Chapter 3

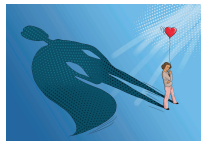
The role of body image and physical well-being in intimacy and relationships

Explore Chapter **3**

This chapter explores how body image and physical well-being can shape confidence, self-perception, intimacy, and social connection in people living with schizophrenia. It also considers how physical health and personal priorities can support a stronger sense of self and fuller participation in everyday life.

3.1
Why does body image influence intimacy?

3.2
Why do metabolic health and weight changes matter for intimacy?



3.3
Why should physical health be part of personal and relationship decisions?

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Why is recognizing individual life priorities so important?

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Why do people with schizophrenia often feel lonely despite wanting connection?

Clinical Stories

Mini-Glossary

Body image
The way a person perceives, thinks about, and emotionally experiences their own physical appearance.

Metabolic health
A broad description of factors such as blood glucose, blood lipids, blood pressure, body weight, and energy regulation that influence physical health.

Metabolic syndrome
A group of medical conditions, including increased waist circumference, elevated blood pressure, abnormal cholesterol levels, and impaired glucose regulation, that together increase the risk of cardiovascular disease.

Cardiometabolic risk
The combined risk of heart and metabolic conditions is influenced by factors such as weight, blood sugar, cholesterol, and blood pressure.

Insulin resistance
A condition in which the body's cells respond less effectively to insulin, which can contribute to higher blood glucose levels.

Comorbidity
The presence of one or more physical health conditions occurring alongside schizophrenia, such as diabetes, hypertension, or cardiovascular disease.

Social cognition
The ability to understand and interpret other people's emotions, intentions, and social cues during interactions.

Emotional reciprocity
The natural exchange of emotional signals between people supporting mutual understanding and connection in relationships.

Social anhedonia
A reduced capacity to experience pleasure from social interaction, which may affect motivation to engage in relationships.

Welcome to podcast #3

The role of body image and physical well-being in intimacy and relationships

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

Elena:

In the previous chapters, we discussed relationships and emotional closeness. Today, we explore another dimension that can influence intimacy: how people experience their own bodies and physical well-being.

Many caregivers notice changes such as reduced confidence, withdrawal from social activities, or discomfort with appearance.

Dr. Stein, how important are these factors?

Dr. Stein:

They are very important. **Physical well-being and body image are closely connected to how people perceive themselves as partners.**

Research shows that individuals living with schizophrenia often experience metabolic health challenges and weight changes, which can influence confidence, social participation, and relationship dynamics.

Metabolic syndrome and obesity are consistently reported to be more prevalent among people with schizophrenia than in the general population.

These changes are closely connected to how individuals perceive themselves in social and romantic contexts.

3.1 Why does body image influence intimacy?

"Self-perception is dynamic, not permanent."

Elena:

It sounds as though body image is about more than appearance.

Dr. Stein:

Yes, it is closely connected to identity and self-confidence.

Body image can influence how comfortable people feel when approaching relationships, physical closeness, or romantic situations.

When individuals feel embarrassed or ashamed about their physical appearance, they may withdraw socially, even if they still desire connection. And this can be confusing for others. A partner might think, "They don't want to go out anymore," when in reality, the desire is still there, but the confidence is not.

In clinical practice, we often hear this expressed very directly. Some people say they avoid going out, not because they don't want to, but because they don't feel comfortable in their own body. Many describe a kind of internal hesitation:

"I want to go... but I don't feel like I can show myself like this." Others describe wanting closeness, but not feeling confident enough to allow someone to come near.

Dissatisfaction with physical health and body image is strongly associated with reduced social participation and lower life satisfaction.

For caregivers, **this means that social withdrawal is sometimes linked to self-perception, not to a lack of interest in relationships.**

Elena:

Dr. Stein, caregivers sometimes say:

"He used to feel comfortable with himself... now something has changed."

Why does this happen?

Dr. Stein:

That is a very important observation.

Changes in how a person perceives their body or physical self usually do not happen suddenly. They tend to develop gradually, often influenced by several factors acting together over time.

Sometimes people describe this as feeling “different in their own skin,” even when others may not notice any visible change. And often they can’t fully explain what has changed. They just know something feels off.

These changes may often develop through shifts in physical health or weight, lower energy, changes in daily routines, or social experiences where a person may feel judged or misunderstood.

Elena:

The change may therefore be gradual rather than immediate.

Dr. Stein:

That gradual development can make it difficult to recognise at first. Sometimes people close to the individual notice a change before the person is able to identify or describe it.

Over time, these small changes can influence how someone feels in social situations or intimate contexts.

Elena:

That sounds like something that could be difficult to reverse.

Dr. Stein:

It can be challenging, but it is not fixed.

What is important to understand is that **self-perception is dynamic, not permanent.**

Supportive environments, attention to physical well-being, and positive relational experiences may help people rebuild confidence and develop a more comfortable sense of self.

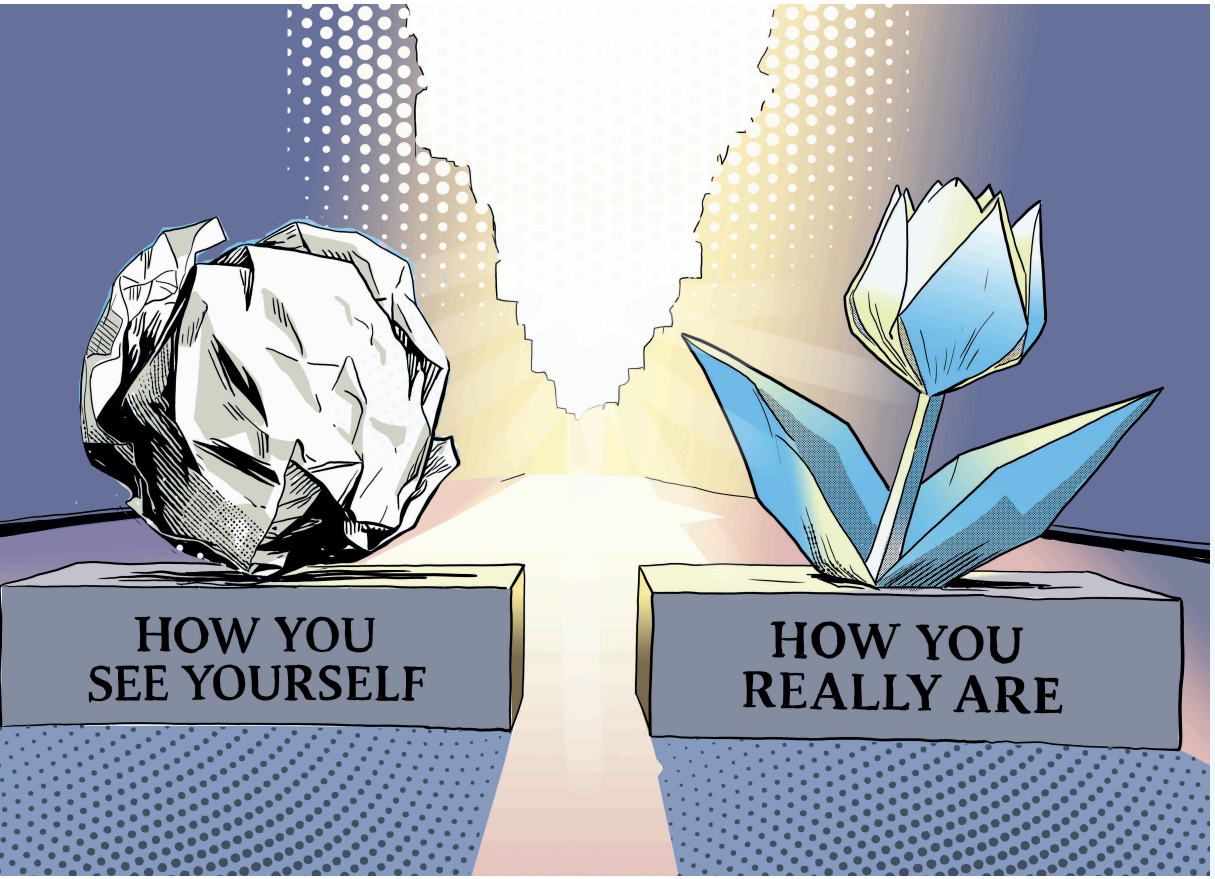
In clinical practice, we often hear this expressed very directly.

Some patients tell me they feel exposed or judged in ways that are hard to explain, even when others don’t notice anything different.

Others say they still want closeness, but don’t feel confident enough in their own body to get close to someone.

These are not abstract concerns, they are lived experiences that shape how people move through relationships.

3.2 Why do metabolic health and weight changes matter for intimacy?



"Supporting physical well-being often restores energy, confidence, and the sense that one can fully participate in life."

Elena:

Dr. Stein, earlier, we talked about body image and physical well-being. Many families also hear doctors mention *metabolic health*. What does that actually mean?

Dr. Stein:

Metabolic health refers to how the body manages energy, weight, blood sugar, cholesterol, and blood pressure. These systems influence not only long-term physical health but also everyday well-being, energy levels, sleep quality, and overall vitality.

Research shows that people living with schizophrenia have a higher risk of metabolic changes compared with the general population. These may include increased body weight, changes in cholesterol levels, or difficulties with blood sugar regulation.

Elena:

Why do these changes occur more often in this illness?

Dr. Stein:

Several factors can contribute. The illness itself can influence metabolism and lifestyle patterns. Periods of stress, reduced physical activity, sleep disruption, or social isolation may affect eating habits and energy balance. In addition, some treatments may also influence weight or metabolic processes.

It is important to remember that these factors interact. Metabolic health is rarely determined by one single cause.

Elena:

And how does this connect to intimacy and relationships?

Dr. Stein:

Many people describe this in simple terms. They may say they feel less confident going out or more hesitant in social or romantic situations, even when the desire to connect remains. When someone experiences significant weight changes or reduced physical energy, they may feel less confident socially or romantically.

Someone might stop accepting invitations, not because they don't want to go, but because they don't feel comfortable being seen. And they may not say why.

From the outside, it can look like disinterest, but inside, it often feels like discomfort.

Others describe pulling back from physical closeness, even in stable relationships, simply because they don't feel at ease in their own body.

And sometimes it shows up as hesitation, wanting to connect, but holding back, wondering how they are being perceived.

Elena:

What practical steps can families take to support metabolic health?

Dr. Stein:

Small, sustainable routines are often the most effective. What tends to help is not a perfect plan, but small, shared routines.

A short walk together in the afternoon.

Eating at roughly the same time each day.

Keeping evenings a bit more predictable.

And from time to time, checking in on physical health with a doctor, not as something alarming, but simply as part of taking care of everyday life.

These small things don't just support the body; they often bring back a sense of rhythm and confidence. And importantly, they don't feel like "treatment."

They feel like normal life slowly coming back.

These habits support both **physical well-being and emotional confidence,** which ultimately helps individuals feel more comfortable participating in relationships.

What should be monitored for physical well-being?

Physical health can be supported through simple, regular checks.

Key areas to monitor

- *Body weight and waist circumference*
- *Blood pressure*
- *Blood glucose levels*
- *Cholesterol and lipid profile*
- *Energy levels and sleep quality*

Why it matters

Regular monitoring helps:

- *detect changes early*
- *prevent long-term complications*
- *support energy and daily functioning*
- *maintain confidence and participation in life*

Monitoring is not about worry.

It is about **prevention, awareness, and informed actions**. Still, for some families, it can feel like one more thing to manage. That's why keeping it simple and routine is so important.

Elena:

Supporting metabolic health may therefore also support participation in social life.

Dr. Stein:

Supporting physical well-being often restores energy, confidence, and the sense that one can fully participate in life, including intimacy and meaningful relationships.

When the body is under tension through fatigue, metabolic imbalance, or reduced physical activity, emotional resilience may also decrease. People may feel more vulnerable, less motivated, or less confident in social situations.

On the other hand, improvements in physical well-being are often accompanied by better mood, increased engagement in daily activities, and greater openness to social and relational experiences.

This is why doctors view physical and emotional health not as separate domains, but as part of the same process of recovery, one that supports both personal well-being and the capacity for meaningful relationships.

Elena:

Dr. Stein, when families hear about physical health risks, they may feel overwhelmed.

Is this something that can actually be influenced early, or does it develop inevitably over time?

Dr. Stein:

That's an important question.

Addressing physical health early can prevent many long-term complications.

Even small changes in daily habits can have a meaningful impact over time.

Early awareness allows people to maintain both health and confidence in their social and personal lives.

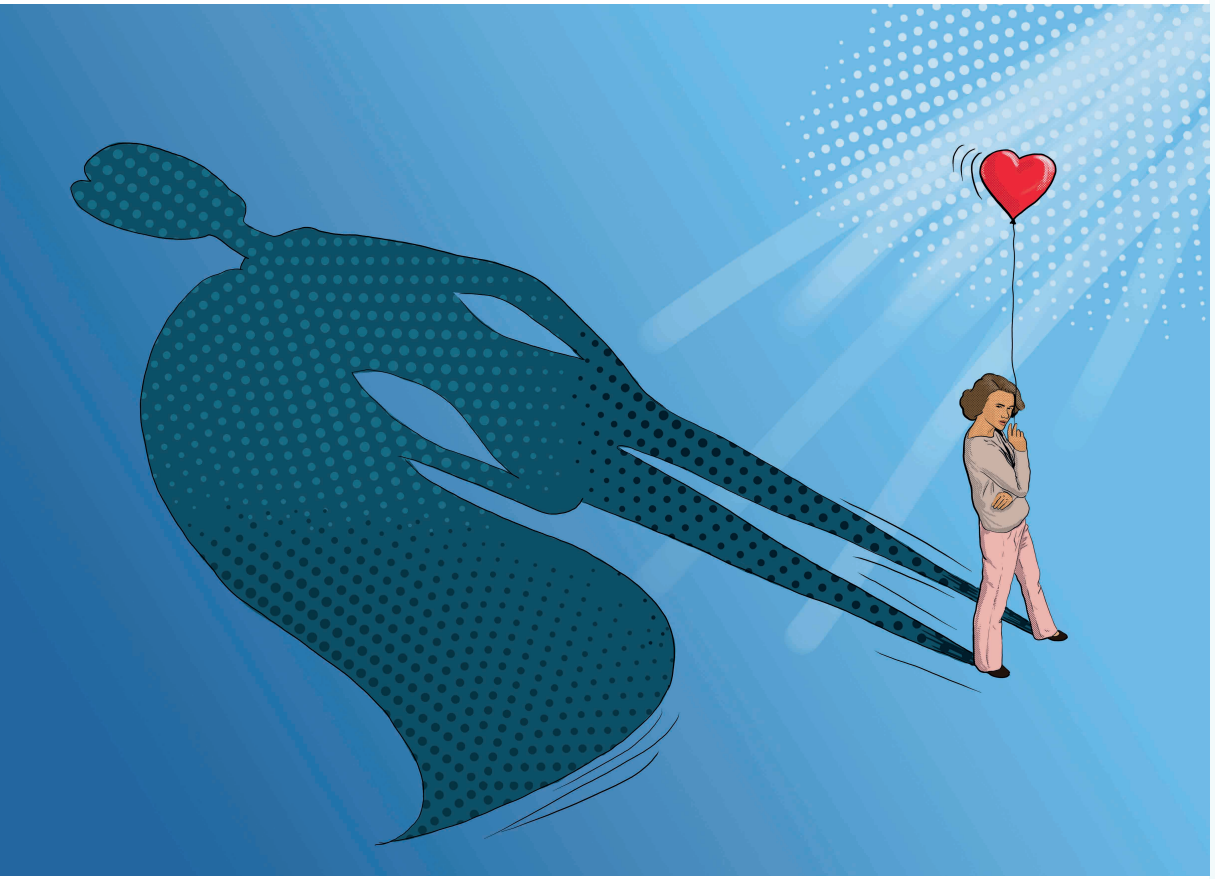
Elena:

So it's not about making major changes all at once, but about paying attention early and taking small, consistent steps.

That sounds reassuring, because it means that even simple daily actions can support both well-being and relationships over time.

In many ways, these physical changes are not separate from relationships; they are part of how people experience themselves within them.

3.3 Why should physical health be part of personal and relationship decisions?



“These conditions are not inevitable, and they can be managed.”

Elena:

Dr. Stein, we’ve talked about body image and metabolic health. Families also hear about physical health problems occurring alongside schizophrenia. What should they understand?

Dr. Stein:

It’s an important topic, and it helps to look at it calmly and clearly.

People living with schizophrenia may sometimes experience changes in their physical health, things like weight fluctuations, blood sugar or cholesterol changes, or changes in blood pressure. These may sound like medical terms, but for the person experiencing them, they are very personal. And for many people, they do feel distant at first, until they begin to affect everyday life. They affect energy, confidence, and how someone feels in their own body, and sometimes even how they experience closeness or think about relationships and family life.

These conditions are important not only from a medical perspective but also because they can influence **energy, confidence, comfort in one’s body, and participation in relationships**.

Some patients describe this quite simply:

“I don’t feel like I have the same energy for life or relationships as before.”

Others say they worry about how these changes affect their future, including relationships or having children.

Why do these conditions appear?

Elena:

Are these problems caused by the illness itself?

Dr. Stein:

They usually arise from **several interacting factors**.

Some are related to the illness itself, including biological vulnerability and changes in stress regulation.

Others are part of everyday life, like moving less, sleeping differently, or eating at irregular times.

These may seem like small changes, but over time, they can influence physical health in meaningful ways.

And some may be influenced by treatment.

But the key message is this:
These conditions are not inevitable, and they can be managed. Even so, it's common for people to worry at first:
"Is this something that will just keep getting worse?"

Why do they matter for intimacy and life planning?

Elena:

How do these physical aspects connect to relationships?

Dr. Stein:

They influence several areas that are central to personal life:

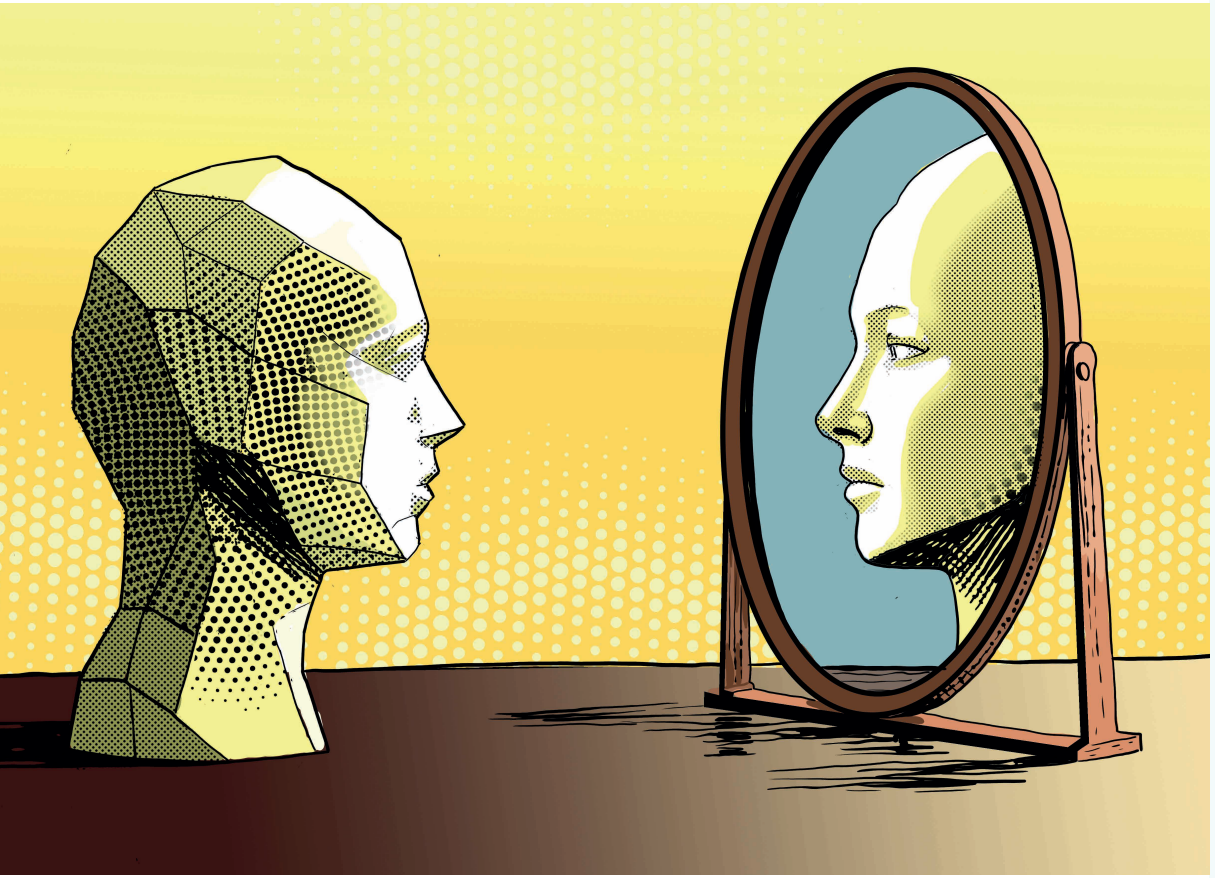
- body image and self-confidence
- sexual well-being and comfort with closeness
- energy and participation in relationships
- reproductive health and future planning

For example, when someone experiences significant weight changes or reduced physical energy, they may feel less confident in social or romantic situations.

Hormonal changes can sometimes influence sexual desire or reproductive health. And chronic physical conditions, such as diabetes or cardiovascular problems, may affect overall vitality and long-term life planning.

These are not only medical issues; they can also affect relationships and personal life decisions. And sometimes, they are not talked about openly, even between partners, which can make them feel heavier than they need to be.

3.4 Why is recognizing individual life priorities so important?



“There is no single ‘right’ priority. The goal is finding a balance that feels meaningful and sustainable.”

Elena:

This sounds like a lot to take in. How can patients and families make sense of all these aspects?

Dr. Stein:

It can feel complex at first, but it becomes much clearer when we remember something simple: people don’t all want the same things at the same time. And sometimes partners don’t want the same things at the same time, which can be difficult to understand.

What matters to someone often depends on where they are in life.

Elena:

Priorities may therefore change over time.

Dr. Stein:

They often reflect a person’s stage of life, current health, relationships, and future plans.

For some people, especially earlier in life, feeling confident about appearance or being comfortable in social situations may be very important.

For others, what matters more is emotional closeness, stability in a relationship, or feeling secure day to day.

And at certain moments, people may begin to think more about the future, about having children, staying physically well, or maintaining independence.

Elena:

There is no single priority that is “right” for everyone.

Dr. Stein:

Not at all.

What feels essential for one person may be less important for another, and that's completely normal.

In conversations, you can often hear this very clearly. One person may talk about confidence and connection, while another is more focused on health, stability, or plans.

When physical health meets personal priorities

People value different things at different stages of life.

For some, it may be confidence and body image.
For others, intimacy, future plans, or maintaining independence.

What this means in practice:

- *care should reflect what matters most to the individual*
- *priorities may change over time*
- *decisions should fit both life situation and personal values*

There is no single "right" priority.

The goal is finding a balance that feels meaningful and sustainable.

What matters is being able to talk about it, even when it's not easy.

Elena:

These priorities should be part of conversations with clinicians.

Dr. Stein:

Very much so.

When these topics are included naturally in discussions, physical health, emotional well-being, relationships, and plans, decisions become more personal and more realistic.

It's no longer just about treating symptoms, but about supporting a life that feels right for the person.

Elena:

Some families may feel concerned hearing about risks. Is there also a more reassuring perspective?

Dr. Stein:

Yes, definitely.

Today, there are many more ways to understand and manage physical health early on. Often, it's not about making big changes, but about small, consistent steps, paying attention, checking in, and adjusting when needed.

Care is also evolving. We now think much more in terms of the whole person, not just the illness.

Elena:

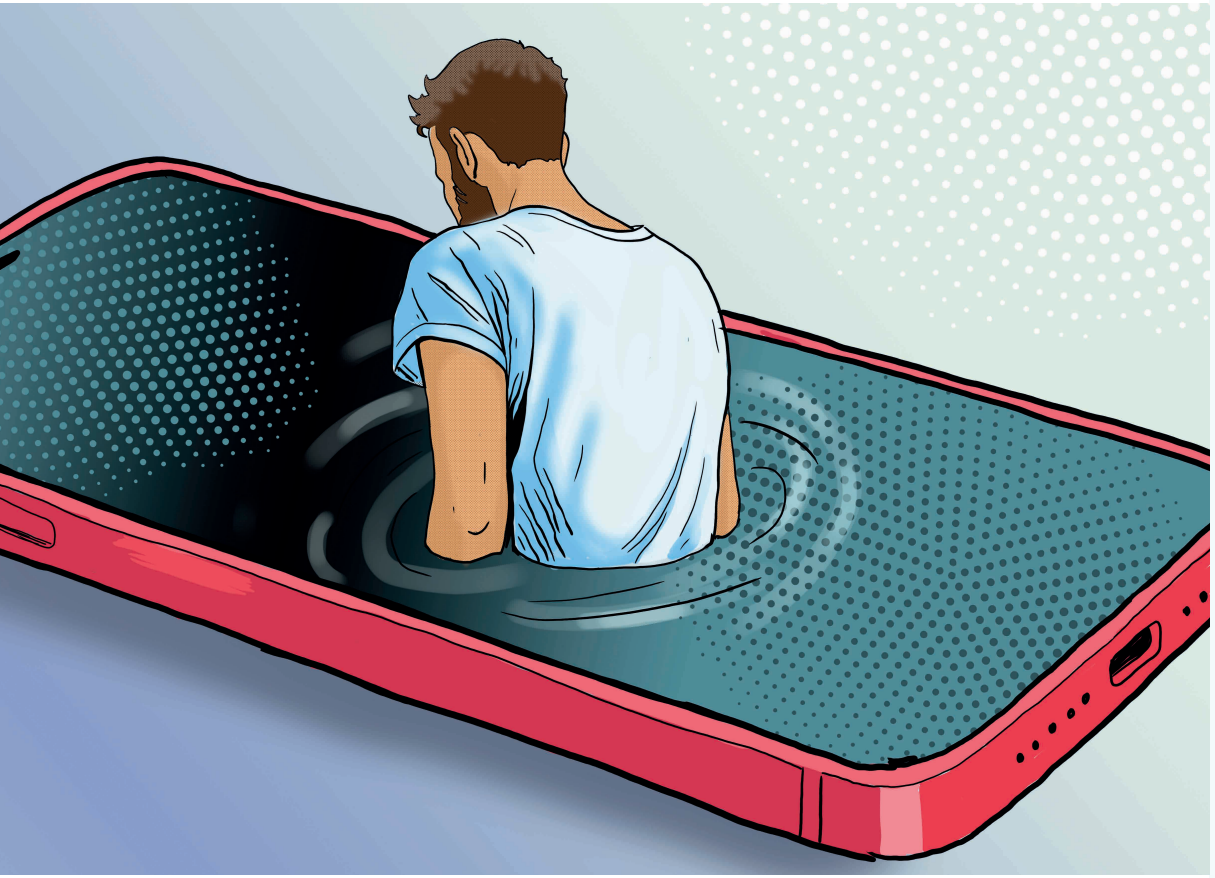
Better understanding can therefore help people feel more involved in their decisions.

Dr. Stein:

When people understand what is happening and what matters to them, they can make choices that support both their health and their personal life.

And that's **really the goal: not only stability, but a life that feels meaningful, connected, and fully lived.**

3.5 Why do people with schizophrenia often feel lonely despite wanting connection?



“Loneliness in schizophrenia does not mean a lack of desire for connection.
More often, it reflects how difficult it can feel to experience connection in a way that feels safe and natural.”

Elena:

Something that has surprised many researchers is how frequently loneliness appears in studies of schizophrenia.

Dr. Stein:

Yes. Loneliness is frequently reported in research involving people living with schizophrenia. Studies show that a large proportion of people living with schizophrenia report significant loneliness.

Importantly, loneliness is not simply the absence of social contact. A person may be surrounded by others and still feel emotionally disconnected.

Elena:

Loneliness is more about how connection is experienced, not just whether it exists.

Dr. Stein:

Loneliness often grows in subtle ways. And often, people don’t speak about it directly.

They may simply withdraw a little more each time.

Sometimes it’s a fear of being misunderstood or rejected.

Sometimes it’s a loss of confidence in social situations.

And sometimes it’s simply that interactions feel harder to read or respond to, which can make connections feel uncertain or fragile.

Over time, this can lead to a sense of distance, even when people are physically present.

Loneliness is closely linked to both symptom severity and social functioning difficulties.

Elena:

Even when relationships are present, the feeling of connection may still be fragile. Is that right?

Dr. Stein:

Indeed. That is why emotional understanding and patience are so important.

The goal is not to force social interaction, but to create **safe, predictable, and supportive experiences of connection**. Because when connection feels forced, it can increase distance instead of reducing it.

Elena:

What can families and partners do in practical terms?

Dr. Stein:

Support does not have to be complex. Small, consistent actions can make a real difference.

For example:

- spending time together in low-pressure situations
- sharing simple daily activities
- maintaining regular routines
- offering calm and non-judgmental presence

These approaches help rebuild **confidence, trust, and emotional safety**.

Loneliness is not the same as being alone

Loneliness reflects how connection is felt, not how many people are present.

It may be influenced by:

- *self-confidence*
- *past experiences*
- *social understanding*
- *stigma and expectations*

What helps

- *calm, predictable interactions*
- *shared everyday activities*
- *emotional patience*
- *feeling accepted without pressure*

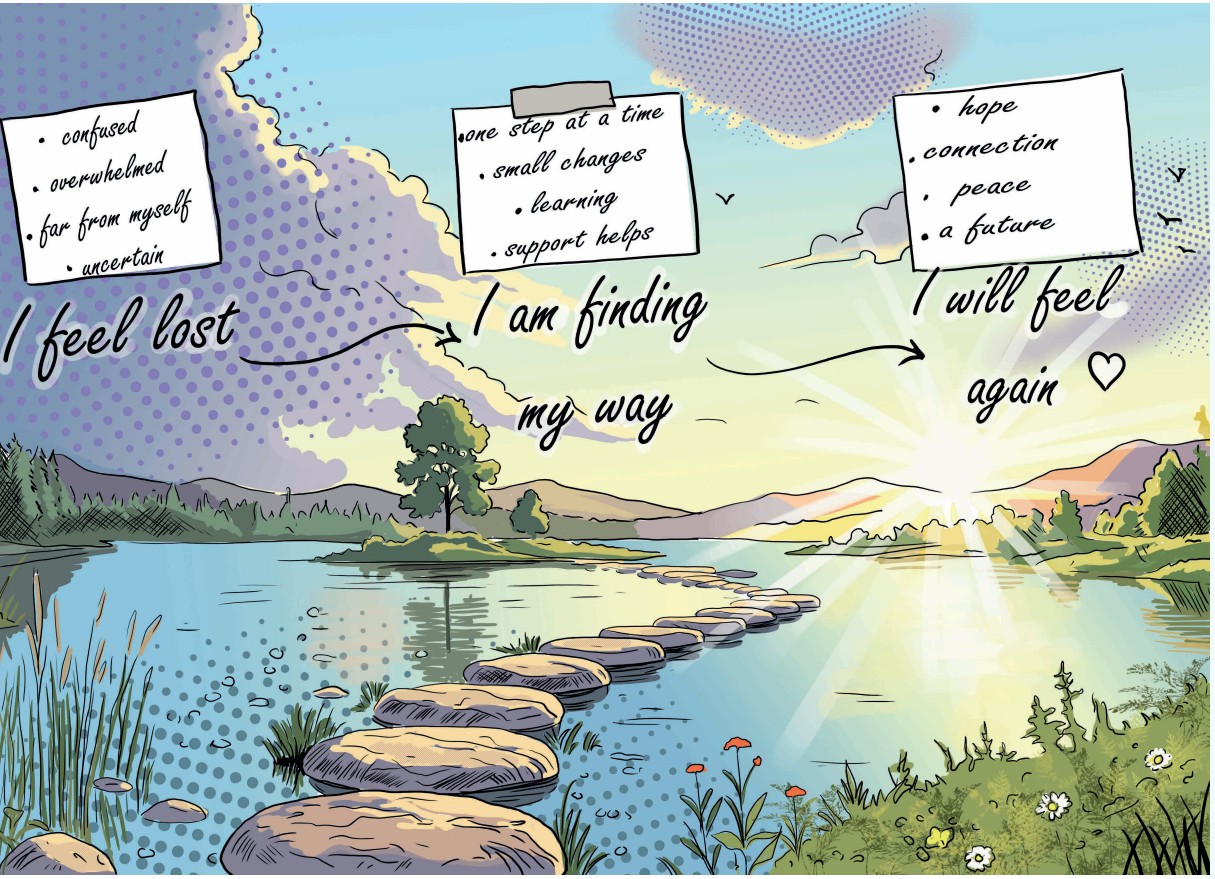
Loneliness in schizophrenia does not mean a lack of desire for connection.

More often, it reflects how difficult it can feel to experience connection in a way that feels safe and natural.

With understanding and supportive relationships, this experience can gradually change.

Clinical Story

"I miss how you looked before, but more, I miss how we used to spend time together." (The story of Mark)



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

Elena:

Dr. Stein, before we close this chapter, could you share a story that reflects what we've discussed today?

Dr. Stein:

Of course. Let me tell you about Mark.

Mark was in his late twenties. His symptoms had stabilized, and from a clinical perspective, things were going well. But he stopped meeting friends, avoided social events, and declined invitations.

When I asked him why, he hesitated at first. Then he said:

"I don't feel like myself anymore." He hesitated before saying it, as if unsure whether it sounded superficial or important enough to mention.

Over the past year, he had gained weight. His energy was lower. But what affected him most was how he saw himself.

"I don't think anyone would find me attractive now," he said.

He also admitted, almost as an afterthought:

"I feel like people notice it immediately... even if they probably don't."

His partner, however, saw things differently. She told him:

"I miss how you looked before, but more, I miss how we used to spend time together."

That changed something.

They didn't start with big plans. Just short walks. Then shared meals. Then small routines.

Over time, Mark didn't just regain physical strength; he regained **confidence**.

Not because everything changed quickly, but because he **began to feel present again in his own life and relationship**.

Clinical Story

“Feeling Seen Again” (The story of Anna)

Elena:

And perhaps an example from a woman’s perspective?

Dr. Stein:

Yes, gladly. I remember Anna.

Anna was in her early thirties. She was thoughtful, reflective, and deeply cared about relationships. But after a period of illness and physical changes, she withdrew.

She once said:

“I feel like people only see the illness... or the changes. Not me.” She paused after saying it, as if weighing whether she was being too harsh, or simply honest.

What affected her most was not the physical change itself, but the feeling **of losing her identity as a woman, as a partner**.

With time, and with gentle support, something shifted.

Her partner began to focus less on “fixing things” and more on simply being present.

He would say:

“I like spending time with you. That hasn’t changed.”

They started doing small things together, cooking, watching films, and talking without pressure.

Gradually, Anna began to feel **seen again, not as a diagnosis, not as a body that changed, but as a person**.

And with that, her confidence slowly returned.

Final reflection

Elena:

What I take from today is that intimacy is shaped not only by emotions, but also by how someone feels in their own body.

Dr. Stein:

Exactly. When people begin to feel a bit more comfortable in themselves again, physically and emotionally, it often opens the door to reconnecting with others.

These changes don't have to be dramatic. Often, they begin with small moments: a shared routine, a sense of being understood, or simply feeling less alone. Not always consistently, and not always in a straight line.

And over time, those moments can grow into something more stable and meaningful.

Elena:

In our next chapter, we will continue this conversation by exploring how treatment can influence intimacy, and how these choices can be discussed openly and thoughtfully.

Until then, take care, and we look forward to being with you again.

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