's best to ask permission before trying to 'fix' or 'help.' If they are open to working with you, you can then strategize together and come to an understanding and acceptance of the effect mental illness might be having on the relationship.

When you become an ally to your partner and deepen your communication, your sex life is certain to benefit. Great sex is often based on great connection, and by working on your communication you are nurturing that connection.

Get educated—get 'sex positive'

One of the best things you can do for yourself and your relationship when struggling with mental well-being and its impact on your sex life is to get educated about sexuality. This can be done through good resources or by going to see a "sex positive" counsellor or psychologist for help with these issues. Depending on your comfort level and openness with your partner you may wish to go to sessions alone or together.

Sex positivity is the assertion that sexuality is fundamentally a good thing in life and not something naughty, shameful or only healthy in certain types of relationships. Sex positivity asserts that expression of our desire, our gender identity and sexual orientation is a basic part of a healthy lifestyle.

Sex positive mental health workers believe that we are all entitled to knowledge about our sexuality and that good scientific knowledge about sex is necessary for us to be able to make informed sexual choices. By educating ourselves, whether we are young or old, we can make sex better for everyone.

We all have a right to enjoy and appreciate our sexuality. Do your best to not let mental illness steal that away from you and the ones you love! v

Money and Relationships

SUPPORTING A SPOUSE/PARTNER WITH A MENTAL ILLNESS

Scott Hannah

Money and relationships can be challenging even under the best of circumstances. We bring our own money views into a relationship, as well as our money skills and goals. It's no surprise that one of the biggest predictors of divorce is how often a couple fights about money.[1]

Scott is the President and CEO of the Credit Counselling Society and has led the non-profit charitable organization since its inception in 1996. A graduate of BCIT and a Registered Insolvency Counsellor, Scott is a recognized expert in the credit counselling landscape and is regularly sought out by the media

It's complicated and about more than just dollars and cents, income and expenses—it's about our personal history, our values and feelings around money, and our financial goals.

Managing money gets even harder when one of the spouses/partners is living with a mental illness. We commonly see consumers who are struggling with their finances and living with a mental illness. It seems that, as the stigma of mental illness lessens, more individuals are willing to ask for help and support to ensure they create a life of mental well-being.

Some common behaviours we see at the Credit Counselling Society with individuals living with a mental illness and/or an addiction can include excessive spending, secret spending, debt (secret or known), anxiety around spending and/or using credit, depression around money, and/or hoarding. Behaviours can include, for example: furnishing a room or whole home on credit, excessively buying items on eBay or any other online store or the home shopping channel, gambling (online or at a casino), or excessive spending on alcohol, tobacco or drugs. But even if a particular mental illness isn't

for footnotes go to www.heretohelp.bc.ca/visions

directly related to unhealthy spending habits, just having a mental illness can affect the state of a couple's finances. The cost of medication, specialist appointments and missed work can all add up and take a bite out of your bank account. Furthermore, if one partner is on disability benefits, the family can face reduced income as well as reduced income-earning potential, which can negatively affect household finances if not properly managed.

Tips for managing financial issues

There are no easy answers or one-size-fits-all solutions on how to safeguard shared finances and manage through financial challenges when a spouse/partner experiences a mental illness. Different things work for different couples. But following are some tips and suggestions that can help protect your finances and ease financial pressures.

Create a realistic budget

Work with your spouse/partner to develop a household budget so they feel a part of the household finances and not like a child. Having an agreed-upon budget can also make it easier to talk about overspending when it happens. However, protect yourself and your family by being responsible for paying all expenses and debts and for putting money into savings.

If feasible, have each spouse/partner have an "allowance" for spending on whatever they wish. Having an allowance empowers us to have things we want without feeling beholden to the other person.

Set limits on all credit products

If overspending is a symptom of a mental illness, it's best to have one credit card only, with a reduced limit that can be easily managed. If this isn't possible, sticking to a cash-only policy can help keep finances and spending in check. Not only will this protect your spouse/partner's finances, but it will protect their credit rating too.

Encourage your spouse/partner to put a statement on their credit reports to limit the approval of additional credit for personal reasons. This can be done through Equifax and TransUnion, the two Canadian credit reporting agencies. More information can be found at www.equifax.ca and www.transunion.ca.

Be very careful about paying your spouse/partner's debts

If your spouse/partner has credit available to them and they have a pattern of spending when they are unwell, paying off the debt just creates more available credit for them to spend. The pattern of running up debt, fighting about it and then paying it off can create tremendous tension and frustration in a relationship. This pattern can also keep your spouse/partner's credit rating intact, enabling them to apply for and receive a higher credit limit or additional credit cards.

If you choose to pay off your spouse/partner's debt, be sure that the credit product(s) is closed and a letter signed by your spouse/partner is sent to the creditor(s) instructing them not to re-open the account(s).

Protect yourself—don't co-sign for potential debt

Protect your finances by not having any joint credit or debt. Do not co-sign or apply for joint credit with your spouse/partner. This may not be possible if you are applying for a mortgage. If one individual on a co-signed debt misses a payment or loses the ability to pay altogether, the creditor will simply look for payment from the other person. By not having any joint credit/debt, you are protecting yourself and your family from possible financial disaster, because the creditors cannot take action on debts that aren't in your name.

In some circumstances, couples where one partner has a mental illness may choose to stop having a joint account. Joint accounts can be challenging to manage in the best of circumstances as both parties are using the account without knowledge of how or when the other person is. This can result in an account depleting to the point of insufficient funds to cover a purchase or needing to use an overdraft to cover the cost of an item. It may make more sense, especially if the spouse/partner with a mental illness is having difficulty with finances (e.g. overspending, gambling, using savings to purchase goods and services, etc.), to have individual accounts. As a couple you could agree on how much and how often money is transferred into this account. This way, the

individual can only spend money in their personal account, leaving the household assets untouched and unblemished.

Work as a team

As with most challenges, working as a team can bring about the best results. If an individual communicates their needs and circumstances to their spouse/partner, they will be in a better position to navigate through their finances when they are not at their best. With permission, a spouse/partner can monitor an individual's bank account or credit card for unusual spending patterns. These checks and balances can work towards reducing the impact of excessive spending if it occurs, which will ease the financial pressures.

Plan ahead for triggers

Alan Lakein, a well-known author on personal time management, said that "failing to plan is planning to fail." Mental illness tends to be episodic in nature. Understanding the problems, as well as anticipating the problems before they occur, and creating a plan, can help alleviate some challenges.

Create an action plan in advance, when your spouse/partner is well. It's important to have an open, honest and gentle conversation of what financial triggers your spouse/partner experiences and what the resulting behaviours are. You can spell out what you can say and do to support your spouse/partner. An agreed-upon plan can help you avoid a full-blown crisis, because you can abide by the "if this/then that" plan. An agreement might be, for example: if my spouse/partner is unwell and tends to spend excessively with their credit card, then we agree to put the credit cards away and live on a cash-only basis.

Don't be afraid to ask for help

If you're having difficulty setting a budget or encouraging your spouse/partner to take steps to safeguard your family finances, or if you feel as though you're running out of hope, get help. Speak to a credit counsellor at a reputable non-profit agency. They can provide guidance for handling your money, credit and debt issues. Having a knowledgeable third party review your situation and goals can help couples to find middle ground and to better manage their financial affairs going forward.

Remember that, when it comes to money and love and well-being, there's always another method to try, another conversation to have, another solution to work toward. Get help, because financial problems have financial solutions. v

CONTINUED FROM PAGE 16

my wife. Sharing my life and not keeping toxic secrets from those who love and care for me has been key. This has taken time and lots of reprogramming, but now I know that changing myself is possible.

Recently, Violeta and I both became trained facilitators with the Mood Disorders Association of BC and now host an MDABC support group in Surrey, focusing on couples going through these struggles (see sidebar, right). We are now each following our calling to help others, and doing this as a team. v

related resources

Surrey Support Group for Couples and Families
Frank and Violeta facilitate a support group through the Mood Disorders Association of BC (MDABC). The group is for couples and families going through depression and anxiety-related issues.

For more information about the support group, contact Frank and Violeta at mdasurreycouples@gmail.com.

For more information about the Mood Disorders Association of BC, visit www.mdabc.net.

for footnotes go to www.heretohelp.bc.ca/visions

Couples Therapy Can Help When Mental Health Issues Arise

Jan Sutherland, MSc, RMFT

Life is most satisfying when we live in harmonious relationships. Often, when we enter into a committed relationship, we believe we've found a near-perfect friend, lover and support.

©iStockphoto.com/101dalmations

Jan is a marriage and family therapist in private practice in Kelowna, BC. She is a Clinical Fellow and Approved Supervisor with both the American and the Canadian Association for Marriage and Family Therapy. See www.jansutherland.com

Life doesn't always work out as planned, however, and sometimes partners are left wondering what happened. Losing the harmony in a relationship is difficult in itself, but especially so if some of the relationship changes are brought about by one or both of the partners developing mental health issues.

I believe people try to fix things the best they know how, but sometimes their personal resources aren't enough to resolve complicated issues. Knowing what help is needed, where to turn and when to take necessary action is important. Finding a qualified couples therapist is definitely a valuable option to explore.

Marriage and family therapy—the 'big picture' is important

Many couples therapists fall under the professional banner of marriage and family therapy (MFT). Marriage and family therapists (MFTs) treat a wide range of clinical problems, including depression, anxiety, individual psychological problems, parent-child issues, and of course, relationship distress.

Marriage and family therapy is based on the idea that mental health issues

and family problems are best treated in a relationship context. Everyone is part of a larger system of relationships that includes partners, other family members, friends and even people in the broader community. Life is a web of relationships.

As a marriage and family therapist, I'm very aware of how important it is to try to understand some of the bigger picture of people's lives. Often, an individual who comes into my office with a mental health issue has had difficult things happen in his or her life that remain unresolved. These things could be a troubled childhood, a history of low self-esteem, feelings of rejection, loss of loved ones, or a trauma of one kind or another. Or, more simply, the unresolved issues may stem from expectations or other feelings that have not been recognized or expressed. Although many of these things occurred in the past, they get carried forward in some manner and often contribute to current-day relationship problems. When we develop a committed relationship we often don't know about all the hurts and events in our partner's life before we entered the scene. Sometimes we mistakenly think that love and a fresh start will fix it all. It is not that easy.

Individual issues frequently get triggered and spill over into the relationship. Such issues may seem to be individual burdens, but they did not form in isolation. They likely formed over time and involved other people. That's why it's so important to work not only with the individual showing mental health issues, but also with that person's partner. And sometimes, when it's possible, to work with other family members.

It's the work of therapists to bringing healing to relationships. Therapy, in a non-blaming way, can help sort out feelings, identify patterns of destructive behaviour and help couples find better ways to relate. Therapists can lead couples to trust again and find support in their relationship.

Approaches to couples therapy

Many couples therapists have specific training in relationship dynamics. A knowledgeable couples therapist knows how to listen to both sides of the story and to support each partner, how to diffuse difficult emotions or handle painful emotions that arise in the session, how to help the couple describe what they want more or less of, and how to help them achieve these things. And, along the way, the couples therapist may meet individually with partners as issues come up that require this.

Couples therapists may employ particular approaches that shape how they guide and structure the conversation with clients and what they focus on. An experienced therapist will have knowledge of a number of approaches. They will select strategies according to the nature of the couple's problem and the couple's receptivity to the style of an approach.

Two approaches commonly used by therapists today are Emotionally Focused Therapy (EFT) and the Gottman Method. These approaches have been researched and tested in ways that other approaches haven't been and they've been found to have good results.[1]

Emotionally Focused Therapy

Emotionally Focused Therapy (EFT) was developed by Dr. Sue Johnson from the University of Ottawa and Dr. Les Greenberg from York University in Toronto. EFT emphasizes that working with emotions is central to doing therapy with couples. Emotionally Focused Therapists (EFTs) help couples restructure their patterns of interacting, increase emotional intimacy and strengthen their bonds of connection.

For example, EFTs often focus on a partner who is angry or distancing and work to draw out their underlying feelings of fear and sadness. The therapist will guide this person to turn to his partner and will encourage them both to take small emotional risks with each other, so the talk can change from

> When more stable couples were engaged in conflict, they were kinder, took time to still listen to the other, and offered more positive comments about their partner and relationship even while working through a contentious issue.

for footnotes go to www.heretohelp.bc.ca/visions


©iStockphoto.com/fstop123

hostile to soft and tender. This is called "softening," which is an important shift away from blaming or angry stances. It helps the couple build secure attachment, so they can share their vulnerabilities and ask for their needs to be met, rather than attack or withdraw.

EFT can be especially useful when there's been an injury to the emotional bond between the couple. This injury could be an infidelity or failure to be there for one or the other during a time of loss or crisis. When using EFT, I've witnessed many couples open up to each other and heal hurts that have been a stumbling block between them for a long time.

Gottman Method

Dr. John Gottman, from Washington State, developed his approach from spending time observing and studying communication differences between couples who stayed together and ones who divorced. He observed many couples in his "love lab," which was basically an apartment where couples volunteered to spend some time discussing issues, particularly ones they struggled with and had conflict around. From Gottman's observations of how couples related and talked with each other, he was able to predict with impressive accuracy which couples were headed for divorce. These were the couples that consistently and relentlessly used criticism, defensiveness, contempt and stonewalling (when the listener simply withdraws, either physically or mentally). He found that the use of contempt was the single biggest predictor of divorce.

Many stable couples who don't divorce also criticize, defend and stonewall to a certain extent. But overall, Gottman noticed that when more stable couples were engaged in conflict, they were kinder, took time to still listen to the other, and offered more positive comments about their partner and relationship even while working through a contentious issue.

Therapists who work with the Gottman Method ask couples to complete a detailed survey of their relationship. The therapists then help the couple notice what behaviours are hindering or helping the relationship. The therapist acts as a relationship coach, empowering couples to take ownership of their relationship, while teaching them strategies to deepen friendship, successfully manage conflict, build back a sense of intimacy and purpose, and have a more successful marriage overall.

Many couples seek therapy because they believe they don't communicate very well. I've noticed that what most couples typically mean by this is that they have trouble working through conflict. I've found John Gottman's research very helpful in working with couples who want more productive ways of handling disagreements.

When there are mental health issues

We all come to our primary adult relationships consciously and unconsciously preloaded with information on how to be in relationships. We also come with our own stories and feelings around mental health issues. For instance, we may have a mother or brother with such issues, or we may come from a family where mental health issues garner little compassion. These contexts may influence us one way or another in how we feel in the present toward our partner's mental health struggle.

In many ways, couples coping with some mental health issues are not much different than other couples when it comes to couples therapy. Just like others, they fall into patterns of poor communication, increased conflict and little intimacy. They, too, have likely developed protective strategies that keep them stuck in negative cycles, leaving them feeling overwhelmed, resentful, helpless and sad.

Each mental health issue presents its own unique challenges, however, and thus requires some special attention in couples therapy. A skilled couple's therapist will fairly quickly be able to assess the situation. He or she will usually consult with the primary care physician or psychiatrist, so that everyone can be informed, have input and work together to bring about some desired change.

Give therapy a try

People from all walks of life seek professional help. Sometimes there comes a time when one feels tested beyond their normal coping resources. Struggling with a mental health issue may be one of those times. Seeking a therapist during difficult times can be a very productive step to take.

related resources

Find a qualified therapist at:

BC Association for Marriage and Family Therapy
www.bcamft.bc.ca

Canadian Association for Marriage and Family Therapy
www.marriageandfamily.ca

Getting your partner to come along with you to therapy is the best strategy. But even if your partner won't go for therapy, a couple's therapist can still provide some clarity and direction for the partner who does go. I've initially met with many individuals who've come alone, and they have found it helpful to talk to a couple's therapist about the challenges of their relationship. Many eventually found a way to encourage their partner to attend. While couples therapy won't necessarily erase the mental health issue, it can introduce much-needed hopefulness and movement toward positive change. v

CONTINUED FROM PAGE 22

think that I think something is wrong with him, and things snowball from there.

John continues to work hard at the same career he had before the onset of mental illness. He diligently takes antipsychotic medication. Perseverance and motivation play a large part in keeping him well, and for that, I am so proud of my husband.

With patience and hope, we are establishing a new relationship. Our goal is to learn how to alleviate stress as much as possible, to pre-empt the psychosis before it starts. For example, making different life choices, such as John working at home some days.

The idea that mental illness is here to stay is something we've had to accept. We've also given up on our need to have a clear diagnosis. What's most important is that the medications are controlling the symptoms.

This is very much a work-in-progress. Some days we have a handle on it, and other days, all we can do is ignore it so that dinner can be prepared. As time goes on, we think less and less about what happened. Our optimism and belief that we can move forward with our lives has improved. We now know we're going to make it. v

for footnotes go to www.heretohelp.bc.ca/visions

Divorce With a High-Conflict Person

Bill Wagg, MA, RCC

As a family therapist, I've been working with a growing number of divorcing couples fighting over custody and shared parenting of their children. Typically, a parent comes seeking help because they are worried that the ongoing conflict with their ex-spouse is harming the children.

Bill is a Family Counsellor with a private practice and is the therapist for the Family Capacity Program of the Canadian Mental Health Association, Cowichan Valley branch. This program helps parents who struggle with a variety of issues, including conflicts with ex-spouses. Bill lives in Cowichan Bay, BC

The parent tells me the children are easily upset and become angry or withdrawn after a visit with the other parent. It may take one to three days for a child to return to normal behaviour. The child will say disturbing things: for example, telling the parent they need to send the support payments, or asking how the support money is being spent. This indicates the other parent is coaching the child to become involved in the conflict and to ally with their side.

The parent will share how simple issues, such as managing the children's clothes going back and forth between the homes, arranging pick-up and delivery times, or deciding who will attend a school field trip can turn into nasty conflicts. The parent receives a constant barrage of negative, hateful text messages that can start at six a.m. and continue throughout the day. A phone call can turn into a long tirade of blame and lecturing. The conflict is constant, and the parent always feels defensive.

The healthy / 'normal' breakup

Most couples experience a high level of conflict and struggle during the first year of separation, and this is quite normal. Most will have numerous heated arguments and live through a time of emotional turmoil of hurt, loss and anger—it's very painful when the intimate connection ends.

But, over time, the process of grief and loss unfolds, resulting in acceptance. The emotional intensity of anger and hurt changes to a quiet resolve to move on. Both people adapt to the new relationship and are able to put aside past hurts and stop or reduce the fighting. This makes it possible to work out the various issues, including those around shared parenting.

When children are involved, even at the early stages of a breakup, most couples put the children's emotional well-being first. There is willingness to put aside personal hurts when discussing the children's needs, and they strive to set up visitation or living conditions that are in the children's best interests.

The key points are the ability to accept (let go or manage the hurt), settle their differences (stop fighting) and move on (create a new life). If, however, after two years of separation intense conflicts are still occurring and it's difficult to agree on various issues, something is amiss.

The not-so-healthy breakup

There are a small number of people who do not get over the breakup and remain stuck in anger and resentment. They are unable to take any responsibility for their actions, continuously blame the other person for their difficulties and the marriage breakup, and portray themselves as a victim.

A person acting in this manner may have a mental health condition such as an antisocial or narcissistic or borderline personality disorder. The person with borderline personality disorder often has great difficulty accepting and coping with a marriage breakup. The stress they experience may exaggerate their mental health condition—for example, heightening feelings of threat, inferiority, being ignored or being dominated. To cope, they may try to control the other person through blame, threats and continuous conflicts. It's a very small number of people who struggle with these mental health issues.

There's another group of people who don't have a mental health issue, but have deeply entrenched, unhealthy personality traits and beliefs that make it very difficult for them to accept a marriage breakup. Their coping strategy is to use controlling and aggressive behaviours.

High-conflict person—high-conflict situation

In trying to understand people with these traits, I've found the work of American lawyer and former counsellor Bill Eddy to be very helpful (see "related resources"). Eddy calls this type of person a high-conflict person.

There are distinct signs of being engaged with a high-conflict person. It starts with one's own personal experience of constantly defending oneself, feeling powerless and intimidated, and often reacting in anger to the way one is being treated.

A high-conflict person can be recognized by their self-absorbed focus on their own needs and by their inflexible thinking that's often shaped by distorted reasoning. The high-conflict person will show many of the following characteristics and behaviours:

- inflexibility in their thinking and demands
- quickly making assumptions and conclusions
- quickly making issues personal either by blaming the other or dragging up the past
- turning small issues into arguments
- petitioning the courts to have their demands met
- recruiting advocate such as lawyers, friends and family members to defend their position
- dragging the conflict on for years

It can be a very difficult undertaking for a high-conflict person to place the needs of the children first and to reach an agreement with the other parent over guardianship issues. Children can become a major source of conflict.

If you're in a high-conflict situation

In counselling, I help the person to understand: They are being hooked into a high-conflict-person mode of operation. They cannot change the other person, but they do have a choice in the way they engage and respond. There are ways to limit or shut down the opportunities for the attacks and to take control of one's response.

Here are some helpful skills to cultivate and apply:

- Don't take it personally. The high-conflict person's anger, blaming and demands are their personal issue, not yours.
- Set up your personal boundary. If you're not being treated with respect, you have the right to end an abusive phone call or walk away from someone. To be able to set a boundary, it's important to see the high-conflict person as a separate,

for footnotes go to www.heretohelp.bc.ca/visions

distinct person with their own issues and agenda. Try to get in touch with a calm, confident inner place where you know you have the right to be treated with respect.

- Don't give in to their demands or provide support if you disagree. A high-conflict person often has a repertoire of tactics to get what they want. For example: being sad and needy, to evoke pity or guilt; being angry and using threats, to intimidate; or arguing, using logic and/or belittling, to change your position. If you give an inch, they will often take a mile and then some. You don't have to take on their emotional state, and you have a right to say no to their demands, without feeling guilty or being intimated. You are not responsible for them.
- Recognize bullying for what it is and end the conversation. By ending the conversation, one sets clear boundaries about what behaviours are acceptable, and more importantly, are not acceptable.
- Self-care is critically important. Seek out support from good friends and family. See a counsellor for advice. Learn about stress and its impact on the nervous system (see Jon Kabat-Zinn mindfulness talks on YouTube). Do healthy activities such as exercise, eat well and make time for fun and laughter. In general, manage your own emotions, shut down negative discussions quickly and firmly set your boundaries (see sidebar for more detail).

communicating with a high-conflict person

A high-conflict person will often misunderstand the other parent's behaviours and believe they're being attacked, put down or controlled. An example would be:

A parent requests, in a phone conversation, that their son complete his school homework when visiting the other parent on the weekend, because the homework is due on Monday.

The high-conflict person mistakenly believes the other parent is trying to control his/her time with the son and snaps back with: "If you wouldn't let him play his video games all the time, he wouldn't have to do homework with me."

The parent becomes defensive (feels under attack, again) and either tries to explain or becomes angry and attacks back, which confirms the high-conflict person's belief that the other parent is trying to control the visiting time.

The high-conflict person reacts with more anger and a stream of put-downs.

The request to have the homework completed for Monday has now been hijacked into a power struggle. To break this reactive pattern, the parent making the request:

- Recognizes the pattern of attack, doesn't take it personally and doesn't react with anger or defensiveness.
- Responds with respect and understanding, while setting firm limits: "I know you'd rather not spend time doing homework with Johnny, but he needs to do it for Monday." This is said without anger or defensiveness, and it acknowledges the other person's struggle.
- End the conversation if the high-conflict person escalates with more attacks: In a calm tone, say: "You're getting upset and putting me down. I'm hanging up, and we can talk about this tomorrow."

The result should be a phone call that did not spiral into a heated conflict, and you are in control of yourself. This is very difficult to do, but with practise it becomes easier. At the beginning, be very rigid and strict—it's important there's no compromise. Rehearsing with a friend or a counsellor can be very helpful.

Could you be a high-conflict person?

If, in reading this article, you have a nagging feeling that you may be a high-conflict person, or if you have a borderline personality diagnosis and recognize that these are some of your behaviours, emotions and thinking patterns, this a sign of your personal awareness. It's very hopeful when a person can recognize behaviours that cause pain in their own and others' lives. A person can strive to change the negative patterns and to strengthen their inner resources of positive emotions and well-being. With time and support, it's possible. I encourage people who are struggling with these issues to seek out counselling, group supports, friends and family. v

resources

Family Self-Care and Recovery from Mental Illness workbook
www.heretohelp.bc.ca/workbook/family-self-care-and-recovery-from-mental-illness
This workbook helps family members, loved ones, spouses, and caregivers take care of their own health and wellness while they support someone who experiences a mental illness. Learn how you can support recovery, plan for the future, cope with your own feeling and frustrations, set boundaries, and build relationships.

Spouses Handbook
www.bcss.org/resources/topics-by-audience/family-friends/2004/05/spouses-handbook
This workbook supports spouses or partners who are supporting someone with schizophrenia. You'll learn what it might be like to live with a mental illness and how you, as a loved one, might feel. You'll also find strategies to help you improve communication skills, solve problems, set boundaries, and manage disruptive behaviour.

Sexuality, Intimacy and Relationships issue of *Visions Journal*
www.cmha.bc.ca/get-informed/personal-stories/visions-journal/sexuality
This issue of *Visions Journal* explores sexuality, intimacy, and relationships from perspectives of people who experience mental illnesses, partners and loved ones, and health professionals. The issue also discusses barriers to intimacy and sexual side effects of medications.

Children's Mental Health Research Quarterly: Promoting healthy dating relationships
www.childhealthpolicy.ca/the-quarterly and click on Volume 7, Number 1
From SFU's Child Policy Centre, the Winter 2013 issue of *The Quarterly* explores intimacy and relationships, and evaluates different healthy relationships programs and resources for young people.

BC Association for Marriage and Family Therapy
www.bcamft.bc.ca
The BC Association for Marriage and Family Therapy represents Registered Marriage and Family Therapists in BC.

BC Schizophrenia Society: Family support calendar
www.bcss.org/monthly-meetings-calendar
www.reachingfamiliesproject.org
The BC Schizophrenia Society maintains a calendar of family and caregiver support groups and education events around in the province.

Mood Disorders Association of BC: Family groups
www.mdabc.net/family-groups
The Mood Disorders Association of BC offers several support groups for family members and caregivers, including spouses.

Pacific Post Partum Society: Supports for partners
www.postpartum.org
Pacific Post Partum Society offers telephone support and Partner and Couple Information Sessions for dads and same-sex partners who are supporting a new mom experiencing postpartum depression or anxiety. You can reach the phone support line at 1-855-255-7999 or 604-255-7999 (Monday to Friday, 10:00am – 3:00pm).

Self-care guides for expecting and new moms (and partners)
www.reproductivementalhealth.ca/resources
The BC Reproductive Mental Health Program has self-care guides for Aboriginal women and women who experience depression or anxiety during pregnancy or after birth. Each self-care guide includes a section with helpful information for partners and family members who are supporting a new mom.

This list is not comprehensive and does not imply endorsement of resources.

heretohelp
Mental health and substance use information you can trust

Suite 1200, 1111 Melville Street
Vancouver BC V6E 3V6 Canada