# Chapter 2

# What intimacy means in the lives of people living with schizophrenia

## Explore Chapter **2**

*This chapter brings attention to the often-overlooked role of intimacy in schizophrenia, exploring how it may change during periods of illness, relapse, and recovery.*
*It highlights the importance of preserving the couple's sense of partnership through mutuality, healthy boundaries, everyday moments of connection, and emotional presence.*

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## Mini-Glossary

**Emotional availability**
The ability to be present with someone else's feelings without withdrawing or becoming overwhelmed.

**Mutuality**
The sense that both partners contribute emotionally, even in uneven proportions.

**Attachment security**
The sense of feeling valued and safe within a close relationship. This sense of security may fluctuate during periods of illness.

**Relational boundaries**
Healthy distinctions between roles, such as partner vs caregiver, and between illness-related needs vs personal needs.

**Social cognition**
The brain's ability to understand emotions, facial expressions, tone, and intentions.

**Co-regulation**
Two people helping each other calm down emotionally through presence, tone, and predictable interactions.

**Relational resilience**
A couple's ability to maintain connection through stress, misunderstanding, and recovery periods

# Welcome to podcast #2

## What intimacy means in the lives of people living with schizophrenia

*with **Elena Maurer,** Health Journalist, and*
***Dr. Lukas Stein**, Psychiatrist and Researcher*

**Elena:**

Welcome back to *Living, Loving, Recovering*.
Today's topic is at the heart of human life: intimacy. The quiet kind, the emotional kind, the kind that makes someone feel safe next to another person.

Many caregivers ask: *"Is intimacy even possible after a diagnosis like schizophrenia?"*

**Dr. Stein:**

Very much so.

The desire for closeness, companionship, romantic connection, it all remains deeply present. People with schizophrenia continually describe love, closeness, and emotional warmth as key parts of a meaningful life.
Sometimes intimacy becomes more fragile, not less important. Understanding how it changes is essential for partners and families.

# 2.1 What is intimacy, really?

*“People living with schizophrenia continue to value closeness, companionship, and meaningful relationships. Many describe these as essential to a fulfilling life.”*

**Elena:**

Let’s begin with something that sounds simple, but often isn’t.
What do we really mean when we talk about intimacy?

**Dr. Stein:**

That’s a very important question, because intimacy is often misunderstood.

Many people immediately think of romance or physical closeness. But in everyday life, intimacy is much broader and, in many ways, much quieter.

**At its core, intimacy is the feeling of being emotionally connected to another person. It’s the sense that you can be yourself, with your thoughts, your fears, your hopes, and still feel accepted.**

Some people describe it very simply:
“I don’t need everything to be perfect. I just need to feel that I can be myself next to them.”

**Elena:**

In other words **it’s less about what we do and more about how we feel with someone.**

**Dr. Stein:**

And often, it shows itself in very small, everyday moments.

It might be the feeling of being understood without having to explain everything. Or trusting someone enough to show vulnerability, even in subtle ways. Sometimes it’s sharing something personal; other times, it’s simply sitting together in silence and feeling at ease.

**Elena:**

**It sounds as though intimacy is something that grows quietly, almost in the background of daily life.**

**Dr. Stein:**

Yes, that's a very good way to put it.

It often develops through simple routines: a morning coffee, a short walk, a quiet message during the day, or the comfort of knowing someone is there, even without words.

And sometimes, people only realize how meaningful these small moments are when they begin to fade.

**Elena:**

That feels very different from how intimacy is often portrayed.

**Dr. Stein:**

It is. In reality, intimacy is rarely dramatic. **It's built slowly, through presence, trust, and repeated experiences of emotional safety.**

**Sexuality can be part of intimacy, but it is only one dimension.** What sustains relationships over time is something deeper: the feeling of being seen, valued, and emotionally safe with another person.

**Elena:**

And this need doesn't disappear in schizophrenia?

**Dr. Stein:**

Not at all.

**People living with schizophrenia continue to value closeness, companionship, and meaningful relationships. Many describe these as essential to a fulfilling life.**

What may change is not the desire for intimacy, but the way it is expressed or experienced.

**Elena:**

The connection is still there, even if it looks different.



**Dr. Stein:**

Sometimes the illness affects how emotions are communicated. A person may feel deeply connected, but find it harder to express those feelings clearly. At other times, interpreting social signals, tone, facial expression, or subtle emotional cues can become more challenging.

**Elena:**

This can lead to misunderstandings between partners.

**Dr. Stein:**

Yes. Both people may care deeply about each other, but still misread each other's signals. One may feel close internally, while the other experiences distance.

**Elena:**

So the connection may still exist, but not always be visible.

**Dr. Stein:**

That's an important point.

**The need for intimacy remains. What changes is the pathway through which it is expressed.**

And when partners understand that, it becomes easier to remain patient and open, even when closeness feels less obvious on the surface.

**Intimacy is not defined by intensity or dramatic moments. It grows through feeling understood, emotionally safe, and quietly connected over time.**

# 2.2 How symptoms can create misunderstandings in relationships

*"The emotional world becomes quieter, not absent."*

**Elena:**

Caregivers often say things like:
"He doesn't look at me... maybe he doesn't care."
Or,
"She reacts so strongly... she must be angry on purpose."

How often do these situations turn out to be misunderstandings?

**Dr. Stein:**

Very often.

What we see is that **behaviors are interpreted through a relational lens, when in fact they may be shaped by the illness.**

**Elena:**

So what looks like a message... may not actually be one.

**Dr. Stein:**

**Moments that appear distant, intense, or even hurtful can have a very different meaning internally. Someone may seem quiet or withdrawn, but actually be overwhelmed or trying to regulate what they are feeling.**
**Emotional reactions may appear unusually intense to others, not because of intention, but because they may be harder to regulate in that moment.**

**Elena:**

The reaction we see on the outside doesn't always reflect what is happening inside.

**Dr. Stein:**

That's right. And this is where many painful misunderstandings begin.

Partners often describe looking back and realizing,
"At the time, I took it personally. I thought I was being pushed away."

**Elena:**

Which is a very natural reaction.

**Dr. Stein:**

It is. But when we begin to look at these moments differently, something important shifts.

Instead of asking, “Why is this happening to me?”
We may begin to ask, “What might be happening for the other person right now?”

## When distance looks like rejection

*Sometimes behaviors that feel hurtful or distant are not signs of rejection, but ways of coping with internal stress.*

### What it may look like

- *Less eye contact*
- *Brief or quiet responses*
- *Spending more time alone*
- *Limited emotional reactions*
- *Slower responses in conversation*

### What it may reflect

- *Feeling overwhelmed by social or emotional input*
- *Difficulty expressing emotions clearly*
- *A need to regulate internal tension*
- *Emotions that are present but less visible*
- *More time needed to process interactions*

### What may help partners

- *Gentle curiosity – “You seem quiet today. I’m here if you want to talk.”*
- *Patience – allowing time for emotional expression*
- *Presence – being nearby without pressure*
- *Reassurance – showing that closeness remains welcome*

*Emotional withdrawal may be a form of self-protection rather than a loss of affection.*
*Understanding this difference can protect the relationship and keep communication open.*



**Elena:**

The meaning behind a behavior is not always what it seems.

**Dr. Stein:**

And when partners begin to see symptoms rather than intention, relationships often soften.

**Elena:**

Some caregivers also say, “They tell me they want closeness… but they don’t seem to feel it.” Why does that happen?

**Dr. Stein:**

That’s another difficult experience.

Sometimes there is a gap between emotional desire and emotional experience. A person may still want connection, but feel less emotional intensity in the moment. Other times, internal anxiety competes with that sense of closeness, or the brain’s reward system responds less strongly.

**Elena:**

The wish for connection is still there, but the feeling may be quieter.

**Dr. Stein:**

That can be confusing for both partners. **It may look like a loss of interest, but in reality, it is often the illness affecting how emotions are experienced.**

It does not necessarily indicate a lack of love. It may reflect a change in how affection is experienced or expressed at that moment

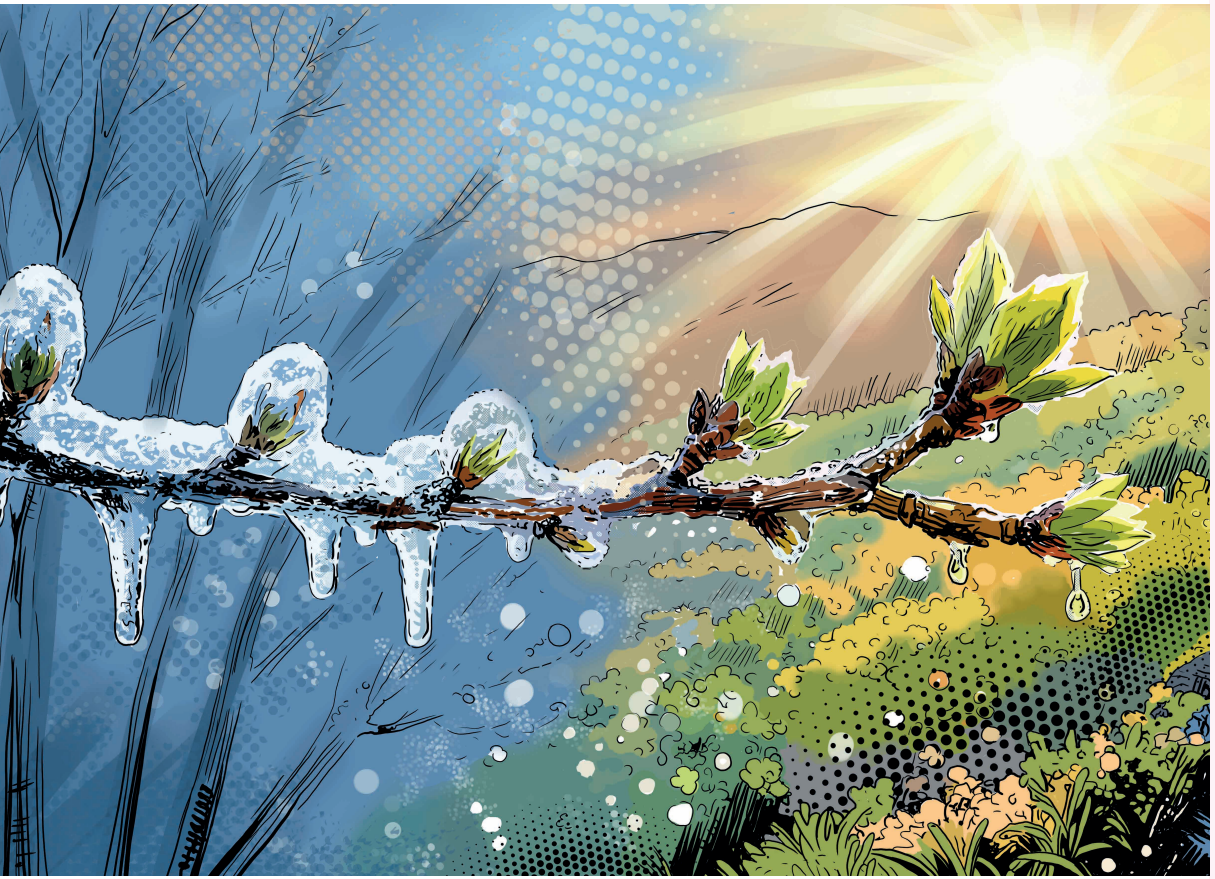
**Elena:**

So **the emotional world becomes quieter, not absent.**

**Dr. Stein:**

That’s a very important distinction.

# 2.3 How can couples rebuild closeness after a relapse?



*“Relationships, like people, need time to recover.”*

**Elena:**

Relapse is one of the hardest moments for couples.

Partners often say, “I want to be close again, but I don’t know how. Everything feels fragile.”

How do people find their way back to each other after something so overwhelming?

**Dr. Stein:**

That sense of fragility is very real.

A relapse can affect both partners, not only the person experiencing symptoms, but also the one who lived through the uncertainty, the fear, and sometimes the feeling of losing connection.

**Elena:**

In a sense, **both partners are recovering.**

**Dr. Stein:**

They are, although their experiences of recovery may be different. And what many couples discover is that closeness does return, but rarely all at once.

It tends to come back quietly, through small, steady moments rather than a single turning point. And in the beginning, that can feel uncertain.

Many people wonder,
“Is this real? Are we actually getting closer again?”

**Elena:**

**‘It sounds more like a gradual rediscovery than a clear step forward.**

**Dr. Stein:**

Closeness often returns through that kind of gradual process.

**At first, what matters most is a sense of safety. When symptoms are still settling, emotional closeness is not the immediate priority. What helps most is calm presence, gentle communication, and the absence of pressure.**

**Elena:**

Almost creating a space where closeness can return on its own.

**Dr. Stein:**

Exactly.

As things begin to stabilize, something slowly shifts. Couples often start to make sense of what happened, sometimes through small conversations, sometimes through a shared, unspoken understanding.

Naming fears, recognizing what belonged to the illness, and acknowledging each other’s experience can gradually rebuild a sense of connection.

**Elena:**

Almost like finding a shared language again.



**Dr. Stein:**

Yes, and once that begins, small moments of connection often start to reappear.

Sitting together with a cup of coffee, going for a short walk, or sharing a quiet activity. These moments may seem simple, but they are often where closeness begins to grow again.

**Elena:**

Everyday moments may therefore matter more than one big conversation.

**Dr. Stein:**

They often do. Repeated with care, these ordinary moments can help partners feel like “us” again.

At the same time, **it’s important not to rush**. Many couples feel internal pressure to return to how things were.

“We should be back to normal by now.”

But ***relationships, like people, need time to recover***. There may be warmer days and quieter ones, and both are part of the process.

**Elena:**

So the goal is not to go back immediately, but to move gently forward.

**Dr. Stein:**

Yes. **Movement matters** more than speed.

And as closeness slowly returns, reassurance becomes very powerful. Simple words like “I’m here,” or “We’ll find our way through this,” can help soften the sense of distance or self-doubt that often follows a relapse.

**Elena:**

So part of rebuilding intimacy is helping the person feel close and worthy of closeness again.

**Dr. Stein:**

Exactly.

When that sense of worth begins to return, connection becomes easier. And over time, many couples find that their relationship is not only restored, but sometimes even more understanding and resilient than before.

**Intimacy after a relapse rarely returns all at once. It grows again through safety, shared understanding, small everyday moments, patience, and gentle reassurance.**



## Small rituals that help closeness return

After difficult periods, intimacy often comes back through small, predictable moments–not through big gestures or intense conversations.

### Moments that help couples reconnect

- *A quiet check-in at the beginning or end of the day*
- *A short walk side by side, without pressure to talk*
- *Sharing a simple meal or routine*
- *Sitting together in silence, watching or listening to something familiar*
- *Gentle questions like, "How was your day?" or "Is there anything you need tonight?"*

## Why these moments matter

They help restore emotional safety, reduce pressure, and create a sense of rhythm in the relationship. Over time, they rebuild the feeling of "we."

Intimacy often grows from ordinary moments repeated with care.

Consistency matters more than intensity.

# 2.4 How can partners balance support, boundaries, and emotional care?

*“Healthy boundaries do not reduce care. They protect the relationship.”*

**Elena:**

In many relationships, especially during difficult periods, partners gradually take on a caregiving role. They help with appointments, medication, and daily organization.

But over time, some partners describe a subtle change. They say,

“I still love them... but I don’t recognize our relationship anymore.”

How does that shift affect intimacy?

**Dr. Stein:**

That’s a very important and delicate question.

When someone lives with a chronic condition like schizophrenia, it is natural for a partner to become more involved. **Supporting practical needs, offering reassurance, and paying closer attention to well-being are all expressions of care.**

But when the relationship begins to revolve mainly around managing the illness, something can slowly shift.

**Elena:**

What kind of shift do you mean?

**Dr. Stein:**

Time together may become less about sharing life and more about maintaining stability. Conversations may focus on symptoms, appointments, or routines, while moments of simple companionship become less frequent.

At the same time, the supporting partner may begin to carry more and more responsibility, not only for practical matters, but for the emotional balance of the relationship. **Over time, affection may become overshadowed by a growing sense of duty.**

And this change often happens quietly.

**Elena:**

The relationship is still there, but its tone changes.

**Dr. Stein:**

The bond remains, but the sense of being partners can fade into the background.

Partners in these situations often carry a significant emotional load, especially when they feel they are the main source of stability. Over time, this can lead to fatigue, even in relationships built on strong commitment.

**Elena:**

The challenge, then, is not caregiving itself, but maintaining balance.

**Dr. Stein:**

Precisely. **Caregiving is an expression of love and commitment.** What matters is balance.

When support and partnership can exist side by side, the relationship remains not only stable but also emotionally alive.

**Elena:**

And where do boundaries come into this?

**Dr. Stein:**

Boundaries are essential, and often misunderstood.

Many caregivers worry that setting limits means stepping back or being less supportive. They may think, “If I take space, am I abandoning them?”

But **healthy boundaries don’t reduce care**. They protect the relationship. They allow partners to remain partners, not only caregivers.



**Elena:**

**Boundaries are therefore not about distance, but about balance.**

**Dr. Stein:**

They create space for both people to maintain a sense of identity. **There is still support, but also room for rest, personal needs, and moments that are not defined by the illness.**

Over time, this makes a real difference. It allows responsibility to be shared more realistically, and it helps bring ordinary life back into the relationship.

**Elena:**

That sounds like something that helps both partners breathe a little more.

**Dr. Stein:**

Yes, and that’s a very good way to describe it.

**When partners can step back at times without guilt, they are less likely to become emotionally exhausted. And when that exhaustion is reduced, connection and affection have more space to remain present.**

**Elena:**

Many partners also say they feel they always have to be the strong one.

**Dr. Stein:**

That’s a very common experience.

**Partners often carry what we call an “invisible emotional load.”** It may include ongoing worry about relapse, uncertainty about the future, and the feeling of needing to stay alert to changes in the other person’s well-being.

**Elena:**

Stability on the surface does not necessarily remove the partner's ongoing worry.

**Dr. Stein:**

Over time, that constant sense of responsibility can become emotionally demanding. Partners may feel fatigue, anxiety, or even isolation, especially if they feel they must manage everything alone.

**But this doesn't mean the relationship is failing. More often, it means that the balance of emotional care has shifted too much in one direction.**

**Elena:**

A caregiver may therefore become depleted gradually, without immediately recognising it.

**Dr. Stein:**

Yes. And when that happens, their own needs may gradually fade into the background. Over time, this can lead to exhaustion, or sometimes a quiet sense of resentment, even in a loving relationship.

**Elena:**

What can help restore that balance?

**Dr. Stein:**

What we often see in more resilient relationships is that **emotional care flows in both directions.**

**It doesn't have to be equal in a strict sense. But even during difficult periods, small moments of reciprocity matter: a word of appreciation, a shared moment of humor, or simply recognizing each other's effort.**



**Elena:**

Even small gestures can keep the relationship mutual.

**Dr. Stein:**

These moments remind both partners that the relationship is still alive, still shared.

**Elena:**

Many partners also struggle with how to encourage emotional openness without pushing too hard.

**Dr. Stein:**

That's an important point.

**When someone feels overwhelmed, direct pressure can make communication harder. What helps more are gentle invitations.**

Instead of asking for immediate explanations, it can be enough to say, "I'm here when you feel ready," or "Take your time."

**Elena:**

Presence may be more helpful than pressing for immediate answers.

**Dr. Stein:**

People may still feel emotions deeply, but find it difficult to put them into words. When conversations are calm and low in pressure, it becomes easier for those emotions to emerge naturally.

Sometimes the most supportive message is also the simplest:
**"You don't have to talk right now, but you're not alone."**

**Elena:**

Many caregivers also mention that their partner becomes more protective of personal space.

**Dr. Stein:**

Yes, and that can be confusing.

**A need for personal space can serve an important function.**

**Elena:**

Respecting temporary distance may therefore make later connection easier.

**Dr. Stein:**

Giving someone space without withdrawing support can help closeness return.

**Elena:**

Is it normal for intimacy to change over time in these relationships?

**Dr. Stein:**

Very much so.

**In all long-term relationships, closeness tends to move in waves. There are periods of connection, moments of distance, and then times of finding each other again.**

**Elena:**

Some fluctuation in closeness is therefore normal.



**Dr. Stein:**

It is. When schizophrenia is part of the relationship, these shifts may feel more noticeable.

But they don't mean the relationship is failing. More often, they reflect how both partners are adapting to a more complex situation.

**Elena:**

**A period of distance does not necessarily mean that affection has disappeared.**

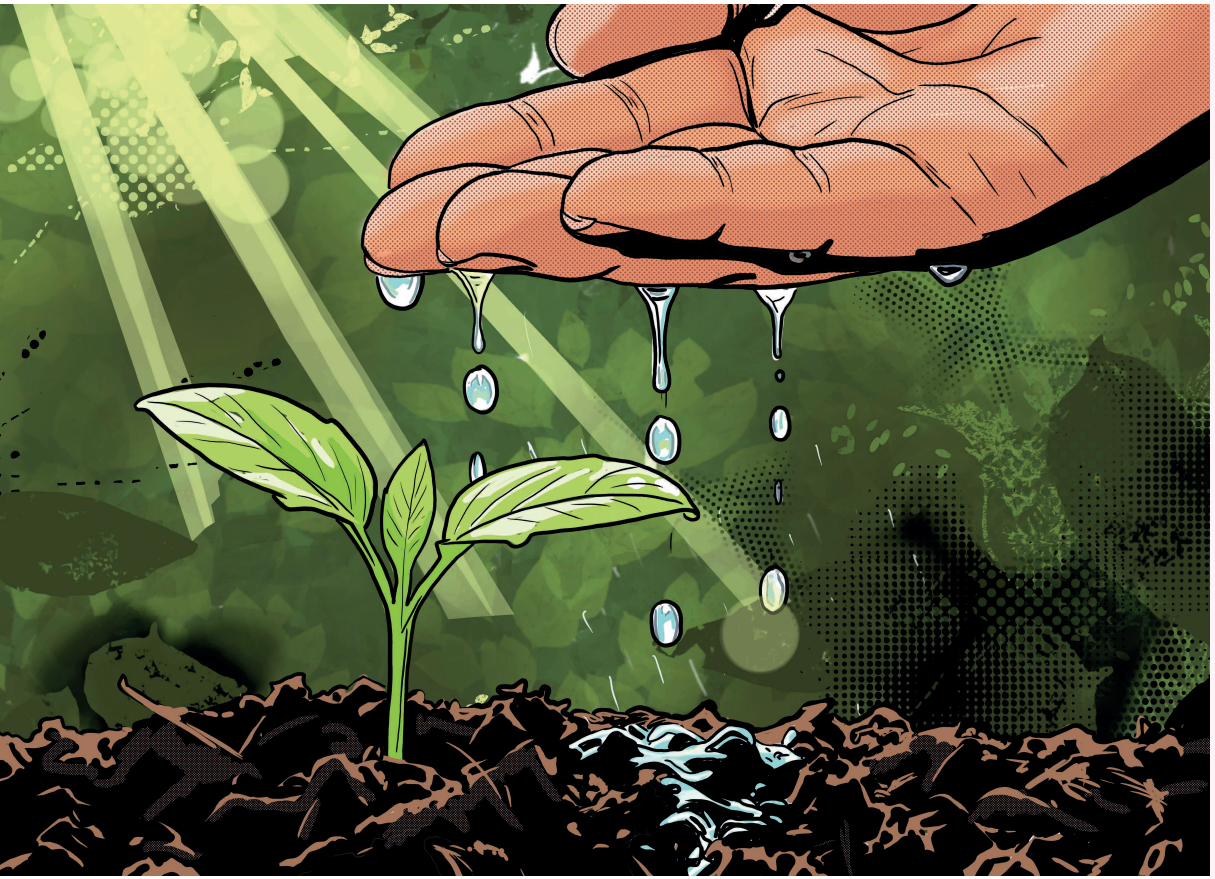
**Dr. Stein:**

Many couples remain deeply connected, even when communication or intimacy is temporarily affected. What matters most is how those moments are understood.

When partners respond with patience rather than fear, they are more likely to reconnect.

**Understanding that closeness can expand and contract over time helps couples stay grounded and find their way back to each other.**

# 2.5 Does intimacy contribute to recovery?



*“Recovery is not only about reducing symptoms. It’s also about rebuilding a life that feels meaningful.”*

**Elena:**

Does intimacy contribute to recovery?

**Dr. Stein:**

Yes, it can, and often in ways we don’t immediately recognize.

**Recovery is not only about reducing symptoms. It’s also about rebuilding a life that feels meaningful. That includes relationships, personal goals, and a sense of belonging. Emotional closeness can be an important part of recovery.**

Some patients describe it very simply:
“When I feel connected, everything else feels a little more manageable.”

**Elena:**

**In other words, closeness can be part of recovery rather than something secondary to it.**

**Dr. Stein:**

When people feel understood and supported, they tend to cope better with stress. Difficult moments, changes in symptoms, social challenges, or adjustments in treatment can feel less overwhelming when there is someone who listens and offers reassurance.

**Elena:**

So support changes how those experiences are lived.

**Dr. Stein:**

Yes, it softens them.

We also see that relationships influence how people stay engaged with care. When someone feels supported by a partner or family member, they are often more likely to attend appointments, follow treatment plans, and communicate openly with clinicians.

It’s not about pressure; it’s about feeling that what they are doing matters to someone.

**Elena:**

And beyond that?

**Dr. Stein:**

There is something even deeper.

Living with a serious illness can sometimes narrow a person's sense of identity. Over time, they may begin to feel defined by their diagnosis, and that can be a quiet but painful shift.

**Close relationships help reopen that sense of self.**

**Through shared moments, affection, and everyday connection, a person is reminded that they are more than their symptoms.** They are a partner, a friend, a parent, or simply someone who matters.

**Elena:**

Intimacy can therefore help restore not only connection, but also the sense of identity.

**Dr. Stein:**

Exactly.

It supports resilience, strengthens engagement, and helps people reconnect with who they are beyond the illness.

**Elena:**

So intimacy is not simply a comforting addition; it actively supports recovery.

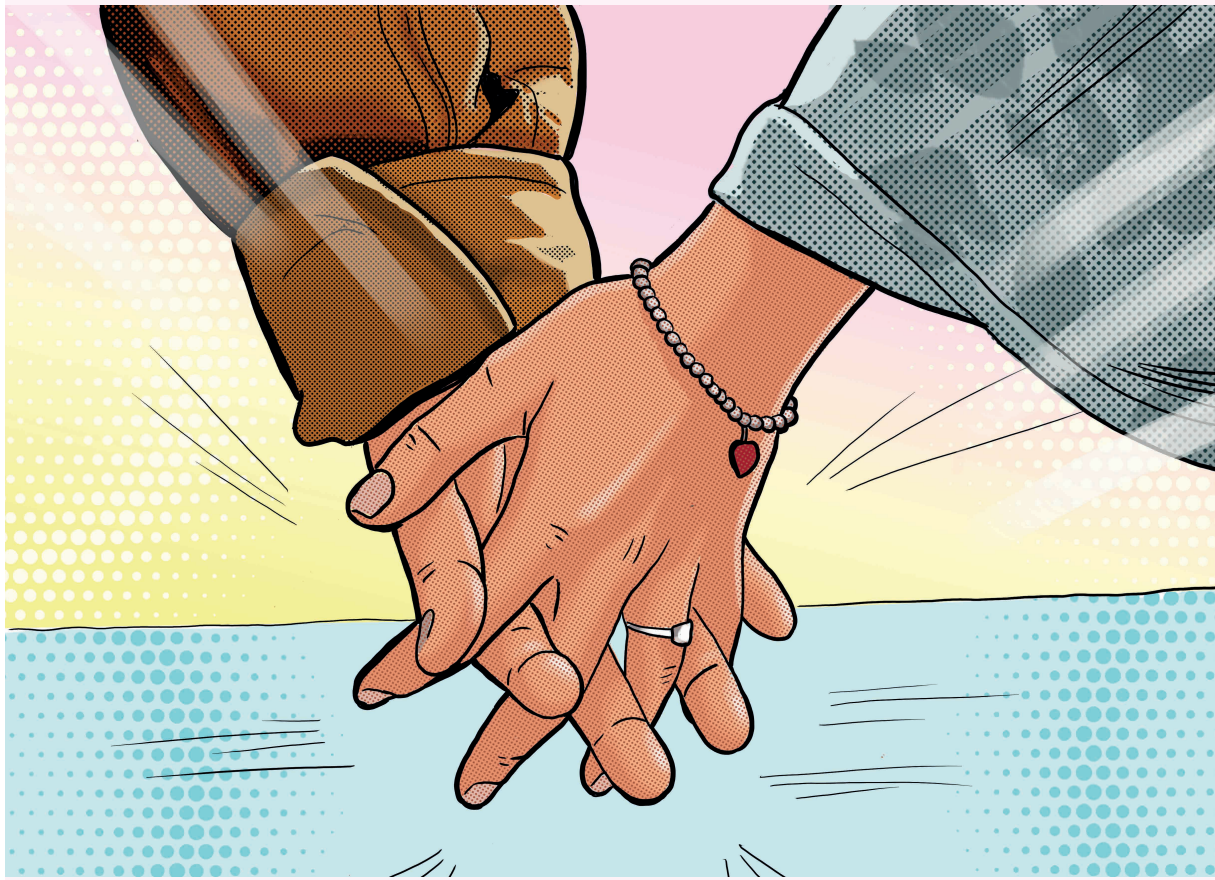
**Dr. Stein:**

Yes. It is part of what helps people move forward.

When people feel emotionally connected, they are often better able to face challenges, rebuild confidence, and sustain recovery over time.

## Clinical Story

***"I'm here with you, even when things feel unclear."***
***(The story of Mila and Jonas)***



*Note: The clinical story in this chapter is created for educational purposes. Names and identifying details do not represent specific individuals.*

**Elena:**

Before we close this chapter, Dr. Stein, could you mention a moment from clinical practice, something that reflects this kind of closeness?

**Dr. Stein:**

Yes. Let me tell you about Mila and Jonas.

Mila had been living with schizophrenia for nearly a decade. She was thoughtful and perceptive, but after episodes, she often felt a quiet sense of shame, as if parts of her had become difficult to reach again.

Jonas, her partner, was patient. But at times, he worried that he was losing her behind something he couldn't fully understand.

One winter evening, after a difficult week, Jonas came home and found the apartment dimly lit, with a single lantern glowing by the window. Mila was sitting on the floor, wrapped in a blanket.

"I didn't know if I could talk tonight," she said softly.

"But I wanted you to know I'm here."

She later shared that she had been thinking about it for hours, unsure whether she had the energy to speak at all.

Jonas didn't move closer right away.

He sat down a short distance from her, on the opposite wall, giving her space while still sharing the room.

For a few moments, they remained in silence, not an uncomfortable silence, but one that gently held them both.

Mila leaned her head slightly in his direction.

She didn't speak.
She didn't move closer.

But the gesture said enough:
**"Thank you for not leaving me alone in the dark."**

Jonas reached out and placed the lantern between them, letting its soft light fill the space.

Closeness didn't return through explanations or big conversations.

It returned through presence.

Through small, steady acts that said:



**Elena:**

This story reminds us that intimacy does not require perfection; it requires presence.

**Dr. Stein:**

**People living with schizophrenia often move through experiences we cannot fully see from the outside. But the need for closeness, warmth, and connection remains central.**

Sometimes it is expressed more slowly.

More gently.

Sometimes through gestures rather than words, or through silence instead of explanation.

But it is still closeness.

Still connected.

Still part of healing.

**And when partners understand how the illness shapes emotional expression, misunderstandings soften, and intimacy has space to grow again.**

## Final reflection

**Elena:**

Today's conversation reminds us that i**ntimacy is not something that disappears with illness**. It may change, become quieter, or require more patience, but it **remains an essential part of human connection**.

**Dr. Stein:**

**Even in the presence of symptoms, the need for closeness, understanding, and emotional connection remains strong.** What often changes is not the desire for intimacy, but the way it is expressed and experienced.

**Elena:**

Intimacy doesn't have to be perfect to be real.

**Dr. Stein:**

Not at all.

It grows in small moments, in presence, in understanding, and in the willingness to stay connected, even when things feel uncertain. Not perfectly, and not always in a straight line.

**Elena:**

Thank you, Dr. Stein.

In the next chapter, we will explore how physical health and body-related changes can influence emotional life and relationships, and how understanding these aspects can support both confidence and connection.

## References


Budziszewska MD, Babiuch-Hall M, Wielebska K. Love and Romantic Relationships in the Voices of Patients Who Experience Psychosis: An Interpretive Phenomenological Analysis. *Frontiers in Psychology*. 2020;11:570928

Belluzzo M, Esposito C, De Alfieri E, Giaquinto V, Volpe D, Amodeo AL. Romantic relations, sexuality and intimacy among young adults and adolescents with severe mental illness: a review of the literature. *BMC Psychiatry*. 2025;25(1).

Cloutier B, Francoeur A, Samson C, Ghostine A, Lecomte T. Romantic relationships, sexuality, and psychotic disorders: A systematic review of recent findings. *Psychiatric Rehabilitation Journal*. 2021;44(1):22-42

Lysaker PH, Gumley A, Luedtke B, et al. Social cognition and metacognition in schizophrenia: evidence of their independence and linkage with outcomes. *Acta Psychiatrica Scandinavica*. 2012;127(3):239-247.

Lee CY, Ahmed N, Ikhtabi S, et al. The experience of loneliness among people with psychosis: Qualitative meta-synthesis. V. *Plos One*. 2024;19(12):e0315763.

White R, Haddock G, Campodonico C, Haarmans M, Varese F. The influence of romantic relationships on mental wellbeing for people who experience psychosis: A systematic review. *Clinical Psychology Review*. 2021;86:102022.

Özden SE, Tekindal M, Tekindal MA. Quality of Life of people with Schizophrenia: A meta-analysis. *International Journal of Social Psychiatry*. 2023;69(6):1444-1452

Rodolico A, Bighelli I, Avanzato C, et al. Family interventions for relapse prevention in schizophrenia: a systematic review and network meta-analysis. *The Lancet Psychiatry*. 2022;9(3):211-221.

Montejo AL, Montejo L, Baldwin DS. The impact of severe mental disorders and psychotropic medications on sexual health and its implications for clinical management. *World Psychiatry*. 2018;17(1):3-11.